



# 3-Tier Formulary Guide (2950)

May 2024

Includes generic and brand-name medications

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Right here.  
For you.



## Dear Member,

The prescription drug benefit is one of the most important and frequently utilized elements of health plan coverage. To help you identify which medications are covered under your plan, we are pleased to provide the **3-Tier Formulary Guide**. This booklet provides you with easy to understand information about your prescription drug coverage including descriptions of prescription drug safety and cost-saving programs.

The **3-Tier Formulary Guide** lists commonly prescribed medications and their tier classifications. The medications listed have been approved by the Food and Drug Administration as safe and effective and were selected in consultation with a team of health care professionals because they meet our criteria for safety, quality and value. We continually review and update our formulary.

**The drugs listed in the formulary and program descriptions may not apply to all plans. Please see your plan documents or contact the Pharmacy Help Desk at 1-800-499-1275 for a complete description of your pharmacy benefit.**

This booklet includes the Formulary Guide and prescription drug benefit information. Please refer to this booklet when you see your healthcare practitioner or are prescribed a medication.

The drugs listed in the formulary and program descriptions may not apply to all plans. Please see your plan documents for a complete description of your pharmacy benefit.

If you have questions or need additional information, please visit our website [UniveraHealthcare.com](http://UniveraHealthcare.com) or contact the **Pharmacy Help Desk at 1-800-499-1275**.



## What is a formulary?

A formulary is a list of brand name and generic drugs that are covered under your prescription drug benefit.

## How is the formulary developed?

Drugs listed on the formulary were selected by our independent Pharmacy and Therapeutics (P&T) Committee which is made up of practicing health care providers and clinical pharmacists. The P&T Committee reviews each drug based upon scientific evidence, findings by federal government agencies, professional medical associations and journals to help ensure that the medications covered meet criteria for safety, effectiveness and value.

## How do I use the formulary?

There are two ways to find your drug within the formulary:

### Medical condition

Drugs are listed in alphabetical order according to drug categories. For example, drugs used to treat heart conditions are listed under the category "Cardiovascular." Drugs are listed in alphabetical order by condition.

### Medical condition

If you are not sure what category to look under, look for your drug in the Index that follows the formulary. The Index provides an alphabetical listing of all of the drugs included in the formulary and the page where they can be found in the formulary.

## 3-Tier Drug Benefit

Your 3-tier prescription drug benefit allows you to make informed choices and encourages value when choosing your prescription medications. Your copayment will vary depending on the tier in which your prescription drug is placed.

- **Tier One** drugs are typically generics and have the lowest copayment amount.
- **Tier Two** drugs are brand drugs that have unique, significant clinical advantages and offer overall greater value over the other products in the same drug class.
- **Tier Three** drugs are all other brand drugs, including new brand drugs and drugs that have generic equivalents. Tier Three drugs have the highest copayment amount.

The 3-Tier Formulary Guide lists commonly used medications and their tier designations. Because there are thousands of medications included in your pharmacy benefit, we list only the most commonly prescribed.

***Your plan may not cover all medications listed in this booklet. Please see your plan documents for a complete description of your pharmacy benefit, or call the Pharmacy Help Desk at 1-800-499-1275.***

## Can the formulary change?

Our P&T Committee regularly reviews the drugs on our formulary to be sure they meet the criteria for safety, effectiveness and value. The list is subject to change. Drugs may be added, removed, or change tier designation at any time.

## Generics Are Real Medicine

### Generic drugs: safe, effective, affordable!

To help keep your prescription drug costs down, choose a generic drug over a brand. Generics are as safe and effective as their brand name counterparts – they just cost a lot less.

In fact, you'll save money when you choose a generic because generics have the lowest copay. That means you'll always pay the lowest out-of-pocket amount for a generic.

Generic drugs treat your illness or condition with the same effectiveness and safety as their brand name equivalents because they have to meet the same rigorous FDA requirements as brand name drugs.

Experience has shown that more than 90% of members who start on a generic will stay on a generic. So the next time you need your brand prescription filled, ask your doctor or pharmacist if a generic is right for you.

## Where can I purchase my prescription medications?

You have access to more than 65,000 participating pharmacies in our nationwide Pharmacy Network, including national chains and most independents. Just show your Member Card at any participating pharmacy; it identifies you as having prescription drug coverage. A list of participating pharmacies in your area is available on our website [UniveraHealthcare.com](http://UniveraHealthcare.com).

## Mail Service Pharmacy

Get your prescriptions delivered right to your door! When you use Express Scripts Home Delivery Pharmacy<sup>SM</sup> or Wegmans<sup>®</sup> Home Delivery Pharmacy, you get the convenience of home delivery and the ease of ordering new prescriptions and refills either by phone or via our website. Some benefits offer copay savings for ordering prescriptions through Express Scripts Home Delivery Pharmacy<sup>SM</sup> or Wegmans<sup>®</sup> Home Delivery Pharmacy.

Using a home delivery pharmacy is ideal for those who take prescription medication on a continuing basis. For more information on how to use Express Scripts Home Delivery Pharmacy<sup>SM</sup> or Wegmans<sup>®</sup> Home Delivery Pharmacy, please visit our website at [UniveraHealthcare.com](https://UniveraHealthcare.com) or contact the Pharmacy Help Desk at 1-800-499-1275.

## Specialty pharmacy

Specialty pharmacies focus on you and your individual health care needs. Because they work exclusively with specialty medications, they are experts in handling and administering these complex medications. Nationally recognized specialty pharmacy Accredo Health participates in our network. Accredo offers outstanding customer service and is dedicated to providing quality care to our members. With a single, toll-free phone call they take care of all the details – they will contact your doctor for your prescription and arrange delivery to your home. There are several local/regional specialty pharmacies also participating in our specialty pharmacy network. A complete listing of participating specialty pharmacies is available on our website [UniveraHealthcare.com](https://UniveraHealthcare.com).

## Are there any restrictions on coverage?

Some covered drugs may have additional requirements or limits for coverage. If a drug has requirements or limits, it will be noted in the formulary.

If your healthcare practitioner determines that you need a medication that has a requirement or limit, we have an exception process in place. Your healthcare practitioner must submit a request to the Health Plan supporting your need.

### Coverage requirements or limits may include:

#### Prior Authorization

Prior authorization helps ensure that a prescribed drug is safe and appropriate for your medical condition. Certain medications require that your doctor gets approval before the medication is covered. Our clinical pharmacists and physicians review medication requests to make sure that the choice of drug or dose

is appropriately prescribed based on Food and Drug Administration (FDA) and manufacturer guidelines, medical literature, safety, use and benefit design.

#### Step Therapy

In some cases you may be required to first try one or more drugs to treat your medical condition before another drug for that condition will be covered. The medication treatment moves along a series of “steps.” For example, if **Drug A** and **Drug B** both treat your medical condition, we may not cover **Drug B** unless you try **Drug A** first. If **Drug A** does not work, we will then cover **Drug B**.

#### Specialty Drug Benefit

Specialty medications are designed for conditions like multiple sclerosis, rheumatoid arthritis, hepatitis C, and others that are difficult to treat with traditional medications. These medications are self-administered: either taken orally or by injection.

Your prescription drug benefit may require that you purchase certain specialty medications at a specialty pharmacy that participates in the Specialty Pharmacy Network in order to receive coverage. If a participating specialty pharmacy is not used you may be responsible for the full cost of the prescription. A complete listing of participating specialty pharmacies can be found on our website, [UniveraHealthcare.com](https://UniveraHealthcare.com).

#### Quantity Limits

For certain drugs, we limit the amount of the drug that we will cover. The amount of drug we cover is based on FDA approved dosing and usage guidelines.

#### Generic Advantage Program

The Generic Advantage program promotes the use of generic medications. If you fill your prescription with a brand name medication when there is a generic equivalent available, you will pay the difference between the pharmacy's charge for the more costly brand name medication and our price for the less expensive generic. Check your benefits summary to find out if the Generic Advantage program applies to your plan.

#### Key:

**UPPERCASE** – Brand name medication

**lowercase** – generic medication

**PA** = Prior Authorization required

**QL** = Quantity Limit applies

**ST** = Step Therapy required

**MS** = Drug must be purchased at a participating network specialty pharmacy for coverage

| PRODUCT DESCRIPTION                                                                                                  | TIER | LIMITS/RESTRICTIONS/NOTES |                                  |
|----------------------------------------------------------------------------------------------------------------------|------|---------------------------|----------------------------------|
| ANALGESICS                                                                                                           |      |                           |                                  |
| NONSTEROIDAL ANTI-INFLAMMATORY DRUGS                                                                                 |      |                           |                                  |
| adult aspirin regimen                                                                                                | 1    | C                         | Covered in full age 59 and under |
| ANAPROX DS                                                                                                           | 3    |                           |                                  |
| ARTHROTEC 50                                                                                                         | 3    | QL                        |                                  |
| ARTHROTEC 75                                                                                                         | 3    | QL                        |                                  |
| aspirin (81 mg tab chew, 81 mg tablet dr, 325 mg tablet, 325 mg tablet dr, bayer 325 mg caplet, bayer 325 mg tablet) | 1    | QL<br>C                   | Covered in full age 59 and under |
| aspirin ec                                                                                                           | 1    | QL<br>C                   | Covered in full age 59 and under |
| aspirin regimen                                                                                                      | 1    | C                         | Covered in full age 59 and under |
| aspirin/calcium carbonate/magnesium                                                                                  | 1    | C                         | Covered in full age 59 and under |
| bufferin                                                                                                             | 1    | C                         | Covered in full age 59 and under |
| butalbital/aspirin/caffeine 50-325-40 capsule                                                                        | 1    | QL                        |                                  |
| butalbital/aspirin/caffeine 50-325-40 tablet                                                                         | 1    |                           |                                  |
| CAMBIA                                                                                                               | 3    | QL                        |                                  |
| CELEBREX (50 MG CAPSULE, 100 MG CAPSULE, 200 MG CAPSULE, 400 MG CAPSULE)                                             | 3    | QL                        |                                  |
| celecoxib (50 mg capsule, 100 mg capsule, 200 mg capsule, 400 mg capsule)                                            | 1    | QL                        |                                  |
| COXANTO                                                                                                              | 3    | QL                        | PA                               |
| DAYPRO                                                                                                               | 3    | QL                        |                                  |
| DICLOFENAC EPOLAMINE                                                                                                 | 3    | QL                        | PA                               |
| diclofenac potassium 25 mg capsule                                                                                   | 1    | QL                        | PA                               |
| DICLOFENAC POTASSIUM 25 MG TABLET                                                                                    | 3    | QL                        | PA                               |
| DICLOFENAC POTASSIUM 50 MG POWD PACK                                                                                 | 3    | QL                        |                                  |
| diclofenac potassium 50 mg tablet                                                                                    | 1    |                           |                                  |
| diclofenac sodium (1.5 % drops, 25 mg tablet dr, 50 mg tablet dr, 75 mg tablet dr, 100 mg tab er 24h)                | 1    |                           |                                  |
| diclofenac sodium 1 % gel (gram)                                                                                     | 1    | QL                        |                                  |

| PRODUCT DESCRIPTION                                                                                                                     | TIER | LIMITS/RESTRICTIONS/NOTES |                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|----------------------------------|
| <i>diclofenac sodium 20mg/g(2%) sol md pmp</i>                                                                                          | 1    | QL                        | PA                               |
| <i>diclofenac sodium/misoprostol (sodium/misoprostol 50 tab ir dr, sodium/misoprostol 75 tab ir dr)</i>                                 | 1    | QL                        |                                  |
| DICLOFENAC SUBMICRONIZED                                                                                                                | 3    | QL                        | PA                               |
| <i>diflunisal</i>                                                                                                                       | 1    |                           |                                  |
| DISALCID                                                                                                                                | 3    |                           |                                  |
| DUEXIS                                                                                                                                  | 3    | QL                        | PA                               |
| EC-NAPROSYN                                                                                                                             | 3    |                           |                                  |
| <i>ecotrin (ec 81 mg tablet, ec 325 mg tablet)</i>                                                                                      | 1    | QL<br>C                   | Covered in full age 59 and under |
| ELYXYB                                                                                                                                  | 3    | QL                        |                                  |
| <i>etodolac (200 mg capsule, 300 mg capsule, 400 mg tab er 24h, 400 mg tablet, 500 mg tab er 24h, 500 mg tablet, 600 mg tab er 24h)</i> | 1    |                           |                                  |
| FELDENE                                                                                                                                 | 3    |                           |                                  |
| <i>fenoprofen calcium (200 mg capsule, 400 mg capsule)</i>                                                                              | 3    | QL                        | PA                               |
| <i>fenoprofen calcium 600 mg tablet</i>                                                                                                 | 1    | PA                        |                                  |
| FENORTHO                                                                                                                                | 3    | PA                        |                                  |
| FLECTOR                                                                                                                                 | 3    | QL                        | PA                               |
| <i>flurbiprofen</i>                                                                                                                     | 1    |                           |                                  |
| <i>ibu</i>                                                                                                                              | 1    |                           |                                  |
| <i>ibuprofen (100 mg/5ml oral susp, 400 mg tablet, 600 mg tablet, 800 mg tablet)</i>                                                    | 1    |                           |                                  |
| <i>ibuprofen/famotidine</i>                                                                                                             | 1    | QL                        | PA                               |
| INDOCIN 25 MG/5 ML SUSPENSION                                                                                                           | 3    |                           |                                  |
| INDOCIN 50 MG SUPPOSITORY                                                                                                               | 3    | PA                        |                                  |
| <i>indomethacin (25 mg capsule, 25 mg/5 ml oral susp, 50 mg capsule, 75 mg capsule er)</i>                                              | 1    |                           |                                  |
| <i>indomethacin 50 mg supp.rect</i>                                                                                                     | 1    | PA                        |                                  |
| INDOMETHACIN, SUBMICRONIZED                                                                                                             | 3    | QL                        | PA                               |
| <i>ketoprofen (50 mg capsule, 75 mg capsule, 200 mg cap24h pel)</i>                                                                     | 1    |                           |                                  |
| <i>ketoprofen 25 mg capsule</i>                                                                                                         | 1    | PA                        |                                  |
| <i>ketorolac tromethamine 10 mg tablet</i>                                                                                              | 1    | QL                        |                                  |
| KETOROLAC TROMETHAMINE 15.75 MG SPRAY                                                                                                   | 3    | QL                        | PA                               |

| PRODUCT DESCRIPTION                                                                               | TIER | LIMITS/RESTRICTIONS/NOTES                |
|---------------------------------------------------------------------------------------------------|------|------------------------------------------|
| <i>kiprofen</i>                                                                                   | 1    | PA                                       |
| LICART 1.3% PATCH                                                                                 | 3    | QL PA                                    |
| LODINE                                                                                            | 3    |                                          |
| <i>lofena</i>                                                                                     | 1    | QL PA                                    |
| <i>low dose aspirin ec</i>                                                                        | 1    | QL<br>C Covered in full age 59 and under |
| <i>lubiprostone 24mcg capsule</i>                                                                 | 1    | QL                                       |
| <i>meclofenamate sodium</i>                                                                       | 3    |                                          |
| <i>mefenamic acid</i>                                                                             | 1    |                                          |
| <i>meloxicam (7.5 mg tablet, 15 mg tablet)</i>                                                    | 1    |                                          |
| MELOXICAM 7.5 MG/5ML ORAL SUSP                                                                    | 3    | QL PA                                    |
| MELOXICAM, SUBMICRONIZED 10 MG CAPSULE                                                            | 3    | QL PA                                    |
| <i>meloxicam, submicronized 5 mg capsule</i>                                                      | 1    | QL PA                                    |
| MOBIC                                                                                             | 3    |                                          |
| <i>nabumetone (500 mg tablet, 750 mg tablet)</i>                                                  | 1    | QL                                       |
| NALFON                                                                                            | 3    | PA                                       |
| NAPRELAN                                                                                          | 3    | PA                                       |
| NAPROSYN 125 MG/5 ML SUSPEN                                                                       | 3    | PA                                       |
| NAPROSYN 500 MG TABLET                                                                            | 3    |                                          |
| <i>naproxen (250 mg tablet, 375 mg tablet, 375 mg tablet dr, 500 mg tablet, 500 mg tablet dr)</i> | 1    |                                          |
| <i>naproxen 125 mg/5ml oral susp</i>                                                              | 1    | PA                                       |
| <i>naproxen sodium (275 mg tablet, 550 mg tablet)</i>                                             | 1    |                                          |
| <i>naproxen sodium (375 mg tbmp 24hr, 500 mg tbmp 24hr)</i>                                       | 1    | PA                                       |
| NAPROXEN SODIUM 750 MG TBMP 24HR                                                                  | 3    | PA                                       |
| <i>naproxen/esomeprazole magnesium</i>                                                            | 1    | QL PA                                    |
| OXAPROZIN 300 MG CAPSULE                                                                          | 3    | QL PA                                    |
| <i>oxaprozin 600 mg tablet</i>                                                                    | 1    | QL                                       |
| PENNSAID 2% PUMP                                                                                  | 3    | QL PA                                    |
| <i>piroxicam</i>                                                                                  | 1    |                                          |

| PRODUCT DESCRIPTION                                                                                                           | TIER | LIMITS/RESTRICTIONS/NOTES |                                  |   |
|-------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|----------------------------------|---|
| QMIIZ ODT 15 MG TABLET                                                                                                        | 3    | QL                        | PA                               |   |
| RELAFEN DS                                                                                                                    | 3    | QL                        | PA                               |   |
| <i>salsalate</i>                                                                                                              | 1    |                           |                                  |   |
| SPRIX                                                                                                                         | 3    | QL                        | PA                               | S |
| <i>st. joseph aspirin</i>                                                                                                     | 1    | C                         | Covered in full age 59 and under |   |
| <i>st. joseph aspirin ec</i>                                                                                                  | 1    | C                         | Covered in full age 59 and under |   |
| <i>sulindac</i>                                                                                                               | 1    |                           |                                  |   |
| TIVORBEX                                                                                                                      | 3    | QL                        | PA                               |   |
| <i>tolmetin sodium</i>                                                                                                        | 1    |                           |                                  |   |
| <i>tri-buffered aspirin</i>                                                                                                   | 1    | C                         | Covered in full age 59 and under |   |
| VIMOVO                                                                                                                        | 3    | QL                        | PA                               |   |
| VIVLODEX                                                                                                                      | 3    | QL                        | PA                               |   |
| VOLTAREN-XR                                                                                                                   | 3    |                           |                                  |   |
| ZIPSOR                                                                                                                        | 3    | QL                        | PA                               |   |
| ZORVOLEX                                                                                                                      | 3    | QL                        | PA                               |   |
| OPIOID ANALGESICS, LONG-ACTING                                                                                                |      |                           |                                  |   |
| BELBUCA                                                                                                                       | 3    | PA                        |                                  |   |
| <i>buprenorphine</i>                                                                                                          | 1    | PA                        |                                  |   |
| BUTRANS                                                                                                                       | 3    | PA                        |                                  |   |
| CONZIP                                                                                                                        | 3    | PA                        |                                  |   |
| <i>diskets</i>                                                                                                                | 1    | PA                        |                                  |   |
| DSUVIA                                                                                                                        | 3    |                           |                                  |   |
| DURAGESIC                                                                                                                     | 3    | PA                        |                                  |   |
| <i>fentanyl (12 mcg/hr patch td72, 25 mcg/hr patch td72, 50mcg/hr patch td72, 75mcg/hr patch td72, 100 mcg/hr patch td72)</i> | 1    | PA                        |                                  |   |
| <i>fentanyl (37.5mcg/hr patch td72, 62.5mcg/hr patch td72, 87.5mcg/hr patch td72)</i>                                         | 1    | PA                        |                                  |   |

| PRODUCT DESCRIPTION                                                                                                                                                                                                                                                                                                                                                     | TIER | LIMITS/RESTRICTIONS/NOTES |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| <i>hydrocodone bitartrate (10 mg cap er 12h, 15 mg cap er 12h, 20 mg cap er 12h, 20 mg tab er 24h, 30 mg cap er 12h, 30 mg tab er 24h, 40 mg cap er 12h, 40 mg tab er 24h, 50 mg cap er 12h, 60 mg tab er 24h, 80 mg tab er 24h, 100 mg tab er 24h, 120 mg tab er 24h)</i>                                                                                              | 1    | PA                        |
| <i>hydromorphone hcl (8 mg tab er 24h, 12 mg tab er 24h, 16 mg tab er 24h, 32 mg tab er 24h)</i>                                                                                                                                                                                                                                                                        | 1    | PA                        |
| HYSINGLA ER                                                                                                                                                                                                                                                                                                                                                             | 3    | PA                        |
| <i>levorphanol tartrate 2 mg tablet</i>                                                                                                                                                                                                                                                                                                                                 | 1    | PA                        |
| <i>levorphanol tartrate 3 mg tablet (mfr: lannett co. inc)</i>                                                                                                                                                                                                                                                                                                          | 1    | PA                        |
| LEVORPHANOL TARTRATE 3 MG TABLET (MFR: SENTYNL THERAPEUTICS)                                                                                                                                                                                                                                                                                                            | 3    | PA                        |
| <i>methadone hcl (5 mg tablet, 5 mg/5 ml solution, 10 mg tablet, 10 mg/5 ml solution, 10 mg/ml oral conc, 40 mg tablet sol)</i>                                                                                                                                                                                                                                         | 1    | PA                        |
| <i>methadone intensol</i>                                                                                                                                                                                                                                                                                                                                               | 1    | PA                        |
| METHADOSE 10 MG/ML ORAL CONC                                                                                                                                                                                                                                                                                                                                            | 3    | PA                        |
| <i>methadose 40 mg tablet dispr</i>                                                                                                                                                                                                                                                                                                                                     | 1    | PA                        |
| <i>morphine sulfate (10 mg cap er pel, 15 mg tablet er, 20 mg cap er pel, 30 mg cap er pel, 30 mg cpmp 24hr, 30 mg tablet er, 40 mg cap er pel, 45 mg cpmp 24hr, 50 mg cap er pel, 60 mg cap er pel, 60 mg cpmp 24hr, 60 mg tablet er, 75 mg cpmp 24hr, 80 mg cap er pel, 90 mg cpmp 24hr, 100 mg cap er pel, 100 mg tablet er, 120 mg cpmp 24hr, 200 mg tablet er)</i> | 1    | PA                        |
| MS CONTIN                                                                                                                                                                                                                                                                                                                                                               | 3    | PA                        |
| NUCYNTA ER                                                                                                                                                                                                                                                                                                                                                              | 2    | PA                        |
| OXYCODONE HCL (10 MG TAB ER 12H, 15 MG TAB ER 12H, 20 MG TAB ER 12H, 30 MG TAB ER 12H, 40 MG TAB ER 12H, 60 MG TAB ER 12H, 80 MG TAB ER 12H)                                                                                                                                                                                                                            | 3    | PA                        |
| OXYCONTIN                                                                                                                                                                                                                                                                                                                                                               | 3    | PA                        |
| <i>oxymorphone hcl (5 mg tab er 12h, 7.5 mg tab er 12h, 10 mg tab er 12h, 15 mg tab er 12h, 20 mg tab er 12h, 30 mg tab er 12h, 40 mg tab er 12h)</i>                                                                                                                                                                                                                   | 1    | PA                        |
| <i>tramadol er caps</i>                                                                                                                                                                                                                                                                                                                                                 | 3    | PA                        |
| <i>tramadol hcl (100 mg tab er 24h, 100 mg tbmp 24hr, 200 mg tab er 24h, 200 mg tbmp 24hr, 300 mg tab er 24h, 300 mg tbmp 24hr)</i>                                                                                                                                                                                                                                     | 1    | PA                        |
| XTAMPZA ER                                                                                                                                                                                                                                                                                                                                                              | 2    | PA                        |
| OPIOID ANALGESICS, SHORT-ACTING                                                                                                                                                                                                                                                                                                                                         |      |                           |
| <i>acetaminophen with codeine phosphate (120-12mg/5 solution, 300mg-15mg tablet, 300mg-30mg tablet, 300mg-60mg tablet)</i>                                                                                                                                                                                                                                              | 1    |                           |
| <i>acetaminophen/caff/dihydrocod 320.5-30mg capsule</i>                                                                                                                                                                                                                                                                                                                 | 1    |                           |
| ACTIQ                                                                                                                                                                                                                                                                                                                                                                   | 3    | QL PA                     |
| APADAZ                                                                                                                                                                                                                                                                                                                                                                  | 3    |                           |
| <i>ascomp with codeine</i>                                                                                                                                                                                                                                                                                                                                              | 1    |                           |
| BENZHYDROCODONE HCL/ACETAMINOPHEN                                                                                                                                                                                                                                                                                                                                       | 3    |                           |

| PRODUCT DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TIER | LIMITS/RESTRICTIONS/NOTES |    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|----|
| <i>butalbital/acetaminophen/caffeine/codeine phosphate</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1    | QL                        |    |
| <i>butorphanol tartrate 10 mg/ml spray</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1    | QL                        |    |
| <i>codeine phosphate/butalbital/aspirin/caffeine</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1    |                           |    |
| <i>codeine sulfate</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1    |                           |    |
| CODITUSSIN AC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 3    |                           |    |
| DEMEROL (50 MG TABLET, 100 MG TABLET)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 3    |                           |    |
| DILAUDID (2 MG TABLET, 4 MG TABLET, 5 MG/5 ML ORAL LIQUID, 8 MG TABLET)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3    |                           |    |
| <i>endocet</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1    |                           |    |
| FENTANYL CITRATE (100 MCG TABLET EFF, 200 MCG TABLET EFF, 400 MCG TABLET EFF, 600 MCG TABLET EFF, 800 MCG TABLET EFF)                                                                                                                                                                                                                                                                                                                                                                                                                                             | 3    | QL                        | PA |
| <i>fentanyl citrate (200 mcg lozenge hd, 400 mcg lozenge hd, 600 mcg lozenge hd, 800 mcg lozenge hd, 1200 mcg lozenge hd, 1600 mcg lozenge hd)</i>                                                                                                                                                                                                                                                                                                                                                                                                                | 1    | QL                        | PA |
| FENTORA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3    | QL                        | PA |
| FIORICET WITH CODEINE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 3    | QL                        |    |
| <i>hydrocodone bitartrate/acetaminophen (hydrocodone/acetaminophen 2.5-108/5 solution, hydrocodone/acetaminophen 2.5-325 mg tablet, hydrocodone/acetaminophen 5 mg-300mg tablet, hydrocodone/acetaminophen 5 mg-325mg tablet, hydrocodone/acetaminophen 5-217mg/10 solution, hydrocodone/acetaminophen 7.5-300 mg tablet, hydrocodone/acetaminophen 7.5-325 mg tablet, hydrocodone/acetaminophen 7.5-325/15 solution, hydrocodone/acetaminophen 10-325/15 solution, hydrocodone/acetaminophen 10mg-300mg tablet, hydrocodone/acetaminophen 10mg-325mg tablet)</i> | 1    |                           |    |
| <i>hydrocodone/ibuprofen</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1    |                           |    |
| <i>hydromorphone hcl (1 mg/ml liquid, 2 mg tablet, 3 mg supp.rect, 4 mg tablet, 8 mg tablet)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1    |                           |    |
| LAZANDA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3    | QL                        | PA |
| <i>meperidine hcl (50 mg tablet, 50 mg/5 ml solution, 100 mg tablet)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1    |                           |    |
| <i>morphine sulfate (15 mg tablet, 30 mg tablet)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2    |                           |    |
| <i>morphine sulfate (5 mg supp.rect, 10 mg supp.rect, 10 mg/5 ml solution, 20 mg supp.rect, 20 mg/5 ml solution, 30 mg supp.rect, 100 mg/5ml solution)</i>                                                                                                                                                                                                                                                                                                                                                                                                        | 1    |                           |    |
| NALOCET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3    | PA                        |    |
| NUCYNTA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2    |                           |    |
| <i>opium/belladonna alkaloids</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1    |                           |    |
| OXAYDO (5 MG TABLET, 7.5 MG TABLET)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3    | PA                        |    |
| <i>oxycodone hcl (5 mg capsule, 5 mg tablet, 5 mg/5 ml solution, 10 mg tablet, 15 mg tablet, 20 mg tablet, 20 mg/ml oral conc, 30 mg tablet)</i>                                                                                                                                                                                                                                                                                                                                                                                                                  | 1    |                           |    |
| <i>oxycodone hcl/acetaminophen (hcl/acetaminophen 2.5-300 mg tablet, hcl/acetaminophen 7.5-300 mg tablet, hcl/acetaminophen 10-300mg/5 solution)</i>                                                                                                                                                                                                                                                                                                                                                                                                              | 1    | PA                        |    |

| PRODUCT DESCRIPTION                                                                                                                                                                                                            | TIER | LIMITS/RESTRICTIONS/NOTES |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| <i>oxycodone hcl/acetaminophen (hcl/acetaminophen 2.5-325 mg tablet, hcl/acetaminophen 5 mg-325mg tablet, hcl/acetaminophen 5-325/5 ml solution, hcl/acetaminophen 7.5-325 mg tablet, hcl/acetaminophen 10mg-325mg tablet)</i> | 1    |                           |
| OXYCODONE HCL/ACETAMINOPHEN (HCL/ACETAMINOPHEN 5 MG-300MG TABLET, HCL/ACETAMINOPHEN 10MG-300MG TABLET)                                                                                                                         | 3    | ST                        |
| <i>oxymorphone hcl (5 mg tablet, 10 mg tablet)</i>                                                                                                                                                                             | 1    |                           |
| <i>pentazocine hcl/naloxone hcl</i>                                                                                                                                                                                            | 1    |                           |
| PERCOCET                                                                                                                                                                                                                       | 3    |                           |
| PRIMLEV (5-300 MG TABLET, 7.5-300 MG TABLET, 10-300 MG TABLET)                                                                                                                                                                 | 3    | PA                        |
| <i>prolate (5-300 mg tablet, 7.5-300 mg tablet, 10-300 mg tablet)</i>                                                                                                                                                          | 1    | PA                        |
| PROLATE 10 MG-300 MG/5 ML SOLN                                                                                                                                                                                                 | 3    | PA                        |
| QDOLO                                                                                                                                                                                                                          | 3    |                           |
| ROXICODONE                                                                                                                                                                                                                     | 3    |                           |
| ROXYBOND (5 MG TABLET, 15 MG TABLET, 30 MG TABLET)                                                                                                                                                                             | 3    | PA                        |
| SEGLENTIS                                                                                                                                                                                                                      | 3    | QL PA                     |
| SUBSYS (100 MCG SPRAY, 200 MCG SPRAY, 400 MCG SPRAY, 600 MCG SPRAY, 800 MCG SPRAY, 1,200 MCG SPRAY, 1,600 MCG SPRAY)                                                                                                           | 3    | QL PA                     |
| TRAMADOL HCL (5 MG/ML SOLUTION, 100 MG TABLET)                                                                                                                                                                                 | 3    |                           |
| <i>tramadol hcl 50 mg tablet</i>                                                                                                                                                                                               | 1    |                           |
| <i>tramadol hcl/acetaminophen</i>                                                                                                                                                                                              | 1    |                           |
| TREZIX                                                                                                                                                                                                                         | 3    |                           |
| <i>verdrocet</i>                                                                                                                                                                                                               | 1    |                           |
| ANESTHETICS                                                                                                                                                                                                                    |      |                           |
| LOCAL ANESTHETICS                                                                                                                                                                                                              |      |                           |
| ANACAINE                                                                                                                                                                                                                       | 3    |                           |
| ANASTIA                                                                                                                                                                                                                        | 3    |                           |
| <i>glydo</i>                                                                                                                                                                                                                   | 1    |                           |
| <i>lido-k</i>                                                                                                                                                                                                                  | 1    |                           |
| <i>lidocaine (5 % adh. patch, 5 % oint. (g))</i>                                                                                                                                                                               | 1    |                           |
| <i>lidocaine hcl (2 % jel/pf app, 2 % jelly(ml), 2 % solution, 3 % cream (g), 3 % lotion, 4 % solution, 40 mg/ml solution)</i>                                                                                                 | 1    |                           |
| <i>lidocaine/prilocaine (lidocaine/prilocaine 2.5 cream (g), lidocaine/prilocaine 2.5 kit)</i>                                                                                                                                 | 1    |                           |
| LIDOCAN II                                                                                                                                                                                                                     | 3    | PA                        |
| <i>lidocan iii</i>                                                                                                                                                                                                             | 1    | PA                        |
| <i>lidocan iv</i>                                                                                                                                                                                                              | 1    | PA                        |

| PRODUCT DESCRIPTION                                                                                                                                                                                           | TIER | LIMITS/RESTRICTIONS/NOTES |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| <i>lidocan v</i>                                                                                                                                                                                              | 1    | PA                        |
| LIDODERM                                                                                                                                                                                                      | 3    |                           |
| <i>lidopin 3% cream</i>                                                                                                                                                                                       | 1    |                           |
| LIDOPIN 3.25% CREAM                                                                                                                                                                                           | 3    |                           |
| NUMBONEX                                                                                                                                                                                                      | 3    |                           |
| ZTLIDO                                                                                                                                                                                                        | 3    | QL                        |
| ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS                                                                                                                                                               |      |                           |
| ALCOHOL DETERRENTS/ANTI-CRAVING                                                                                                                                                                               |      |                           |
| <i>acamprosate calcium</i>                                                                                                                                                                                    | 1    | QL                        |
| ANTABUSE                                                                                                                                                                                                      | 3    |                           |
| <i>disulfiram</i>                                                                                                                                                                                             | 1    |                           |
| <i>naltrexone hcl</i>                                                                                                                                                                                         | 1    |                           |
| OPVEE                                                                                                                                                                                                         | 2    |                           |
| VIVITROL 380 MG VIAL                                                                                                                                                                                          | 3    |                           |
| VIVITROL 380 MG VIAL-DILUENT                                                                                                                                                                                  | 3    | S                         |
| OPIOID ANALGESICS, LONG-ACTING                                                                                                                                                                                |      |                           |
| BRIXADI (MONTH 64 MG/0.18ML SYR, MONTH 96 MG/0.27ML SYR, MONTH 128MG/0.36ML SYR, WEEKLY 8 MG/0.16ML SYR, WEEKLY 16MG/0.32ML SYR, WEEKLY 24MG/0.48ML SYR, WEEKLY 32MG/0.64ML SYR)                              | 3    | S                         |
| SUBLOCADE                                                                                                                                                                                                     | 3    |                           |
| OPIOID DEPENDENCE                                                                                                                                                                                             |      |                           |
| BUNAVAIL                                                                                                                                                                                                      | 3    |                           |
| <i>buprenorphine hcl (2 mg tab subli, 8 mg tab subli)</i>                                                                                                                                                     | 1    |                           |
| <i>buprenorphine hcl/naloxone hcl (/naloxone 2 mg-0.5mg film, /naloxone 2 mg-0.5mg tab subli, /naloxone 4mg-1mg film, /naloxone 8 mg-2 mg film, /naloxone 8 mg-2 mg tab subli, /naloxone 12 mg-3 mg film)</i> | 1    |                           |
| LUCEMYRA                                                                                                                                                                                                      | 3    | QL                        |
| SUBOXONE                                                                                                                                                                                                      | 3    |                           |
| ZUBSOLV                                                                                                                                                                                                       | 2    |                           |
| OPIOID REVERSAL AGENTS                                                                                                                                                                                        |      |                           |
| KLOXXADO                                                                                                                                                                                                      | 2    |                           |
| LIFEMS NALOXONE                                                                                                                                                                                               | 3    |                           |
| <i>naloxone hcl (0.4 mg/ml cartridge, 0.4 mg/ml vial, 1 mg/ml syringe, 4 mg spray)</i>                                                                                                                        | 1    |                           |
| NARCAN                                                                                                                                                                                                        | 3    |                           |

| PRODUCT DESCRIPTION                                                                                      | TIER | LIMITS/RESTRICTIONS/NOTES       |
|----------------------------------------------------------------------------------------------------------|------|---------------------------------|
| ZIMHI                                                                                                    | 2    |                                 |
| SMOKING CESSATION AGENTS                                                                                 |      |                                 |
| <i>bupropion hcl sr 150 mg tablet</i>                                                                    | 1    | C Covered in full age 18+       |
| NICODERM CQ                                                                                              | 3    | QL<br>C Covered in full age 18+ |
| NICORETTE                                                                                                | 3    | QL<br>C Covered in full age 18+ |
| <i>nicotine (7mg/24hr patch td24, 14mg/24hr patch td24, 21 mg/24hr patch td24, 21-14-7mg patch dysq)</i> | 1    | QL<br>C Covered in full age 18+ |
| <i>nicotine polacrilex (2 mg gum, 2 mg lozenge, 2 mg lozng mini, 4 mg gum, 4 mg lozenge)</i>             | 1    | QL<br>C Covered in full age 18+ |
| NICOTINE POLACRILEX 4 MG LOZNG MINI                                                                      | 3    | QL<br>C Covered in full age 18+ |
| NICOTROL                                                                                                 | 3    | QL<br>C Covered in full age 18+ |
| NICOTROL NS                                                                                              | 3    | QL<br>C Covered in full age 18+ |
| <i>quit 2</i>                                                                                            | 1    | QL<br>C Covered in full age 18+ |
| <i>quit 4</i>                                                                                            | 1    | QL<br>C Covered in full age 18+ |
| <i>stop smoking aid</i>                                                                                  | 1    | QL<br>C Covered in full age 18+ |
| VARENICLINE TARTRATE (0.5 MG TABLET, 1 MG TABLET)                                                        | 3    | QL<br>C Covered in full         |
| <i>varenicline tartrate 0.5 (11)-1 tab ds pk</i>                                                         | 1    | QL<br>C Covered in full         |

| PRODUCT DESCRIPTION                                                                                       | TIER | LIMITS/RESTRICTIONS/NOTES |
|-----------------------------------------------------------------------------------------------------------|------|---------------------------|
| ANTIBACTERIALS                                                                                            |      |                           |
| AMINOGLYCOSIDES                                                                                           |      |                           |
| ARIKAYCE                                                                                                  | 3    | QL PA S                   |
| <i>gentamicin sulfate (0.1 % cream (g), 0.1 % oint. (g), 0.3 % drops, 0.3 % oint. (g), 40 mg/ml vial)</i> | 1    |                           |
| <i>neomycin sulfate</i>                                                                                   | 1    |                           |
| <i>paromomycin sulfate</i>                                                                                | 1    |                           |
| <i>tobramycin sulfate 1.2 g vial</i>                                                                      | 1    |                           |
| ANTIBACTERIALS, OTHER                                                                                     |      |                           |
| <i>bacitracin 500 unit/g oint. (g)</i>                                                                    | 1    |                           |
| CENTANY                                                                                                   | 3    |                           |
| CLEOCIN (2% CREAM, 100 MG OVULE)                                                                          | 3    |                           |
| CLEOCIN HCL                                                                                               | 3    |                           |
| CLEOCIN PEDIATRIC                                                                                         | 3    |                           |
| <i>clindacin etz 1% pledget</i>                                                                           | 1    |                           |
| <i>clindacin p</i>                                                                                        | 1    |                           |
| <i>clindamycin hcl</i>                                                                                    | 1    |                           |
| <i>clindamycin palmitate hcl</i>                                                                          | 1    |                           |
| <i>clindamycin phosphate (1 % gel (gram), 1 % med. swab, 2 % cream/app)</i>                               | 1    |                           |
| CLINDESSE                                                                                                 | 3    |                           |
| FIRVANQ                                                                                                   | 3    |                           |
| FLAGYL                                                                                                    | 3    |                           |
| FLAGYL ER                                                                                                 | 3    |                           |
| <i>fosfomycin tromethamine</i>                                                                            | 1    |                           |
| FURADANTIN                                                                                                | 3    |                           |
| HIPREX                                                                                                    | 3    |                           |
| <i>hyophen</i>                                                                                            | 1    |                           |
| LIKMEZ                                                                                                    | 3    | QL PA                     |
| <i>linezolid 100 mg/5ml susp recon</i>                                                                    | 1    |                           |
| <i>linezolid 600 mg tablet</i>                                                                            | 1    | QL                        |
| MACROBID                                                                                                  | 3    |                           |
| MACRODANTIN                                                                                               | 3    |                           |
| <i>methenamine hippurate</i>                                                                              | 1    |                           |

| PRODUCT DESCRIPTION                                                                                                                                                        | TIER | LIMITS/RESTRICTIONS/NOTES |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| <i>methenamine mandelate</i>                                                                                                                                               | 1    |                           |
| <i>methenamine/sod phosph,monobasic/methylene blue/hyoscyamine</i>                                                                                                         | 1    |                           |
| METROCREAM                                                                                                                                                                 | 3    |                           |
| METROGEL                                                                                                                                                                   | 3    |                           |
| METROGEL-VAGINAL                                                                                                                                                           | 3    |                           |
| METROLOTION                                                                                                                                                                | 3    |                           |
| <i>metronidazole (0.75 % cream (g), 0.75 % gel (gram), 0.75 % gel w/appl, 0.75 % lotion, 1 % gel (gram), 1 % gel w/pump, 250 mg tablet, 375 mg capsule, 500 mg tablet)</i> | 1    |                           |
| MONUROL                                                                                                                                                                    | 3    |                           |
| <i>mupirocin</i>                                                                                                                                                           | 1    |                           |
| <i>nitrofurantoin 25 mg/5 ml oral susp</i>                                                                                                                                 | 1    |                           |
| NITROFURANTOIN 50 MG/5 ML ORAL SUSP                                                                                                                                        | 3    |                           |
| <i>nitrofurantoin macrocrystal (25 mg capsule, 50 mg capsule, 100 mg capsule)</i>                                                                                          | 1    |                           |
| <i>nitrofurantoin monohydrate/macrocrystals</i>                                                                                                                            | 1    |                           |
| NORITATE                                                                                                                                                                   | 3    | ST                        |
| NUVESSA                                                                                                                                                                    | 3    | QL                        |
| <i>phosphasal</i>                                                                                                                                                          | 1    |                           |
| PRIMSOL                                                                                                                                                                    | 3    |                           |
| SIVEXTRO                                                                                                                                                                   | 3    | QL PA                     |
| SOLOSEC                                                                                                                                                                    | 3    |                           |
| <i>tinidazole</i>                                                                                                                                                          | 1    |                           |
| <i>trimethoprim</i>                                                                                                                                                        | 1    |                           |
| TRIMPEX                                                                                                                                                                    | 3    |                           |
| URELLE                                                                                                                                                                     | 3    |                           |
| <i>uretron d-s</i>                                                                                                                                                         | 1    |                           |
| URIBEL                                                                                                                                                                     | 3    |                           |
| <i>urimar-t tablet</i>                                                                                                                                                     | 1    |                           |
| <i>uro-458</i>                                                                                                                                                             | 1    |                           |
| <i>uro-mp</i>                                                                                                                                                              | 1    |                           |
| <i>urogesic-blue</i>                                                                                                                                                       | 1    |                           |
| <i>uryl</i>                                                                                                                                                                | 1    |                           |
| <i>ustell</i>                                                                                                                                                              | 1    |                           |

| PRODUCT DESCRIPTION                                                                                                                                                                                             | TIER | LIMITS/RESTRICTIONS/NOTES |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|----|
| <i>utira-c</i>                                                                                                                                                                                                  | 1    |                           |    |
| VANCOCIN HCL                                                                                                                                                                                                    | 3    |                           |    |
| <i>vancomycin hcl (50 mg/ml soln recon, 125 mg capsule, 250 mg capsule)</i>                                                                                                                                     | 1    |                           |    |
| VANCOMYCIN HCL 25 MG/ML SOLN RECON                                                                                                                                                                              | 3    |                           |    |
| <i>vandazole</i>                                                                                                                                                                                                | 1    |                           |    |
| XACIATO                                                                                                                                                                                                         | 3    |                           |    |
| XENLETA 600 MG TABLET                                                                                                                                                                                           | 3    | QL                        | PA |
| ZYVOX 100 MG/5 ML SUSPENSION                                                                                                                                                                                    | 3    |                           |    |
| ZYVOX 600 MG TABLET                                                                                                                                                                                             | 3    | QL                        |    |
| BETA-LACTAM, CEPHALOSPORINS                                                                                                                                                                                     |      |                           |    |
| <i>cefaclor (125 mg/5ml susp recon, 250 mg capsule, 250 mg/5ml susp recon, 375 mg/5ml susp recon, 500 mg capsule, 500 mg tab er 12h)</i>                                                                        | 1    |                           |    |
| <i>cefadroxil (1 g tablet, 250 mg/5ml susp recon, 500 mg capsule, 500 mg/5ml susp recon)</i>                                                                                                                    | 1    |                           |    |
| <i>cefdinir (125 mg/5ml susp recon, 250 mg/5ml susp recon, 300 mg capsule)</i>                                                                                                                                  | 1    |                           |    |
| <i>cefixime (100 mg/5ml susp recon, 200 mg/5ml susp recon, 400 mg capsule)</i>                                                                                                                                  | 1    |                           |    |
| <i>cefpodoxime proxetil (50 mg/5 ml susp recon, 100 mg tablet, 100 mg/5ml susp recon, 200 mg tablet)</i>                                                                                                        | 1    |                           |    |
| <i>cefprozil (125 mg/5ml susp recon, 250 mg tablet, 250 mg/5ml susp recon, 500 mg tablet)</i>                                                                                                                   | 1    |                           |    |
| <i>cefuroxime axetil</i>                                                                                                                                                                                        | 1    |                           |    |
| <i>cephalexin (125 mg/5ml susp recon, 250 mg capsule, 250 mg tablet, 250 mg/5ml susp recon, 500 mg capsule, 500 mg tablet, 750 mg capsule)</i>                                                                  | 1    |                           |    |
| KEFLEX                                                                                                                                                                                                          | 3    |                           |    |
| <i>medication transfer needle</i>                                                                                                                                                                               | 1    |                           |    |
| SUPRAX (100 MG TABLET CHEWABLE, 100 MG/5 ML SUSPENSION, 200 MG TABLET CHEWABLE, 200 MG/5 ML SUSPENSION, 400 MG CAPSULE, 500 MG/5 ML SUSPENSION)                                                                 | 3    |                           |    |
| BETA-LACTAM, PENICILLINS                                                                                                                                                                                        |      |                           |    |
| <i>amoxicillin (125 mg tab chew, 125 mg/5ml susp recon, 200 mg/5ml susp recon, 250 mg capsule, 250 mg tab chew, 250 mg/5ml susp recon, 400 mg/5ml susp recon, 500 mg capsule, 500 mg tablet, 875 mg tablet)</i> | 1    |                           |    |

| PRODUCT DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | TIER | LIMITS/RESTRICTIONS/NOTES |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| <i>amoxicillin/potassium clavulanate (amoxicillin/potassium 200-28.5mg/5 susp recon, amoxicillin/potassium 200-28.5mg tab chew, amoxicillin/potassium 250-125 mg tablet, amoxicillin/potassium 250-62.5/5 susp recon, amoxicillin/potassium 400-57mg tab chew, amoxicillin/potassium 400-57mg/5 susp recon, amoxicillin/potassium 500-125 mg tablet, amoxicillin/potassium 600-42.9/5 susp recon, amoxicillin/potassium 875-125 mg tablet, amoxicillin/potassium 1000-62.5 tab er 12h)</i> | 1    |                           |
| <i>ampicillin trihydrate</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1    |                           |
| AUGMENTIN (125-31.25 MG/5 ML, 250-62.5 MG/5 ML, 500-125 TABLET, 875-125 TABLET)                                                                                                                                                                                                                                                                                                                                                                                                            | 3    |                           |
| AUGMENTIN ES-600                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3    |                           |
| AUGMENTIN XR                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3    |                           |
| <i>dicloxacillin sodium</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1    |                           |
| MOXATAG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 3    | PA                        |
| <i>penicillin v potassium (125 mg/5ml soln recon, 250 mg tablet, 250 mg/5ml soln recon, 500 mg tablet)</i>                                                                                                                                                                                                                                                                                                                                                                                 | 1    |                           |
| MACROLIDES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      |                           |
| <i>azithromycin (1 g packet, 100 mg/5ml susp recon, 200 mg/5ml susp recon, 250 mg tablet, 500 mg tablet, 600 mg tablet)</i>                                                                                                                                                                                                                                                                                                                                                                | 1    |                           |
| <i>clarithromycin (125 mg/5ml susp recon, 250 mg tablet, 250 mg/5ml susp recon, 500 mg tab er 24h, 500 mg tablet)</i>                                                                                                                                                                                                                                                                                                                                                                      | 1    |                           |
| DIFICID (40 MG/ML SUSPENSION, 200 MG TABLET)                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3    |                           |
| E.E.S. 200                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 3    |                           |
| E.E.S. 400                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 3    |                           |
| <i>ery-tab</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1    |                           |
| ERYGEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 3    |                           |
| ERYPED 200                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 3    |                           |
| ERYPED 400                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 3    |                           |
| <i>erythrocine stearate</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1    |                           |
| <i>erythromycin base (250 mg capsule dr, 250 mg tablet, 250 mg tablet dr, 333 mg tablet dr, 500 mg tablet, 500 mg tablet dr)</i>                                                                                                                                                                                                                                                                                                                                                           | 1    |                           |
| <i>erythromycin ethylsuccinate (200 mg/5ml susp recon, 400 mg tablet, 400 mg/5ml susp recon)</i>                                                                                                                                                                                                                                                                                                                                                                                           | 1    |                           |
| ZITHROMAX (1 GM POWDER PACKET, 100 MG/5 ML SUSP, 200 MG/5 ML SUSP, 250 MG TABLET, 250 MG Z-PAK TABLET, 500 MG TABLET, 600 MG TABLET)                                                                                                                                                                                                                                                                                                                                                       | 3    |                           |
| ZITHROMAX TRI-PAK                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 3    |                           |
| ZMAX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 3    |                           |
| QUINOLONES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      |                           |
| AVELOX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 3    |                           |
| BAXDELA 450 MG TABLET                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 3    | QL                        |
| CIPRO (5% SUSPENSION, 10% SUSPENSION, 250 MG TABLET, 500 MG TABLET)                                                                                                                                                                                                                                                                                                                                                                                                                        | 3    |                           |

| PRODUCT DESCRIPTION                                                                                                                                                                                                                             | TIER | LIMITS/RESTRICTIONS/NOTES |    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|----|
| CIPRO XR                                                                                                                                                                                                                                        | 3    |                           |    |
| <i>ciprofloxacin</i>                                                                                                                                                                                                                            | 1    |                           |    |
| <i>ciprofloxacin hcl (0.3 % drops, 100 mg tablet, 250 mg tablet, 500 mg tablet, 750 mg tablet)</i>                                                                                                                                              | 1    |                           |    |
| <i>ciprofloxacin/ciprofloxacin hcl</i>                                                                                                                                                                                                          | 1    |                           |    |
| FACTIVE                                                                                                                                                                                                                                         | 3    |                           |    |
| FLOXIN                                                                                                                                                                                                                                          | 3    |                           |    |
| LEVAQUIN                                                                                                                                                                                                                                        | 3    |                           |    |
| <i>levofloxacin (250 mg tablet, 250mg/10ml solution, 500 mg tablet, 500mg/20ml solution, 750 mg tablet)</i>                                                                                                                                     | 1    |                           |    |
| <i>moxifloxacin hcl 400 mg tablet</i>                                                                                                                                                                                                           | 1    |                           |    |
| <i>ofloxacin (0.3 % drops, 300 mg tablet, 400 mg tablet)</i>                                                                                                                                                                                    | 1    |                           |    |
| SULFONAMIDES                                                                                                                                                                                                                                    |      |                           |    |
| BACTRIM                                                                                                                                                                                                                                         | 3    |                           |    |
| BACTRIM DS                                                                                                                                                                                                                                      | 3    |                           |    |
| KLARON                                                                                                                                                                                                                                          | 3    |                           |    |
| <i>sulfacetamide sodium 10 % suspension</i>                                                                                                                                                                                                     | 1    |                           |    |
| <i>sulfadiazine</i>                                                                                                                                                                                                                             | 1    |                           |    |
| <i>sulfamethoxazole/trimethoprim (sulfamethoxazole/trimethoprim 200-40mg/5 oral susp, sulfamethoxazole/trimethoprim 400mg-80mg tablet, sulfamethoxazole/trimethoprim 800-160 mg tablet, sulfamethoxazole/trimethoprim 800-160/20 oral susp)</i> | 1    |                           |    |
| <i>sulfatrim</i>                                                                                                                                                                                                                                | 1    |                           |    |
| <i>thermazene</i>                                                                                                                                                                                                                               | 1    |                           |    |
| TETRACYCLINES                                                                                                                                                                                                                                   |      |                           |    |
| ACTICLATE                                                                                                                                                                                                                                       | 3    | PA                        |    |
| ADOXA                                                                                                                                                                                                                                           | 3    |                           |    |
| AMZEEQ                                                                                                                                                                                                                                          | 3    | QL                        | ST |
| <i>avidoxy</i>                                                                                                                                                                                                                                  | 1    |                           |    |
| <i>coremino</i>                                                                                                                                                                                                                                 | 1    |                           |    |
| <i>demeclocycline hcl</i>                                                                                                                                                                                                                       | 1    |                           |    |
| DORYX                                                                                                                                                                                                                                           | 3    | ST                        |    |
| DORYX MPC                                                                                                                                                                                                                                       | 3    | ST                        |    |
| <i>doxycycline hyclate (20 mg tablet, 50 mg capsule, 50 mg tablet, 75 mg tablet dr, 100 mg capsule, 100 mg tablet, 100 mg tablet dr, 150 mg tablet dr)</i>                                                                                      | 1    |                           |    |
| <i>doxycycline hyclate (50 mg tablet dr, 200 mg tablet dr)</i>                                                                                                                                                                                  | 1    | ST                        |    |

| PRODUCT DESCRIPTION                                                                                                                                                            | TIER | LIMITS/RESTRICTIONS/NOTES |    |   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|----|---|
| <i>doxycycline hyclate (75 mg tablet, 150 mg tablet)</i>                                                                                                                       | 1    | QL                        | PA |   |
| <i>doxycycline monohydrate (25 mg/5 ml susp recon, 50 mg capsule, 50 mg tablet, 75 mg capsule, 75 mg tablet, 100 mg capsule, 100 mg tablet, 150 mg capsule, 150 mg tablet)</i> | 1    |                           |    |   |
| <i>doxycycline monohydrate 40 mg cap ir dr</i>                                                                                                                                 | 1    | QL                        | PA |   |
| MINOCYCLINE HCL (45 MG CAP ER 24H, 90 MG CAP ER 24H, 105 MG TAB BP 24H, 135 MG CAP ER 24H, 135 MG TAB BP 24H)                                                                  | 3    | QL                        | PA |   |
| <i>minocycline hcl (45 mg tab er 24h, 65 mg tab er 24h, 80 mg tab er 24h, 90 mg tab er 24h, 105 mg tab er 24h, 115mg tab er 24h, 135 mg tab er 24h)</i>                        | 1    | QL                        |    |   |
| <i>minocycline hcl (50 mg capsule, 50 mg tablet, 75 mg capsule, 75 mg tablet, 100 mg capsule, 100 mg tablet)</i>                                                               | 1    |                           |    |   |
| MINOCYCLINE HCL 55 MG TAB ER 24H                                                                                                                                               | 3    | QL                        |    |   |
| MINOLIRA ER                                                                                                                                                                    | 3    | QL                        | PA |   |
| <i>mondoxyne nl</i>                                                                                                                                                            | 1    |                           |    |   |
| MONODOX                                                                                                                                                                        | 3    |                           |    |   |
| <i>morgidox (50 mg capsule, 100 mg capsule)</i>                                                                                                                                | 1    |                           |    |   |
| NUZYRA (150 MG TABLET-7, 150 MG-7 WITH LOAD)                                                                                                                                   | 3    | PA                        |    |   |
| NUZYRA 150 MG TABLET                                                                                                                                                           | 3    | QL                        | PA |   |
| ORACEA                                                                                                                                                                         | 3    | QL                        | PA |   |
| SEYSARA                                                                                                                                                                        | 3    | QL                        | PA |   |
| SOLODYN                                                                                                                                                                        | 3    | QL                        |    |   |
| TARGADOX                                                                                                                                                                       | 3    |                           |    |   |
| <i>tetracycline hcl (250 mg capsule, 500 mg capsule)</i>                                                                                                                       | 1    |                           |    |   |
| VIBRAMYCIN (25 MG/5 ML SUSP, 50 MG/5 ML SYRUP, 100 MG CAPSULE)                                                                                                                 | 3    |                           |    |   |
| XIMINO                                                                                                                                                                         | 3    | QL                        | PA |   |
| ZILXI                                                                                                                                                                          | 3    | QL                        | ST |   |
| ANTICONVULSANTS                                                                                                                                                                |      |                           |    |   |
| ANTICONVULSANTS, OTHER                                                                                                                                                         |      |                           |    |   |
| BRIVIACT (10 MG TABLET, 10 MG/ML ORAL SOLN, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET, 100 MG TABLET)                                                                           | 3    | QL                        |    |   |
| DEPAKOTE                                                                                                                                                                       | 3    |                           |    |   |
| DEPAKOTE ER                                                                                                                                                                    | 3    |                           |    |   |
| DEPAKOTE SPRINKLE                                                                                                                                                              | 3    |                           |    |   |
| DIACOMIT                                                                                                                                                                       | 3    | QL                        | PA | S |

| PRODUCT DESCRIPTION                                                                                                                                                                                                                                                                            | TIER | LIMITS/RESTRICTIONS/NOTES |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| <i>divalproex sodium (125 mg cap dr spr, 125 mg tablet dr, 250 mg tab er 24h, 250 mg tablet dr, 500 mg tab er 24h, 500 mg tablet dr)</i>                                                                                                                                                       | 1    |                           |
| ELEPSIA XR (1,000 MG TABLET, 1,500 MG TABLET)                                                                                                                                                                                                                                                  | 3    | QL                        |
| EPIDIOLEX                                                                                                                                                                                                                                                                                      | 3    | QL PA S MS                |
| EPRONTIA                                                                                                                                                                                                                                                                                       | 3    | QL                        |
| <i>felbamate (400 mg tablet, 600 mg tablet, 600 mg/5ml oral susp)</i>                                                                                                                                                                                                                          | 1    |                           |
| FELBATOL (400 MG TABLET, 600 MG TABLET, 600 MG/5 ML SUSP)                                                                                                                                                                                                                                      | 3    |                           |
| FINTEPLA                                                                                                                                                                                                                                                                                       | 3    | QL PA S                   |
| FYCOMPA (0.5 MG/ML ORAL SUSP, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)                                                                                                                                                                                  | 3    | QL                        |
| KEPPRA (100 MG/ML ORAL SOLN, 250 MG TABLET, 500 MG TABLET, 750 MG TABLET, 1,000 MG TABLET)                                                                                                                                                                                                     | 3    |                           |
| KEPPRA XR (500 MG TABLET, 750 MG TABLET)                                                                                                                                                                                                                                                       | 3    | QL                        |
| LAMICTAL (5 MG DISPER TABLET, 25 MG DISPER TABLET, 25 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)                                                                                                                                                                                  | 3    |                           |
| LAMICTAL (BLUE)                                                                                                                                                                                                                                                                                | 3    |                           |
| LAMICTAL (GREEN)                                                                                                                                                                                                                                                                               | 3    |                           |
| LAMICTAL (ORANGE)                                                                                                                                                                                                                                                                              | 3    |                           |
| LAMICTAL ODT                                                                                                                                                                                                                                                                                   | 3    | QL                        |
| LAMICTAL XR                                                                                                                                                                                                                                                                                    | 3    |                           |
| <i>lamotrigine (25 mg tab rapdis, 25(42)-100 tab ds pk, 25(84)-100 tab ds pk, 50 mg tab rapdis, 100 mg tab rapdis, 200 mg tab rapdis)</i>                                                                                                                                                      | 1    | QL                        |
| <i>lamotrigine (5 mg tb chw dsp, 25 mg tab er 24, 25 mg tablet, 25 mg tb chw dsp, 25(21)-50 tb rd dspk, 25-50-100 tb rd dspk, 50 mg tab er 24, 50(42)-100 tb rd dspk, 100 mg tab er 24, 100 mg tablet, 150 mg tablet, 200 mg tab er 24, 200 mg tablet, 250 mg tab er 24, 300 mg tab er 24)</i> | 1    |                           |
| <i>lamotrigine 25mg (35) tab ds pk</i>                                                                                                                                                                                                                                                         | 1    |                           |
| <i>levetiracetam (100 mg/ml solution, 250 mg tablet, 500 mg tablet, 500 mg/5ml solution, 750 mg tablet, 1000 mg tablet)</i>                                                                                                                                                                    | 1    |                           |
| <i>levetiracetam (500 mg tab er 24h, 750 mg tab er 24h)</i>                                                                                                                                                                                                                                    | 1    | QL                        |
| QUDEXY XR (25 MG CAPSULE, 50 MG CAPSULE, 100 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE)                                                                                                                                                                                                       | 3    | QL                        |
| roweepra                                                                                                                                                                                                                                                                                       | 1    |                           |
| roweepra xr 500 mg tablet                                                                                                                                                                                                                                                                      | 1    |                           |
| roweepra xr 750 mg tablet                                                                                                                                                                                                                                                                      | 1    | QL                        |
| SPRITAM (250 MG TABLET, 500 MG TABLET, 750 MG TABLET, 1,000 MG TABLET)                                                                                                                                                                                                                         | 3    | QL                        |
| TOPAMAX                                                                                                                                                                                                                                                                                        | 3    |                           |
| <i>topiramate (15 mg cap sprink, 25 mg cap sprink, 25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>                                                                                                                                                                               | 1    |                           |

| PRODUCT DESCRIPTION                                                                                                                                                                           | TIER | LIMITS/RESTRICTIONS/NOTES |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| <i>topiramate er caps</i>                                                                                                                                                                     | 1    | QL                        |
| TROKENDI XR                                                                                                                                                                                   | 3    | QL                        |
| <i>valproic acid</i>                                                                                                                                                                          | 1    |                           |
| <i>valproic acid (as sodium salt) (valproate sodium) (250 mg/5ml solution, 500mg/10ml solution)</i>                                                                                           | 1    |                           |
| XCOPRI (12.5-25 MG TITRATION PK, 50 MG TABLET, 50-100 MG TITRATION PAK, 100 MG TABLET, 150 MG TABLET, 150-200 MG TITRATION PK, 200 MG TABLET, 250 MG DAILY DOSE PACK, 350 MG DAILY DOSE PACK) | 3    | QL                        |
| ZTALMY                                                                                                                                                                                        | 3    | QL PA S                   |
| CALCIUM CHANNEL MODIFYING AGENTS                                                                                                                                                              |      |                           |
| CELONTIN                                                                                                                                                                                      | 3    |                           |
| <i>ethosuximide (250 mg capsule, 250 mg/5ml solution)</i>                                                                                                                                     | 1    |                           |
| <i>methsuximide</i>                                                                                                                                                                           | 1    |                           |
| ZARONTIN (250 MG CAPSULE, 250 MG/5 ML SOLUTION)                                                                                                                                               | 3    |                           |
| ZONEGRAN 100 MG CAPSULE                                                                                                                                                                       | 3    |                           |
| GAMMA-AMINO BUTYRIC ACID (GABA) AUGMENTING AGENTS                                                                                                                                             |      |                           |
| <i>clobazam (10 mg tablet, 20 mg tablet)</i>                                                                                                                                                  | 1    | QL                        |
| <i>clobazam 2.5 mg/ml oral susp</i>                                                                                                                                                           | 1    |                           |
| DIASTAT                                                                                                                                                                                       | 3    | QL                        |
| DIASTAT ACUDIAL                                                                                                                                                                               | 3    | QL                        |
| <i>diazepam (2.5 mg kit, 5-7.5-10mg kit, 12.5-15-20 kit)</i>                                                                                                                                  | 1    |                           |
| <i>gabapentin (100 mg capsule, 250 mg/5ml solution, 300 mg capsule, 300 mg/6ml solution, 400 mg capsule, 600 mg tablet, 800 mg tablet)</i>                                                    | 1    |                           |
| GABITRIL                                                                                                                                                                                      | 3    |                           |
| GRALISE 30-DAY STARTER PACK                                                                                                                                                                   | 3    | PA                        |
| GRALISE ER 300 MG TABLET                                                                                                                                                                      | 3    | QL PA                     |
| MYSOLINE                                                                                                                                                                                      | 3    |                           |
| NEURONTIN (100 MG CAPSULE, 250 MG/5 ML SOLN, 300 MG CAPSULE, 400 MG CAPSULE, 600 MG TABLET, 800 MG TABLET)                                                                                    | 3    |                           |
| NEURONTIN 250 MG/5 ML SOLUTION                                                                                                                                                                | 3    |                           |
| ONFI (10 MG TABLET, 20 MG TABLET)                                                                                                                                                             | 3    | QL                        |
| ONFI 2.5 MG/ML SUSPENSION                                                                                                                                                                     | 3    |                           |

| PRODUCT DESCRIPTION                                                                                                                                                                        | TIER | LIMITS/RESTRICTIONS/NOTES |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| <i>phenobarbital (15 mg tablet, 16.2 mg tablet, 20 mg/5 ml elixir, 30 mg tablet, 32.4 mg tablet, 60 mg tablet, 64.8 mg tablet, 97.2mg tablet, 100 mg tablet)</i>                           | 1    |                           |
| <i>primidone (50 mg tablet, 250 mg tablet)</i>                                                                                                                                             | 1    |                           |
| PRIMIDONE 125 MG TABLET                                                                                                                                                                    | 3    |                           |
| SABRIL                                                                                                                                                                                     | 3    | QL PA S MS                |
| SYMPAZAN                                                                                                                                                                                   | 3    | QL                        |
| <i>tiagabine hcl</i>                                                                                                                                                                       | 1    |                           |
| VALTOCO                                                                                                                                                                                    | 3    | QL                        |
| <i>vigabatrin</i>                                                                                                                                                                          | 1    | QL PA S MS                |
| <i>vigadrone 500 mg powder packet</i>                                                                                                                                                      | 1    | PA S                      |
| <i>vigadrone 500 mg tablet</i>                                                                                                                                                             | 1    | QL PA S                   |
| <i>vigpoder</i>                                                                                                                                                                            | 1    | QL S                      |
| SODIUM CHANNEL AGENTS                                                                                                                                                                      |      |                           |
| APTIOM (200 MG TABLET, 400 MG TABLET, 600 MG TABLET, 800 MG TABLET)                                                                                                                        | 3    | QL                        |
| BANZEL (40 MG/ML SUSPENSION, 200 MG TABLET, 400 MG TABLET)                                                                                                                                 | 3    |                           |
| <i>carbamazepine (100 mg cpmp 12hr, 100 mg tab chew, 100 mg tab er 12h, 100 mg/5ml oral susp, 200 mg cpmp 12hr, 200 mg tab er 12h, 200 mg tablet, 300 mg cpmp 12hr, 400 mg tab er 12h)</i> | 1    |                           |
| CARBATROL                                                                                                                                                                                  | 3    |                           |
| <i>colchicine</i>                                                                                                                                                                          | 1    | QL S MS                   |
| DILANTIN (30 MG CAPSULE, 50 MG INFATAB, 100 MG CAPSULE)                                                                                                                                    | 2    |                           |
| DILANTIN-125                                                                                                                                                                               | 2    |                           |
| <i>epitol</i>                                                                                                                                                                              | 1    |                           |
| <i>lacosamide (10 mg/ml solution, 50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>                                                                                           | 1    | QL                        |
| MOTPOLY XR (100 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE)                                                                                                                                | 3    | QL PA                     |
| <i>oxcarbazepine (150 mg tablet, 300 mg tablet, 300 mg/5ml oral susp, 600 mg tablet)</i>                                                                                                   | 1    |                           |
| OXTELLAR XR (150 MG TABLET, 300 MG TABLET, 600 MG TABLET)                                                                                                                                  | 3    | QL                        |
| PEGANONE                                                                                                                                                                                   | 3    |                           |
| PHENYTEK                                                                                                                                                                                   | 2    |                           |
| <i>phenytoin (50 mg tab chew, 100 mg/4ml oral susp, 125 mg/5ml oral susp)</i>                                                                                                              | 1    |                           |
| <i>phenytoin sodium extended</i>                                                                                                                                                           | 1    |                           |
| <i>rufinamide (40 mg/ml oral susp, 200 mg tablet, 400 mg tablet)</i>                                                                                                                       | 1    |                           |

| PRODUCT DESCRIPTION                                                                                                                    | TIER | LIMITS/RESTRICTIONS/NOTES |
|----------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| TEGRETOL (100 MG/5 ML SUSP, 200 MG TABLET)                                                                                             | 3    |                           |
| TEGRETOL XR                                                                                                                            | 3    |                           |
| TRILEPTAL (150 MG TABLET, 300 MG TABLET, 300 MG/5 ML SUSP, 600 MG TABLET)                                                              | 3    |                           |
| VIMPAT (10 MG/ML SOLUTION, 50 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)                                                  | 3    | QL                        |
| ZONEGRAN 25 MG CAPSULE                                                                                                                 | 3    |                           |
| ZONISADE                                                                                                                               | 3    | QL PA                     |
| <i>zonisamide</i>                                                                                                                      | 1    |                           |
| ANTICONVULSANTS, OTHER                                                                                                                 |      |                           |
| ANTICONVULSANTS                                                                                                                        |      |                           |
| NAYZILAM                                                                                                                               | 3    | QL                        |
| ANTIDEMENTIA AGENTS                                                                                                                    |      |                           |
| ANTIDEMENTIA AGENTS, OTHER                                                                                                             |      |                           |
| <i>ergoloid mesylates</i>                                                                                                              | 1    |                           |
| NAMZARIC                                                                                                                               | 3    | QL PA                     |
| CHOLINESTERASE INHIBITORS                                                                                                              |      |                           |
| ADLARITY                                                                                                                               | 3    | QL ST                     |
| ARICEPT                                                                                                                                | 3    |                           |
| <i>donepezil hcl (5 mg tab rapdis, 5 mg tablet, 10 mg tab rapdis, 10 mg tablet, 23 mg tablet)</i>                                      | 1    |                           |
| EXELON                                                                                                                                 | 3    |                           |
| <i>galantamine hbr (4 mg tablet, 4 mg/ml solution, 8 mg cap24h pel, 8 mg tablet, 12 mg tablet, 16 mg cap24h pel, 24 mg cap24h pel)</i> | 1    |                           |
| RAZADYNE                                                                                                                               | 3    |                           |
| RAZADYNE ER                                                                                                                            | 3    |                           |
| <i>rivastigmine</i>                                                                                                                    | 1    |                           |
| <i>rivastigmine tartrate</i>                                                                                                           | 1    |                           |
| N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST                                                                                        |      |                           |
| <i>memantine hcl (2 mg/ml solution, 5 mg tablet, 5 mg-10 mg tab ds pk, 10 mg tablet)</i>                                               | 1    |                           |
| <i>memantine hcl (7 mg cap spr 24, 14 mg cap spr 24, 21 mg cap spr 24, 28 mg cap spr 24)</i>                                           | 1    | QL                        |
| NAMENDA (2 MG/ML SOLUTION, 5 MG TABLET, 5-10 MG TITRATION PK, 10 MG TABLET)                                                            | 3    |                           |
| NAMENDA XR                                                                                                                             | 3    | QL                        |

| PRODUCT DESCRIPTION                                                                                           | TIER | LIMITS/RESTRICTIONS/NOTES |    |   |    |
|---------------------------------------------------------------------------------------------------------------|------|---------------------------|----|---|----|
| ANTIDEPRESSANTS                                                                                               |      |                           |    |   |    |
| ANTIDEPRESSANTS, OTHER                                                                                        |      |                           |    |   |    |
| ABILIFY 15 MG TABLET                                                                                          | 3    | QL                        |    |   |    |
| amitriptyline hcl/chlordiazepoxide                                                                            | 1    |                           |    |   |    |
| APLENZIN                                                                                                      | 3    | QL                        | PA |   |    |
| AUVELITY                                                                                                      | 3    | QL                        | PA |   |    |
| bupropion hcl (100 mg tab sr 12h, 150 mg tab er 24h, 150 mg tab sr 12h, 200 mg tab sr 12h, 300 mg tab er 24h) | 1    | QL                        |    |   |    |
| bupropion hcl (75 mg tablet, 100 mg tablet)                                                                   | 1    |                           |    |   |    |
| BUPROPION HCL 450 MG TAB ER 24H                                                                               | 3    | QL                        |    |   |    |
| FORFIVO XL                                                                                                    | 3    | QL                        | ST |   |    |
| LYBALVI                                                                                                       | 3    | QL                        | PA |   |    |
| mirtazapine                                                                                                   | 1    |                           |    |   |    |
| olanzapine/fluoxetine hcl                                                                                     | 1    |                           |    |   |    |
| perphenazine/amitriptyline hcl                                                                                | 1    |                           |    |   |    |
| REMERON                                                                                                       | 3    |                           |    |   |    |
| SYMBYAX                                                                                                       | 3    |                           |    |   |    |
| WELLBUTRIN SR                                                                                                 | 3    | QL                        |    |   |    |
| WELLBUTRIN XL (150 MG TABLET, 300 MG TABLET)                                                                  | 3    | QL                        |    |   |    |
| ZURZUVAE (20 MG CAPSULE, 25 MG CAPSULE, 30 MG CAPSULE)                                                        | 3    | QL                        | PA | S | MS |
| MONOAMINE OXIDASE INHIBITORS                                                                                  |      |                           |    |   |    |
| EMSAM                                                                                                         | 3    | QL                        | ST |   |    |
| MARPLAN                                                                                                       | 3    |                           |    |   |    |
| NARDIL                                                                                                        | 3    |                           |    |   |    |
| PARNATE                                                                                                       | 3    |                           |    |   |    |
| phenelzine sulfate                                                                                            | 1    |                           |    |   |    |
| tranylcypromine sulfate                                                                                       | 1    |                           |    |   |    |
| SSRIS/SNRI (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)           |      |                           |    |   |    |
| CELEXA (10 MG TABLET, 20 MG TABLET, 40 MG TABLET)                                                             | 3    | QL                        |    |   |    |
| citalopram hydrobromide (10 mg tablet, 20 mg tablet, 40 mg tablet)                                            | 1    | QL                        |    |   |    |
| citalopram hydrobromide (10 mg/5 ml solution, 20 mg/10ml solution)                                            | 1    |                           |    |   |    |

| PRODUCT DESCRIPTION                                                                                                                | TIER | LIMITS/RESTRICTIONS/NOTES |    |
|------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|----|
| CITALOPRAM HYDROBROMIDE 30 MG CAPSULE                                                                                              | 3    | QL                        | PA |
| <i>desvenlafaxine er</i>                                                                                                           | 3    | QL                        | PA |
| <i>desvenlafaxine succinate</i>                                                                                                    | 1    | QL                        |    |
| <i>diflorasone diacetate</i>                                                                                                       | 1    | QL                        |    |
| EFFEXOR XR (37.5 MG CAPSULE, 75 MG CAPSULE, 150 MG CAPSULE)                                                                        | 3    | QL                        |    |
| <i>escitalopram oxalate (5 mg tablet, 5 mg/5 ml solution, 10 mg tablet, 20 mg tablet)</i>                                          | 1    |                           |    |
| FETZIMA                                                                                                                            | 3    | QL                        |    |
| <i>fluoxetine hcl (10 mg capsule, 10 mg tablet, 20 mg capsule, 20 mg tablet, 20 mg/5 ml solution, 40 mg capsule, 60 mg tablet)</i> | 1    |                           |    |
| <i>fluoxetine hcl 90 mg capsule dr</i>                                                                                             | 1    | QL                        |    |
| <i>fluvoxamine maleate (100 mg cap er 24h, 150 mg cap er 24h)</i>                                                                  | 1    | QL                        |    |
| <i>fluvoxamine maleate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>                                                             | 1    |                           |    |
| LEXAPRO                                                                                                                            | 3    |                           |    |
| <i>nefazodone hcl (150 mg tablet, 200 mg tablet, 250 mg tablet)</i>                                                                | 1    |                           |    |
| <i>nefazodone hcl (50 mg tablet, 100 mg tablet)</i>                                                                                | 1    | QL                        |    |
| <i>paroxetine hcl (10 mg tablet, 10 mg/5 ml oral susp, 20 mg tablet, 30 mg tablet, 40 mg tablet)</i>                               | 1    |                           |    |
| <i>paroxetine hcl (12.5 mg tab er 24h, 25 mg tab er 24h, 37.5 mg tab er 24h)</i>                                                   | 1    | QL                        |    |
| <i>paroxetine mesylate</i>                                                                                                         | 1    | QL                        |    |
| PAXIL (10 MG TABLET, 10 MG/5 ML SUSPENSION, 20 MG TABLET, 30 MG TABLET, 40 MG TABLET)                                              | 3    |                           |    |
| PAXIL CR                                                                                                                           | 3    | QL                        |    |
| PEXEVA (10 MG TABLET, 20 MG TABLET, 30 MG TABLET, 40 MG TABLET)                                                                    | 3    | QL                        | PA |
| PRISTIQ (ER 25 MG TABLET, ER 50 MG TABLET, ER 100 MG TABLET)                                                                       | 3    | QL                        |    |
| PROZAC (10 MG, 40 MG)                                                                                                              | 3    | QL                        |    |
| PROZAC 20 MG PULVULE                                                                                                               | 3    |                           |    |
| SERTRALINE HCL (150 MG CAPSULE, 200 MG CAPSULE)                                                                                    | 3    | QL                        | PA |
| <i>sertraline hcl (20 mg/ml oral conc, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>                                              | 1    |                           |    |
| <i>trazodone hcl</i>                                                                                                               | 1    |                           |    |
| TRINTELLIX                                                                                                                         | 3    | QL                        |    |
| <i>venlafaxine er tab (tier dependent on manufacturer. ucb t3, others t1)</i>                                                      | 1    | QL                        | ST |

| PRODUCT DESCRIPTION                                                                                                                 | TIER | LIMITS/RESTRICTIONS/NOTES |    |
|-------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|----|
| <i>venlafaxine hcl (25 mg tablet, 37.5 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet)</i>                                    | 1    |                           |    |
| <i>venlafaxine hcl (37.5 mg cap er 24h, 75 mg cap er 24h, 150 mg cap er 24h)</i>                                                    | 1    | QL                        |    |
| VIIBRYD (10 MG TABLET, 20 MG TABLET, 40 MG TABLET)                                                                                  | 3    | QL                        |    |
| VIIBRYD 10-20 MG STARTER PACK                                                                                                       | 3    |                           |    |
| <i>vilazodone hcl</i>                                                                                                               | 1    | QL                        |    |
| ZOLOFT (20 MG/ML ORAL CONC, 25 MG TABLET, 50 MG TABLET, 100 MG TABLET)                                                              | 3    |                           |    |
| SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITORS/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITORS)                              |      |                           |    |
| VENLAFAXINE BESYLATE                                                                                                                | 3    | QL                        | ST |
| TRICYCLICS                                                                                                                          |      |                           |    |
| <i>amitriptyline hcl</i>                                                                                                            | 1    |                           |    |
| <i>amoxapine</i>                                                                                                                    | 1    |                           |    |
| ANAFRANIL                                                                                                                           | 3    |                           |    |
| <i>clomipramine hcl</i>                                                                                                             | 1    | PA                        |    |
| <i>desipramine hcl</i>                                                                                                              | 1    |                           |    |
| <i>doxepin hcl (10 mg capsule, 10 mg/ml oral conc, 25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule)</i> | 1    |                           |    |
| <i>imipramine hcl</i>                                                                                                               | 1    |                           |    |
| <i>imipramine pamoate</i>                                                                                                           | 1    |                           |    |
| NORPRAMIN                                                                                                                           | 3    |                           |    |
| <i>nortriptyline hcl (10 mg capsule, 10 mg/5 ml solution, 25 mg capsule, 50 mg capsule, 75 mg capsule)</i>                          | 1    |                           |    |
| PAMELOR                                                                                                                             | 3    |                           |    |
| <i>protriptyline hcl</i>                                                                                                            | 1    |                           |    |
| TOFRANIL                                                                                                                            | 3    |                           |    |
| <i>trimipramine maleate</i>                                                                                                         | 1    |                           |    |
| ANTIEMETICS                                                                                                                         |      |                           |    |
| ANTIEMETICS, OTHER                                                                                                                  |      |                           |    |
| ANTIVERT                                                                                                                            | 3    |                           |    |
| BONJESTA                                                                                                                            | 3    | QL                        | PA |
| COMPAZINE (5 MG TABLET, 10 MG TABLET)                                                                                               | 3    |                           |    |
| <i>compazine 25 mg suppository</i>                                                                                                  | 1    |                           |    |
| <i>compro</i>                                                                                                                       | 1    |                           |    |
| DICLEGIS                                                                                                                            | 3    | QL                        | PA |

| PRODUCT DESCRIPTION                                                                            | TIER | LIMITS/RESTRICTIONS/NOTES |    |
|------------------------------------------------------------------------------------------------|------|---------------------------|----|
| <i>doxylamine succinate/pyridoxine hcl (vitamin b6)</i>                                        | 1    | QL                        | PA |
| GIMOTI                                                                                         | 3    | QL                        | PA |
| <i>meclizine hcl (12.5 mg tablet, 25 mg tablet)</i>                                            | 1    |                           |    |
| MECLIZINE HCL 50 MG TABLET                                                                     | 3    |                           |    |
| <i>metoclopramide hcl (5 mg tab rapdis, 10 mg tab rapdis)</i>                                  | 1    | QL                        |    |
| <i>metoclopramide hcl (5 mg tablet, 5 mg/5 ml solution, 10 mg tablet, 10 mg/10ml solution)</i> | 1    |                           |    |
| <i>perphenazine</i>                                                                            | 1    |                           |    |
| <i>phenadoz</i>                                                                                | 1    |                           |    |
| <i>phenergan (12.5 mg, 25 mg, 50 mg)</i>                                                       | 1    |                           |    |
| <i>prochlorperazine</i>                                                                        | 1    |                           |    |
| <i>prochlorperazine maleate</i>                                                                | 1    |                           |    |
| <i>promethazine hcl (12.5 mg supp.rect, 25 mg supp.rect, 50 mg supp.rect, 50 mg tablet)</i>    | 1    |                           |    |
| <i>promethegan</i>                                                                             | 1    |                           |    |
| REGLAN                                                                                         | 3    |                           |    |
| <i>scopolamine</i>                                                                             | 1    |                           |    |
| TIGAN 300 MG CAPSULE                                                                           | 3    |                           |    |
| TRANSDERM-SCOP                                                                                 | 3    |                           |    |
| <i>trimethobenzamide hcl</i>                                                                   | 1    |                           |    |
| EMETOGENIC THERAPY ADJUNCTS                                                                    |      |                           |    |
| AKYNZEO 300-0.5 MG CAPSULE                                                                     | 3    | QL                        |    |
| ANZEMET                                                                                        | 3    | QL                        | ST |
| <i>aprepitant (40 mg capsule, 80 mg capsule, 125 mg capsule, 125mg-80mg cap ds pk)</i>         | 1    | QL                        |    |
| <i>dronabinol</i>                                                                              | 1    |                           |    |
| EMEND (40 MG CAPSULE, 80 MG CAPSULE, 125 MG POWDER PACKET, TRIPACK)                            | 3    | QL                        |    |
| <i>granisetron hcl 1 mg tablet</i>                                                             | 1    | QL                        |    |
| MARINOL                                                                                        | 3    |                           |    |
| <i>ondansetron</i>                                                                             | 1    |                           |    |
| <i>ondansetron hcl (4 mg tablet, 4 mg/5 ml solution, 8 mg tablet, 24 mg tablet)</i>            | 1    |                           |    |
| SANCUSO                                                                                        | 3    | QL                        | ST |
| SYNDROS                                                                                        | 3    | PA                        |    |

| PRODUCT DESCRIPTION                                                                                                      | TIER | LIMITS/RESTRICTIONS/NOTES |
|--------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| VARUBI (90 MG TABLET, 180 MG DOSE(2X 90MG TB))                                                                           | 3    | QL                        |
| ZOFRAN                                                                                                                   | 3    |                           |
| ZUPLENZ                                                                                                                  | 3    | QL ST                     |
| ANTIFUNGALS                                                                                                              |      |                           |
| ANCOBON                                                                                                                  | 3    |                           |
| BREXAFEMME                                                                                                               | 3    | QL PA                     |
| <i>ciclopirox 8 % solution</i>                                                                                           | 1    | QL                        |
| <i>clotrimazole (1 % cream (g), 1 % solution, 10 mg troche)</i>                                                          | 1    |                           |
| CRESEMBA (74.5 MG CAPSULE, 186 MG CAPSULE)                                                                               | 3    |                           |
| DIFLUCAN (10 MG/ML SUSPENSION, 40 MG/ML SUSPENSION, 50 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)           | 3    |                           |
| <i>econazole nitrate</i>                                                                                                 | 1    |                           |
| ECOZA                                                                                                                    | 3    | QL ST                     |
| ERTACZO                                                                                                                  | 3    | ST                        |
| EXELDERM (CREAM, SOLUTION)                                                                                               | 3    |                           |
| EXTINA                                                                                                                   | 3    |                           |
| <i>fluconazole (10 mg/ml susp recon, 40 mg/ml susp recon, 50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i> | 1    |                           |
| <i>flucytosine</i>                                                                                                       | 1    |                           |
| <i>griseofulvin ultramicrosize</i>                                                                                       | 1    |                           |
| <i>griseofulvin, microsize (125 mg/5ml oral susp, 500 mg tablet)</i>                                                     | 1    |                           |
| GYNAZOLE 1                                                                                                               | 3    |                           |
| <i>itraconazole</i>                                                                                                      | 1    |                           |
| JUBLIA                                                                                                                   | 3    | QL PA                     |
| <i>ketoconazole (2 % cream (g), 2 % foam, 2 % shampoo, 200 mg tablet)</i>                                                | 1    |                           |
| <i>ketodan 2% foam</i>                                                                                                   | 1    |                           |
| <i>klayesta</i>                                                                                                          | 1    |                           |
| LULICONAZOLE                                                                                                             | 3    | QL ST                     |
| LUZU                                                                                                                     | 3    | QL ST                     |
| MENTAX                                                                                                                   | 3    |                           |
| <i>miconazole nitrate 200 mg supp.vag</i>                                                                                | 1    |                           |
| MICONAZOLE NITRATE/ZINC OXIDE/PETROLATUM,WHITE                                                                           | 3    |                           |

| PRODUCT DESCRIPTION                                                                                              | TIER | LIMITS/RESTRICTIONS/NOTES |
|------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| <i>naftifine hcl (1 % cream (g), 1 % gel (gram))</i>                                                             | 1    |                           |
| <i>naftifine hcl 2 % cream (g)</i>                                                                               | 1    | QL                        |
| <i>naftifine hcl 2 % gel (gram)</i>                                                                              | 1    | ST                        |
| NAFTIN 1% GEL                                                                                                    | 3    |                           |
| NAFTIN 2% CREAM                                                                                                  | 3    | QL                        |
| NAFTIN 2% GEL                                                                                                    | 3    | ST                        |
| NIZORAL                                                                                                          | 3    |                           |
| NOXAFIL (40 MG/ML SUSPENSION, DR 100 MG TABLET, 300 MG POWDERMIX SUSP)                                           | 3    |                           |
| <i>nyamyc</i>                                                                                                    | 1    |                           |
| <i>nystatin (500k unit tablet, 100000/g cream (g), 100000/g oint. (g), 100000/g powder, 100000/ml oral susp)</i> | 1    |                           |
| <i>nystop</i>                                                                                                    | 1    |                           |
| ORAVIG                                                                                                           | 3    | PA                        |
| <i>oxiconazole nitrate</i>                                                                                       | 1    |                           |
| OXISTAT 1% CREAM                                                                                                 | 3    |                           |
| OXISTAT 1% LOTION                                                                                                | 3    | ST                        |
| <i>posaconazole (100 mg tablet dr, 200 mg/5ml oral susp)</i>                                                     | 1    |                           |
| SPORANOX (10 MG/ML SOLUTION, 100 MG CAPSULE)                                                                     | 3    |                           |
| SULCONAZOLE NITRATE (1 % CREAM (G), 1 % SOLUTION)                                                                | 3    |                           |
| <i>terbinafine hcl 250 mg tablet</i>                                                                             | 1    |                           |
| <i>terconazole (0.4 % cream/appl, 0.8 % cream/appl, 80 mg supp.vag)</i>                                          | 1    |                           |
| TOLSURA                                                                                                          | 3    | QL PA                     |
| VFEND (40 MG/ML SUSPENSION, 50 MG TABLET)                                                                        | 3    |                           |
| VFEND 200 MG TABLET                                                                                              | 3    | QL                        |
| VIVJOA                                                                                                           | 3    | QL PA                     |
| <i>voriconazole (50 mg tablet, 200 mg/5ml susp recon)</i>                                                        | 1    |                           |
| <i>voriconazole 200 mg tablet</i>                                                                                | 1    | QL                        |
| VUSION                                                                                                           | 3    |                           |
| XOLEGEL                                                                                                          | 3    | ST                        |
| ANTIGOUT AGENTS                                                                                                  |      |                           |
| <i>allopurinol (100 mg tablet, 300 mg tablet)</i>                                                                | 1    |                           |

| PRODUCT DESCRIPTION                                             | TIER | LIMITS/RESTRICTIONS/NOTES |    |
|-----------------------------------------------------------------|------|---------------------------|----|
| ALLOPURINOL 200 MG TABLET                                       | 3    | QL                        | PA |
| COLCRYS                                                         | 3    | QL                        |    |
| <i>febuxostat</i>                                               | 1    |                           |    |
| GLOPERBA                                                        | 3    | QL                        |    |
| MITIGARE                                                        | 3    | QL                        |    |
| <i>probenecid</i>                                               | 1    |                           |    |
| <i>probenecid/colchicine</i>                                    | 1    |                           |    |
| ULORIC                                                          | 3    | QL                        |    |
| ZYLOPRIM                                                        | 3    |                           |    |
| null                                                            |      |                           |    |
| LODOCO                                                          | 3    | QL                        | PA |
| ANTIMIGRAINE AGENTS                                             |      |                           |    |
| ANTIMIGRAINE AGENTS, OTHER                                      |      |                           |    |
| AJOVY AUTOINJECTOR                                              | 2    | QL                        | PA |
| NURTEC ODT                                                      | 3    | QL                        | PA |
| QULIPTA (10 MG TABLET, 30 MG TABLET, 60 MG TABLET)              | 3    | QL                        | PA |
| UBRELVY                                                         | 3    | QL                        | PA |
| ZAVZPRET                                                        | 3    | QL                        | PA |
| ERGOT ALKALOIDS                                                 |      |                           |    |
| CAFERGOT                                                        | 3    |                           |    |
| D.H.E.45                                                        | 3    | PA                        |    |
| <i>dihydroergotamine mesylate (1 mg/ml ampul, 1 mg/ml vial)</i> | 1    | PA                        |    |
| <i>dihydroergotamine mesylate 0.5mg/spry spray/pump</i>         | 3    | QL                        | PA |
| ERGOMAR                                                         | 3    |                           |    |
| <i>ergotamine tartrate/caffeine</i>                             | 1    |                           |    |
| MIGERGOT                                                        | 3    |                           |    |
| MIGRANAL                                                        | 3    | QL                        | PA |
| TRUDHESA                                                        | 3    | QL                        | PA |

| PRODUCT DESCRIPTION                                                                                                                                                                                        | TIER | LIMITS/RESTRICTIONS/NOTES |    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|----|
| PROPHYLACTIC                                                                                                                                                                                               |      |                           |    |
| AIMOVIG AUTOINJECTOR                                                                                                                                                                                       | 2    | QL                        | PA |
| AJOVY SYRINGE                                                                                                                                                                                              | 2    | QL                        | PA |
| EMGALITY PEN                                                                                                                                                                                               | 2    | QL                        | PA |
| EMGALITY SYRINGE (100 MG/ML SYR(1 OF 3), 120 MG/ML SYRINGE, 300 MG (100 MG X3SYR))                                                                                                                         | 2    | QL                        | PA |
| SEROTONIN (5-HT) RECEPTOR AGONIST                                                                                                                                                                          |      |                           |    |
| almotriptan malate                                                                                                                                                                                         | 1    | QL                        |    |
| AMERGE                                                                                                                                                                                                     | 3    | QL                        |    |
| eletriptan hydrobromide                                                                                                                                                                                    | 1    | QL                        |    |
| FROVA                                                                                                                                                                                                      | 3    | QL                        |    |
| frovatriptan succinate                                                                                                                                                                                     | 1    | QL                        |    |
| IMITREX (4 MG/0.5 ML CARTRIDGES, 4 MG/0.5 ML PEN INJECT, 5 MG NASAL SPRAY, 6 MG/0.5 ML CARTRIDGES, 6 MG/0.5 ML PEN INJECT, 6 MG/0.5 ML VIAL, 20 MG NASAL SPRAY, 25 MG TABLET, 50 MG TABLET, 100 MG TABLET) | 3    | QL                        |    |
| MAXALT                                                                                                                                                                                                     | 3    | QL                        |    |
| MAXALT MLT                                                                                                                                                                                                 | 3    | QL                        |    |
| naratriptan hcl                                                                                                                                                                                            | 1    | QL                        |    |
| ONZETRA XSAIL                                                                                                                                                                                              | 3    | QL                        | ST |
| RELPAX                                                                                                                                                                                                     | 3    | QL                        |    |
| REYVOW (50 MG TABLET, 100 MG TABLET)                                                                                                                                                                       | 3    | QL                        | PA |
| rizatriptan benzoate (5 mg tab rapdis, 5 mg tablet, 10 mg tab rapdis, 10 mg tablet)                                                                                                                        | 1    | QL                        |    |
| sumatriptan (5 mg spray, 20 mg spray)                                                                                                                                                                      | 1    | QL                        |    |
| sumatriptan succinate (4 mg/0.5ml cartridge, 4 mg/0.5ml pen injctr, 6 mg/0.5ml cartridge, 6 mg/0.5ml pen injctr, 6 mg/0.5ml syringe, 6 mg/0.5ml vial, 25 mg tablet, 50 mg tablet, 100 mg tablet)           | 1    | QL                        |    |
| sumatriptan succinate/naproxen sodium                                                                                                                                                                      | 1    | QL                        |    |
| TOSYMRA                                                                                                                                                                                                    | 3    | QL                        | ST |
| TREXIMET                                                                                                                                                                                                   | 3    | QL                        |    |
| ZEMBRACE SYMTOUCH                                                                                                                                                                                          | 3    | QL                        | ST |
| ZOLMITRIPTAN (2.5 MG SPRAY, 5 MG SPRAY)                                                                                                                                                                    | 3    | QL                        | ST |

| PRODUCT DESCRIPTION                                                                  | TIER | LIMITS/RESTRICTIONS/NOTES |
|--------------------------------------------------------------------------------------|------|---------------------------|
| <i>zolmitriptan (2.5 mg tab rapdis, 2.5 mg tablet, 5 mg tab rapdis, 5 mg tablet)</i> | 1    | QL                        |
| ZOMIG (2.5 MG NASAL SPRAY, 5 MG NASAL SPRAY)                                         | 3    | QL ST                     |
| ZOMIG (2.5 MG TABLET, 5 MG TABLET)                                                   | 3    | QL                        |
| ZOMIG ZMT                                                                            | 3    | QL                        |
| ANTIMYASTHENIC AGENTS                                                                |      |                           |
| PARASYMPATHOMIMETICS                                                                 |      |                           |
| <i>guanidine hcl</i>                                                                 | 3    |                           |
| MESTINON (60 MG TABLET, 60 MG/5 ML SOLUTION, 180 MG TIMESPAN)                        | 3    |                           |
| <i>pyridostigmine bromide (60 mg tablet, 180 mg tablet er)</i>                       | 1    |                           |
| PYRIDOSTIGMINE BROMIDE 30 MG TABLET                                                  | 3    |                           |
| <i>pyridostigmine bromide 60 mg/5 ml solution</i>                                    | 1    |                           |
| ANTIMYCOBACTERIALS                                                                   |      |                           |
| ANTIMYCOBACTERIALS, OTHER                                                            |      |                           |
| <i>dapsone (25 mg tablet, 100 mg tablet)</i>                                         | 1    |                           |
| MYCOBUTIN                                                                            | 3    |                           |
| <i>rifabutin</i>                                                                     | 1    |                           |
| ANTITUBERCULARS                                                                      |      |                           |
| <i>cycloserine</i>                                                                   | 1    |                           |
| <i>ethambutol hcl</i>                                                                | 1    |                           |
| <i>isoniazid (50 mg/5 ml solution, 100 mg tablet, 300 mg tablet)</i>                 | 1    |                           |
| MYAMBUTOL                                                                            | 3    |                           |
| PASER                                                                                | 3    |                           |
| PRETOMANID                                                                           | 3    | QL                        |
| PRIFTIN                                                                              | 3    |                           |
| <i>pyrazinamide</i>                                                                  | 1    |                           |
| RIFADIN (150 MG CAPSULE, 300 MG CAPSULE)                                             | 3    |                           |
| <i>rifampin (150 mg capsule, 300 mg capsule)</i>                                     | 1    |                           |
| RIFATER                                                                              | 3    |                           |
| SIRTURO                                                                              | 3    |                           |
| TRECATOR                                                                             | 3    |                           |

| PRODUCT DESCRIPTION                                                      | TIER | LIMITS/RESTRICTIONS/NOTES |    |    |    |
|--------------------------------------------------------------------------|------|---------------------------|----|----|----|
| ANTINEOPLASTICS                                                          |      |                           |    |    |    |
| ALKYLATING AGENTS                                                        |      |                           |    |    |    |
| ALKERAN 2 MG TABLET                                                      | 3    |                           |    |    |    |
| cyclophosphamide (25 mg capsule, 50 mg capsule)                          | 1    |                           |    |    |    |
| CYCLOPHOSPHAMIDE (25 MG TABLET, 50 MG TABLET)                            | 3    |                           |    |    |    |
| GLEOSTINE                                                                | 3    |                           |    |    |    |
| LEUKERAN                                                                 | 2    |                           |    |    |    |
| MATULANE                                                                 | 2    | S                         |    |    |    |
| melphalan                                                                | 1    |                           |    |    |    |
| MYLERAN                                                                  | 2    |                           |    |    |    |
| TEMODAR (100 MG CAPSULE, 140 MG CAPSULE, 180 MG CAPSULE, 250 MG CAPSULE) | 3    | S                         | MS |    |    |
| temozolomide                                                             | 1    | S                         | MS |    |    |
| VALCHLOR                                                                 | 3    | QL                        | PA | S  | MS |
| ANTIANDROGENS                                                            |      |                           |    |    |    |
| abiraterone acetate 250 mg tablet                                        | 1    | QL                        | S  | MS |    |
| abiraterone acetate 500 mg tablet                                        | 1    | QL                        | PA | S  | MS |
| bicalutamide                                                             | 1    |                           |    |    |    |
| CASODEX                                                                  | 3    |                           |    |    |    |
| ERLEADA (60 MG TABLET, 240 MG TABLET)                                    | 3    | QL                        | PA | S  | MS |
| flutamide                                                                | 1    |                           |    |    |    |
| NILANDRON                                                                | 3    |                           |    |    |    |
| nilutamide                                                               | 1    |                           |    |    |    |
| NUBEQA                                                                   | 2    | QL                        | PA | S  | MS |
| ORSERDU (86 MG TABLET, 345 MG TABLET)                                    | 3    | QL                        | PA | S  | MS |
| toremifene citrate                                                       | 1    |                           |    |    |    |
| XTANDI (40 MG CAPSULE, 40 MG TABLET, 80 MG TABLET)                       | 2    | QL                        | PA | S  | MS |
| YONSA                                                                    | 3    | QL                        | PA | S  | MS |
| ZYTIGA (250 MG TABLET, 500 MG TABLET)                                    | 3    | QL                        | PA | S  | MS |

| PRODUCT DESCRIPTION                                                                                     | TIER | LIMITS/RESTRICTIONS/NOTES |    |    |                 |
|---------------------------------------------------------------------------------------------------------|------|---------------------------|----|----|-----------------|
| ANTIANGIOGENIC AGENTS                                                                                   |      |                           |    |    |                 |
| lenalidomide (2.5 mg capsule, 5 mg capsule, 10 mg capsule, 15 mg capsule, 20 mg capsule, 25 mg capsule) | 1    | QL                        | PA | S  | MS              |
| POMALYST                                                                                                | 3    | QL                        | PA | S  | MS              |
| REVLIMID (2.5 MG CAPSULE, 5 MG CAPSULE, 10 MG CAPSULE, 15 MG CAPSULE, 20 MG CAPSULE, 25 MG CAPSULE)     | 3    | QL                        | PA | S  | MS              |
| TEPMETKO                                                                                                | 3    | QL                        | PA | S  |                 |
| THALOMID                                                                                                | 3    | QL                        | S  | MS |                 |
| ANTIESTROGENS/MODIFIERS                                                                                 |      |                           |    |    |                 |
| EMCYT                                                                                                   | 3    |                           |    |    |                 |
| FARESTON                                                                                                | 3    |                           |    |    |                 |
| SOLTAMOX                                                                                                | 3    | QL                        | PA | C  | Covered in full |
| tamoxifen citrate                                                                                       | 1    | C                         |    |    | Covered in full |
| ANTIMETABOLITES                                                                                         |      |                           |    |    |                 |
| capecitabine (150 mg tablet, 500 mg tablet)                                                             | 1    | S                         | MS |    |                 |
| DROXIA                                                                                                  | 3    |                           |    |    |                 |
| HYDREA                                                                                                  | 3    |                           |    |    |                 |
| hydroxyurea                                                                                             | 1    |                           |    |    |                 |
| INQOVI                                                                                                  | 3    | QL                        | PA | S  | MS              |
| mercaptopurine                                                                                          | 1    |                           |    |    |                 |
| PURIXAN                                                                                                 | 3    | QL                        | PA | S  |                 |
| SIKLOS (100 MG TABLET, 1,000 MG TABLET)                                                                 | 3    | PA                        |    |    |                 |
| TABLOID                                                                                                 | 2    |                           |    |    |                 |
| XELODA                                                                                                  | 3    | S                         | MS |    |                 |
| ANTINEOPLASTICS, OTHER                                                                                  |      |                           |    |    |                 |
| AUGTYRO                                                                                                 | 3    | QL                        | PA | S  | MS              |
| AYVAKIT (25 MG TABLET, 50 MG TABLET, 100 MG TABLET, 200 MG TABLET, 300 MG TABLET)                       | 3    | QL                        | PA | S  |                 |
| BESREMI                                                                                                 | 3    | QL                        | PA | S  | MS              |
| BRUKINSA                                                                                                | 3    | QL                        | PA | S  | MS              |

| PRODUCT DESCRIPTION                                                                             | TIER | LIMITS/RESTRICTIONS/NOTES |                 |    |    |
|-------------------------------------------------------------------------------------------------|------|---------------------------|-----------------|----|----|
| EXKIVITY                                                                                        | 3    | QL                        | PA              | S  | MS |
| FOTIVDA                                                                                         | 3    | QL                        | PA              | S  | MS |
| HEMANGEOL                                                                                       | 3    | S                         |                 |    |    |
| IDHIFA                                                                                          | 3    | QL                        | PA              | S  | MS |
| INREBIC                                                                                         | 3    | QL                        | PA              | S  | MS |
| KISQALI FEMARA CO-PACK (200 MG, 400 MG, 600 MG)                                                 | 2    | QL                        | PA              | S  | MS |
| KOSELUGO (10 MG CAPSULE, 25 MG CAPSULE)                                                         | 3    | QL                        | PA              | S  | MS |
| KRAZATI                                                                                         | 3    | QL                        | PA              | S  | MS |
| <i>leucovorin calcium (5 mg tablet, 10 mg tablet, 15 mg tablet, 25 mg tablet)</i>               | 1    |                           |                 |    |    |
| LONSURF                                                                                         | 3    | PA                        | S               | MS |    |
| LUMAKRAS 120 MG TABLET                                                                          | 3    | QL                        | PA              | S  | MS |
| LYTGOBI (12 MG (3X, 16 MG (4X, 20 MG (5X)                                                       | 3    | QL                        | PA              | S  | MS |
| NINLARO                                                                                         | 3    | PA                        | S               | MS |    |
| OGSIVEO 50 MG TABLET                                                                            | 3    | QL                        | PA              | S  | MS |
| ONUREG                                                                                          | 3    | QL                        | PA              | S  | MS |
| QINLOCK                                                                                         | 3    | QL                        | PA              | S  |    |
| TAZVERIK                                                                                        | 3    | QL                        | PA              | S  | MS |
| TRUSELTIQ (50 MG DAILY PK, 75 MG DAILY PK, 100 MG DAILY PK, 125 MG DAILY PK)                    | 3    | QL                        | PA              | S  |    |
| VANFLYTA                                                                                        | 3    | QL                        | PA              | S  | MS |
| WELIREG                                                                                         | 3    | QL                        | PA              | S  | MS |
| XPOVIO (40 MG ONCE, 40 MG TWICE, 60 MG ONCE, 60 MG TWICE, 80 MG ONCE, 80 MG TWICE, 100 MG ONCE) | 3    | QL                        | PA              | S  | MS |
| ZOLINZA                                                                                         | 3    | QL                        | PA              | S  | MS |
| AROMATASE INHIBITORS, 3RD GENERATION                                                            |      |                           |                 |    |    |
| <i>anastrozole</i>                                                                              | 1    | C                         | Covered in full |    |    |
| ARIMIDEX                                                                                        | 3    |                           |                 |    |    |
| AROMASIN                                                                                        | 3    |                           |                 |    |    |
| <i>exemestane</i>                                                                               | 1    | C                         | Covered in full |    |    |
| FEMARA                                                                                          | 3    |                           |                 |    |    |

| PRODUCT DESCRIPTION                                                         | TIER | LIMITS/RESTRICTIONS/NOTES |    |    |    |
|-----------------------------------------------------------------------------|------|---------------------------|----|----|----|
| <i>letrozole</i>                                                            | 1    |                           |    |    |    |
| ENZYME INHIBITORS                                                           |      |                           |    |    |    |
| AKEEGA                                                                      | 3    | QL                        | PA | S  | MS |
| <i>etoposide 50 mg capsule</i>                                              | 1    |                           |    |    |    |
| GAVRETO                                                                     | 3    | QL                        | PA | S  | MS |
| HYCANTIN (0.25 MG CAPSULE, 1 MG CAPSULE)                                    | 2    | QL                        | S  | MS |    |
| JAYPIRCA (50 MG TABLET, 100 MG TABLET)                                      | 3    | QL                        | PA | S  | MS |
| OJJAARA                                                                     | 3    | QL                        | PA | MS |    |
| TRUQAP                                                                      | 3    | QL                        | PA | S  | MS |
| MOLECULAR TARGET INHIBITORS                                                 |      |                           |    |    |    |
| AFINITOR                                                                    | 3    | QL                        | PA | S  | MS |
| ALECENSA                                                                    | 3    | PA                        | S  | MS |    |
| ALUNBRIG (30 MG TABLET, 90 MG TABLET, 90 MG-180 MG TAB PACK, 180 MG TABLET) | 3    | QL                        | PA | S  | MS |
| BALVERSA (3 MG TABLET, 4 MG TABLET, 5 MG TABLET)                            | 3    | QL                        | PA | S  |    |
| BOSULIF (100 MG TABLET, 400 MG TABLET, 500 MG TABLET)                       | 3    | QL                        | PA | S  | MS |
| BRAFTOVI (50 MG CAPSULE, 75 MG CAPSULE)                                     | 3    | QL                        | PA | S  | MS |
| CABOMETYX                                                                   | 3    | QL                        | PA | S  | MS |
| CALQUENCE (100 MG CAPSULE, 100 MG TABLET)                                   | 3    | QL                        | PA | S  |    |
| CAPRELSA (100 MG TABLET, 300 MG TABLET)                                     | 2    | QL                        | PA | S  |    |
| COMETRIQ (60 MG PACK, 100 MG PK, 140 MG PK)                                 | 2    | QL                        | PA | S  | MS |
| COPIKTRA 15 MG CAPSULE                                                      | 3    | QL                        | PA | S  |    |
| COPIKTRA 25 MG CAPSULE                                                      | 3    | QL                        | PA |    |    |
| COTELLIC                                                                    | 3    | QL                        | PA | S  | MS |
| DAURISMO (25 MG TABLET, 100 MG TABLET)                                      | 3    | QL                        | PA | S  | MS |
| ERIVEDGE                                                                    | 3    | QL                        | PA | S  | MS |
| <i>erlotinib hcl</i>                                                        | 1    | QL                        | PA | S  | MS |

| PRODUCT DESCRIPTION                                                                                                                                 | TIER | LIMITS/RESTRICTIONS/NOTES |    |    |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|----|----|----|
| <i>everolimus</i> (2 mg tab susp, 2.5 mg tablet, 3 mg tab susp, 5 mg tab susp, 5 mg tablet, 7.5 mg tablet, 10 mg tablet)                            | 1    | QL                        | PA | S  | MS |
| FRUZAQLA (1 MG CAPSULE, 5 MG CAPSULE)                                                                                                               | 3    | QL                        | PA | S  | MS |
| <i>gefitinib</i>                                                                                                                                    | 1    | QL                        | PA | S  | MS |
| GILOTRIF                                                                                                                                            | 3    | QL                        | PA | S  | MS |
| GLEEVEC (100 MG TABLET, 400 MG TABLET)                                                                                                              | 3    | QL                        | S  | MS |    |
| IBRANCE (75 MG CAPSULE, 75 MG TABLET, 100 MG CAPSULE, 100 MG TABLET, 125 MG CAPSULE, 125 MG TABLET)                                                 | 3    | QL                        | PA | S  | MS |
| ICLUSIG (10 MG TABLET, 15 MG TABLET, 30 MG TABLET, 45 MG TABLET)                                                                                    | 3    | QL                        | PA | S  |    |
| <i>imatinib mesylate</i> (100 mg tablet, 400 mg tablet)                                                                                             | 1    | QL                        | S  | MS |    |
| IMBRUVICA (70 MG CAPSULE, 140 MG CAPSULE, 140 MG TABLET, 280 MG TABLET, 420 MG TABLET, 560 MG TABLET)                                               | 3    | QL                        | PA | S  |    |
| IMBRUVICA 70 MG/ML SUSPENSION                                                                                                                       | 3    | QL                        | PA | S  | MS |
| INLYTA (1 MG TABLET, 5 MG TABLET)                                                                                                                   | 3    | QL                        | PA | S  | MS |
| IRESSA                                                                                                                                              | 3    | QL                        | PA | S  | MS |
| JAKAFI                                                                                                                                              | 2    | QL                        | PA | S  | MS |
| KISQALI                                                                                                                                             | 2    | QL                        | PA | S  | MS |
| <i>lapatinib ditosylate</i>                                                                                                                         | 1    | QL                        | PA | S  | MS |
| LENVIMA (4 MG CAPSULE, 8 MG DAILY DOSE, 10 MG DAILY DOSE, 12 MG DAILY DOSE, 14 MG DAILY DOSE, 18 MG DAILY DOSE, 20 MG DAILY DOSE, 24 MG DAILY DOSE) | 3    | QL                        | PA | S  | MS |
| LORBRENA (25 MG TABLET, 100 MG TABLET)                                                                                                              | 3    | QL                        | PA | S  | MS |
| LYNPARZA                                                                                                                                            | 3    | QL                        | PA | S  | MS |
| MEKINIST (0.05 MG/ML SOLUTION, 0.5 MG TABLET, 2 MG TABLET)                                                                                          | 3    | QL                        | PA | S  | MS |
| MEKTOVI                                                                                                                                             | 3    | QL                        | PA | S  | MS |
| NERLYNX                                                                                                                                             | 3    | QL                        | PA | S  | MS |
| NEXAVAR                                                                                                                                             | 3    | QL                        | PA | S  | MS |
| ODOMZO                                                                                                                                              | 3    | PA                        | S  | MS |    |
| OPZELURA                                                                                                                                            | 3    | QL                        | PA |    |    |
| <i>pazopanib hcl</i>                                                                                                                                | 1    | QL                        | PA | S  | MS |
| PEMAZYRE (4.5 MG TABLET, 9 MG TABLET, 13.5 MG TABLET)                                                                                               | 3    | QL                        | PA | S  |    |

| PRODUCT DESCRIPTION                                                                                                                                                                                         | TIER | LIMITS/RESTRICTIONS/NOTES |    |    |    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|----|----|----|
| PIQRAY (200 MG DAILY PACK, 250 MG DAILY PACK, 300 MG DAILY PACK)                                                                                                                                            | 3    | QL                        | PA | S  | MS |
| RETEVMO (40 MG CAPSULE, 80 MG CAPSULE)                                                                                                                                                                      | 3    | QL                        | PA | S  | MS |
| ROZLYTREK (50 MG PELLET PACKET, 100 MG CAPSULE, 200 MG CAPSULE)                                                                                                                                             | 3    | QL                        | PA | S  | MS |
| RUBRACA (200 MG TABLET, 250 MG TABLET, 300 MG TABLET)                                                                                                                                                       | 3    | QL                        | PA | S  | MS |
| RYDAPT                                                                                                                                                                                                      | 3    | QL                        | PA | S  | MS |
| SCEMBLIX                                                                                                                                                                                                    | 3    | QL                        | PA | S  | MS |
| <i>sorafenib tosylate</i>                                                                                                                                                                                   | 1    | QL                        | PA | S  | MS |
| SPRYCEL (20 MG TABLET, 50 MG TABLET, 70 MG TABLET, 80 MG TABLET, 100 MG TABLET, 140 MG TABLET)                                                                                                              | 3    | QL                        | PA | S  | MS |
| STIVARGA                                                                                                                                                                                                    | 3    | QL                        | PA | S  | MS |
| <i>sunitinib malate (12.5 mg capsule, 25 mg capsule, 37.5 mg capsule, 50 mg capsule)</i>                                                                                                                    | 1    | QL                        | PA | S  | MS |
| SUTENT (12.5 MG CAPSULE, 25 MG CAPSULE, 37.5 MG CAPSULE, 50 MG CAPSULE)                                                                                                                                     | 3    | QL                        | PA | S  | MS |
| TABRECTA                                                                                                                                                                                                    | 3    | QL                        | PA | S  | MS |
| TAFINLAR (10 MG TABLET FOR SUSP, 50 MG CAPSULE, 75 MG CAPSULE)                                                                                                                                              | 3    | QL                        | PA | S  | MS |
| TAGRISSO                                                                                                                                                                                                    | 3    | PA                        | S  | MS |    |
| TALZENNA (0.1 MG CAPSULE, 0.1 MG SOFTGEL, 0.25 MG CAPSULE, 0.25 MG SOFTGEL, 0.35 MG CAPSULE, 0.35 MG SOFTGEL, 0.5 MG CAPSULE, 0.5 MG SOFTGEL, 0.75 MG CAPSULE, 0.75 MG SOFTGEL, 1 MG CAPSULE, 1 MG SOFTGEL) | 3    | QL                        | PA | S  | MS |
| TARCEVA                                                                                                                                                                                                     | 3    | QL                        | PA | S  | MS |
| TASIGNA (50 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE)                                                                                                                                                     | 3    | QL                        | PA | S  | MS |
| TIBSOVO                                                                                                                                                                                                     | 3    | QL                        | PA |    |    |
| TUKYSA (50 MG TABLET, 150 MG TABLET)                                                                                                                                                                        | 3    | QL                        | PA | S  | MS |
| TURALIO                                                                                                                                                                                                     | 3    | QL                        | PA | S  |    |
| TYKERB                                                                                                                                                                                                      | 3    | QL                        | PA | S  | MS |
| VENCLEXTA                                                                                                                                                                                                   | 3    | QL                        | PA | S  |    |
| VERZENIO                                                                                                                                                                                                    | 2    | QL                        | PA | S  | MS |
| VIJOICE (50 MG TABLET, 125 MG TABLET, 250 MG DAILY DOSE PACK)                                                                                                                                               | 3    | QL                        | PA | S  | MS |
| VITRAKVI (20 MG/ML SOLUTION, 25 MG CAPSULE, 100 MG CAPSULE)                                                                                                                                                 | 3    | QL                        | PA | S  | MS |

| PRODUCT DESCRIPTION                                                              | TIER | LIMITS/RESTRICTIONS/NOTES |    |    |    |
|----------------------------------------------------------------------------------|------|---------------------------|----|----|----|
| VIZIMPRO                                                                         | 3    | QL                        | PA | S  | MS |
| VOTRIENT                                                                         | 3    | QL                        | PA | S  | MS |
| XALKORI (20 MG PELLE, 50 MG PELLE, 150 MG PELLE, 200 MG CAPSULE, 250 MG CAPSULE) | 3    | QL                        | PA | S  | MS |
| XOSPATA                                                                          | 3    | QL                        | PA | S  | MS |
| ZEJULA (100 MG CAPSULE, 100 MG TABLET, 200 MG TABLET, 300 MG TABLET)             | 2    | QL                        | PA | S  | MS |
| ZELBORAF                                                                         | 3    | QL                        | PA | S  | MS |
| ZYDELIG                                                                          | 3    | QL                        | PA | S  | MS |
| ZYKADIA                                                                          | 3    | QL                        | PA | S  | MS |
| RETINOIDS                                                                        |      |                           |    |    |    |
| <i>bexarotene (1 % gel (gram), 75 mg capsule)</i>                                | 1    | QL                        | PA | S  | MS |
| PANRETIN                                                                         | 3    |                           |    |    |    |
| TARGRETIN 1% GEL                                                                 | 3    | PA                        | S  | MS |    |
| TARGRETIN 75 MG CAPSULE                                                          | 3    | QL                        | PA | S  | MS |
| <i>tretinoin 10 mg capsule</i>                                                   | 1    |                           |    |    |    |
| TREATMENT ADJUNCTS                                                               |      |                           |    |    |    |
| MESNEX 400 MG TABLET                                                             | 3    |                           |    |    |    |
| REZLIDHIA                                                                        | 3    | QL                        | PA | S  |    |
| VONJO                                                                            | 3    | QL                        | PA | S  | MS |
| ANTIPARASITICS                                                                   |      |                           |    |    |    |
| ANTHELMINTHICS                                                                   |      |                           |    |    |    |
| <i>albendazole</i>                                                               | 1    |                           |    |    |    |
| ALBENZA                                                                          | 3    |                           |    |    |    |
| BILTRICIDE                                                                       | 3    |                           |    |    |    |
| EMVERM                                                                           | 3    | QL                        | PA |    |    |
| <i>ivermectin 3 mg tablet</i>                                                    | 1    | QL                        | PA |    |    |
| <i>praziquantel</i>                                                              | 1    |                           |    |    |    |
| STROMECTOL                                                                       | 3    | QL                        | PA |    |    |
| ANTIPROTOZOALS                                                                   |      |                           |    |    |    |
| ALINIA (100 MG/5 ML SUSPENSION, 500 MG TABLET)                                   | 3    | QL                        |    |    |    |

| PRODUCT DESCRIPTION                                                                        | TIER | LIMITS/RESTRICTIONS/NOTES |
|--------------------------------------------------------------------------------------------|------|---------------------------|
| ARAKODA                                                                                    | 3    |                           |
| <i>atovaquone 750 mg/5ml oral susp</i>                                                     | 1    |                           |
| <i>atovaquone/proguanil hcl</i>                                                            | 1    |                           |
| BENZNIDAZOLE (12.5 MG TABLET, 100 MG TABLET)                                               | 3    | QL                        |
| <i>chloroquine phosphate</i>                                                               | 1    |                           |
| COARTEM                                                                                    | 3    |                           |
| DARAPRIM                                                                                   | 3    | PA S                      |
| HYDROXYCHLOROQUINE SULFATE (300 MG TABLET, 400 MG TABLET)                                  | 3    | QL PA                     |
| <i>hydroxychloroquine sulfate 100 mg tablet</i>                                            | 1    | QL PA                     |
| <i>hydroxychloroquine sulfate 200 mg tablet</i>                                            | 1    |                           |
| IMPAVIDO                                                                                   | 3    | QL PA                     |
| KRINTAFEL                                                                                  | 2    |                           |
| LAMPIT                                                                                     | 3    |                           |
| MALARONE                                                                                   | 3    |                           |
| <i>mefloquine hcl</i>                                                                      | 1    |                           |
| MEPRON                                                                                     | 3    |                           |
| NEBUPENT                                                                                   | 3    |                           |
| <i>nitazoxanide</i>                                                                        | 1    | QL                        |
| <i>pentamidine isethionate 300 mg vial-neb</i>                                             | 1    |                           |
| PLAQUENIL                                                                                  | 3    |                           |
| <i>primaquine phosphate (tier dependent on manufacturer. sanofi-aventis t3, others t1)</i> | 1    |                           |
| <i>pyrimethamine</i>                                                                       | 1    | PA S MS                   |
| QUALAQUIN                                                                                  | 3    | PA                        |
| <i>quinine sulfate</i>                                                                     | 1    | PA                        |
| SOVUNA (200 MG TABLET, 300 MG TABLET)                                                      | 3    | QL PA                     |
| ANTIPARKINSON AGENTS                                                                       |      |                           |
| ANTICHOLINERGICS                                                                           |      |                           |
| <i>benztropine mesylate (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>                      | 1    |                           |
| <i>trihexyphenidyl hcl (2 mg tablet, 2 mg/5 ml solution, 5 mg tablet)</i>                  | 1    |                           |

| PRODUCT DESCRIPTION                                                                                                                                                | TIER | LIMITS/RESTRICTIONS/NOTES |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| ANTIPARKINSON AGENTS, OTHER                                                                                                                                        |      |                           |
| <i>amantadine hcl (50 mg/5 ml solution, 100 mg capsule, 100 mg tablet)</i>                                                                                         | 1    |                           |
| <i>carbidopa/levodopa/entacapone</i>                                                                                                                               | 1    |                           |
| COMTAN                                                                                                                                                             | 3    |                           |
| <i>entacapone</i>                                                                                                                                                  | 1    |                           |
| GOCOVRI                                                                                                                                                            | 3    | QL PA                     |
| NOURIANZ                                                                                                                                                           | 3    | QL PA S                   |
| <i>nutropin aq</i>                                                                                                                                                 | 1    | PA ST S MS                |
| ONGENTYS                                                                                                                                                           | 3    | QL                        |
| OSMOLEX ER (ER 129 MG TABLET, ER 193 MG TABLET, ER 258 MG TABLET, ER 322 MG DAILY DOSE)                                                                            | 3    | QL PA S                   |
| STALEVO                                                                                                                                                            | 3    |                           |
| TASMAR                                                                                                                                                             | 3    |                           |
| <i>tolcapone</i>                                                                                                                                                   | 1    |                           |
| DOPAMINE AGONISTS                                                                                                                                                  |      |                           |
| APOKYN                                                                                                                                                             | 3    | QL PA S MS                |
| <i>apomorphine hcl</i>                                                                                                                                             | 1    | QL PA S MS                |
| <i>bromocriptine mesylate</i>                                                                                                                                      | 1    |                           |
| KYNMOBI (10 MG SL FILM, 15 MG SL FILM, 20 MG SL FILM, 25 MG SL FILM, 30 MG SL FILM, TITRATION KIT)                                                                 | 3    | QL PA                     |
| MIRAPEX                                                                                                                                                            | 3    |                           |
| MIRAPEX ER (ER 0.375 MG TABLET, ER 0.75 MG TABLET, ER 1.5 MG TABLET, ER 2.25 MG TABLET, ER 3 MG TABLET, ER 3.75 MG TABLET, ER 4.5 MG TABLET)                       | 3    | PA                        |
| NEUPRO                                                                                                                                                             | 3    | QL PA                     |
| PARLODEL                                                                                                                                                           | 3    |                           |
| <i>pramipexole di-hcl (0.125 mg tablet, 0.25 mg tablet, 0.5 mg tablet, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet)</i>                                             | 1    |                           |
| <i>pramipexole di-hcl (0.375 mg tab er 24h, 0.75 mg tab er 24h, 1.5 mg tab er 24h, 2.25 mg tab er 24h, 3 mg tab er 24h, 3.75 mg tab er 24h, 4.5 mg tab er 24h)</i> | 1    | PA                        |
| REQUIP XL                                                                                                                                                          | 3    | QL                        |
| <i>ropinirole hcl (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet)</i>                                             | 1    |                           |
| <i>ropinirole hcl (2 mg tab er 24h, 4 mg tab er 24h, 6 mg tab er 24h, 8 mg tab er 24h, 12 mg tab er 24h)</i>                                                       | 1    | QL                        |
| DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS                                                                                                   |      |                           |
| <i>carbidopa</i>                                                                                                                                                   | 1    |                           |

| PRODUCT DESCRIPTION                                                                                                                                                                                                                                                                                                                                          | TIER | LIMITS/RESTRICTIONS/NOTES |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| <i>carbidopa/levodopa (carbidopa/levodopa 10mg-100mg tab rapdis, carbidopa/levodopa 10mg-100mg tablet, carbidopa/levodopa 25mg-100mg tab rapdis, carbidopa/levodopa 25mg-100mg tablet, carbidopa/levodopa 25mg-100mg tablet er, carbidopa/levodopa 25mg-250mg tab rapdis, carbidopa/levodopa 25mg-250mg tablet, carbidopa/levodopa 50mg-200mg tablet er)</i> | 1    |                           |
| DHIVY                                                                                                                                                                                                                                                                                                                                                        | 3    |                           |
| INBRIJA                                                                                                                                                                                                                                                                                                                                                      | 3    | QL PA S MS                |
| LODOSYN                                                                                                                                                                                                                                                                                                                                                      | 3    |                           |
| RYTARY (ER 23.75 MG-95 MG CAP, ER 36.25 MG-145 MG CAP, ER 48.75 MG-195 MG CAP, ER 61.25 MG-245 MG CAP)                                                                                                                                                                                                                                                       | 3    | QL PA                     |
| SINEMET 10-100                                                                                                                                                                                                                                                                                                                                               | 3    |                           |
| SINEMET 25-100                                                                                                                                                                                                                                                                                                                                               | 3    |                           |
| SINEMET 25-250                                                                                                                                                                                                                                                                                                                                               | 3    |                           |
| SINEMET CR                                                                                                                                                                                                                                                                                                                                                   | 3    |                           |
| MONOAMINE OXIDASE B (MAO-B) INHIBITORS                                                                                                                                                                                                                                                                                                                       |      |                           |
| AZILECT                                                                                                                                                                                                                                                                                                                                                      | 3    | QL                        |
| <i>rasagiline mesylate</i>                                                                                                                                                                                                                                                                                                                                   | 1    | QL                        |
| <i>selegiline hcl</i>                                                                                                                                                                                                                                                                                                                                        | 1    |                           |
| XADAGO (50 MG TABLET, 100 MG TABLET)                                                                                                                                                                                                                                                                                                                         | 3    | QL ST                     |
| ZELAPAR                                                                                                                                                                                                                                                                                                                                                      | 3    | QL PA                     |
| ANTIPSYCHOTICS                                                                                                                                                                                                                                                                                                                                               |      |                           |
| 1ST GENERATION/TYPICAL                                                                                                                                                                                                                                                                                                                                       |      |                           |
| <i>chlorpromazine hcl (10 mg tablet, 25 mg tablet, 30 mg/ml oral conc, 50 mg tablet, 100 mg tablet, 100 mg/ml oral conc, 200 mg tablet)</i>                                                                                                                                                                                                                  | 1    |                           |
| <i>chlorpromazine hcl 25 mg/ml ampul</i>                                                                                                                                                                                                                                                                                                                     | 1    |                           |
| <i>fluphenazine decanoate</i>                                                                                                                                                                                                                                                                                                                                | 1    |                           |
| <i>fluphenazine hcl (1 mg tablet, 2.5 mg tablet, 2.5 mg/5ml elixir, 5 mg tablet, 5 mg/ml oral conc, 10 mg tablet)</i>                                                                                                                                                                                                                                        | 1    |                           |
| <i>fluphenazine hcl 2.5 mg/ml vial</i>                                                                                                                                                                                                                                                                                                                       | 1    |                           |
| HALDOL DECANOATE 100                                                                                                                                                                                                                                                                                                                                         | 3    |                           |
| HALDOL DECANOATE 50                                                                                                                                                                                                                                                                                                                                          | 3    |                           |
| <i>haloperidol</i>                                                                                                                                                                                                                                                                                                                                           | 1    |                           |
| <i>haloperidol decanoate (50 mg/ml ampul, 50 mg/ml vial, 100 mg/ml ampul, 100 mg/ml vial)</i>                                                                                                                                                                                                                                                                | 1    |                           |
| <i>haloperidol lactate (2 mg/ml oral conc, 5 mg/ml vial)</i>                                                                                                                                                                                                                                                                                                 | 1    |                           |
| <i>loxapine succinate</i>                                                                                                                                                                                                                                                                                                                                    | 1    |                           |
| <i>molindone hcl</i>                                                                                                                                                                                                                                                                                                                                         | 1    |                           |

| PRODUCT DESCRIPTION                                                                                                                                                                                                                                                                     | TIER | LIMITS/RESTRICTIONS/NOTES |    |   |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|----|---|----|
| <i>pimozide</i>                                                                                                                                                                                                                                                                         | 1    |                           |    |   |    |
| <i>thioridazine hcl</i>                                                                                                                                                                                                                                                                 | 1    |                           |    |   |    |
| <i>thiothixene</i>                                                                                                                                                                                                                                                                      | 1    |                           |    |   |    |
| <i>trifluoperazine hcl</i>                                                                                                                                                                                                                                                              | 1    |                           |    |   |    |
| 2ND GENERATION/ATYPICAL                                                                                                                                                                                                                                                                 |      |                           |    |   |    |
| ABILIFY (2 MG TABLET, 5 MG TABLET, 10 MG TABLET, 20 MG TABLET, 30 MG TABLET)                                                                                                                                                                                                            | 3    | QL                        |    |   |    |
| ABILIFY ASIMTUFII (720 MG/2.4ML, 960 MG/3.2ML)                                                                                                                                                                                                                                          | 3    | QL                        |    |   |    |
| ABILIFY MAINTENA                                                                                                                                                                                                                                                                        | 3    |                           |    |   |    |
| ABILIFY MYCITE (2 MG KIT, 2 MG MAINT KIT, 2 MG START KIT, 5 MG KIT, 5 MG MAINT KIT, 5 MG START KIT, 10 MG KIT, 10 MG MAINT KIT, 10 MG START KIT, 15 MG KIT, 15 MG MAINT KIT, 15 MG START KIT, 20 MG KIT, 20 MG MAINT KIT, 20 MG START KIT, 30 MG KIT, 30 MG MAINT KIT, 30 MG START KIT) | 3    | QL                        | PA |   |    |
| <i>aripiprazole (1 mg/ml solution, 2 mg tablet, 5 mg tablet, 10 mg tab rapdis, 10 mg tablet, 15 mg tab rapdis, 15 mg tablet, 20 mg tablet, 30 mg tablet)</i>                                                                                                                            | 1    | QL                        |    |   |    |
| ARISTADA                                                                                                                                                                                                                                                                                | 3    | QL                        |    |   |    |
| ARISTADA INITIO                                                                                                                                                                                                                                                                         | 3    | QL                        |    |   |    |
| <i>asenapine maleate</i>                                                                                                                                                                                                                                                                | 1    | QL                        |    |   |    |
| CAPLYTA                                                                                                                                                                                                                                                                                 | 3    | QL                        | ST |   |    |
| FANAPT (1 MG TABLET, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)                                                                                                                                                                                    | 3    | QL                        | ST |   |    |
| FANAPT TITRATION PACK                                                                                                                                                                                                                                                                   | 3    | ST                        |    |   |    |
| GEODON (20 MG CAPSULE, 40 MG CAPSULE, 60 MG CAPSULE, 80 MG CAPSULE)                                                                                                                                                                                                                     | 3    |                           |    |   |    |
| INVEGA                                                                                                                                                                                                                                                                                  | 3    | QL                        |    |   |    |
| INVEGA HAFYERA                                                                                                                                                                                                                                                                          | 3    |                           |    |   |    |
| INVEGA SUSTENNA                                                                                                                                                                                                                                                                         | 3    |                           |    |   |    |
| INVEGA TRINZA                                                                                                                                                                                                                                                                           | 3    |                           |    |   |    |
| LATUDA (20 MG TABLET, 40 MG TABLET, 60 MG TABLET, 80 MG TABLET, 120 MG TABLET)                                                                                                                                                                                                          | 3    | QL                        |    |   |    |
| <i>lurasidone hcl (20 mg tablet, 40 mg tablet, 60 mg tablet, 80 mg tablet, 120 mg tablet)</i>                                                                                                                                                                                           | 1    | QL                        |    |   |    |
| NUPLAZID                                                                                                                                                                                                                                                                                | 3    | QL                        | PA | S | MS |
| <i>olanzapine (2.5 mg tablet, 5 mg tab rapdis, 5 mg tablet, 7.5 mg tablet, 10 mg tab rapdis, 10 mg tablet, 15 mg tab rapdis, 15 mg tablet, 20 mg tab rapdis, 20 mg tablet)</i>                                                                                                          | 1    |                           |    |   |    |
| <i>paliperidone</i>                                                                                                                                                                                                                                                                     | 1    | QL                        |    |   |    |
| PERSERIS                                                                                                                                                                                                                                                                                | 3    |                           |    |   |    |

| PRODUCT DESCRIPTION                                                                                                                                                                                                                 | TIER | LIMITS/RESTRICTIONS/NOTES |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| <i>quetiapine fumarate (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet, 300 mg tablet)</i>                                                                                                                                | 1    |                           |
| <i>quetiapine fumarate (50 mg tab er 24h, 150 mg tab er 24h, 200 mg tab er 24h, 300 mg tab er 24h, 400 mg tab er 24h, 400 mg tablet)</i>                                                                                            | 1    | QL                        |
| QUETIAPINE FUMARATE 150 MG TABLET                                                                                                                                                                                                   | 3    |                           |
| REXULTI (0.25 MG TABLET, 0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET, 3 MG TABLET, 4 MG TABLET)                                                                                                                                         | 3    | QL ST                     |
| RISPERDAL (0.5 MG TABLET, 1 MG TABLET, 1 MG/ML SOLUTION, 2 MG TABLET, 3 MG TABLET, 4 MG TABLET)                                                                                                                                     | 3    |                           |
| RISPERDAL CONSTA                                                                                                                                                                                                                    | 3    |                           |
| <i>risperidone (0.25 mg tab rapdis, 0.25 mg tablet, 0.5 mg tab rapdis, 0.5 mg tablet, 1 mg tab rapdis, 1 mg tablet, 1 mg/ml solution, 2 mg tab rapdis, 2 mg tablet, 3 mg tab rapdis, 3 mg tablet, 4 mg tab rapdis, 4 mg tablet)</i> | 1    |                           |
| RYKINDO                                                                                                                                                                                                                             | 3    | QL                        |
| SAPHRIS                                                                                                                                                                                                                             | 3    | QL                        |
| SECUADO                                                                                                                                                                                                                             | 3    | ST                        |
| SEROQUEL (25 MG TABLET, 50 MG TABLET, 100 MG TABLET, 200 MG TABLET, 300 MG TABLET)                                                                                                                                                  | 3    |                           |
| SEROQUEL 400 MG TABLET                                                                                                                                                                                                              | 3    | QL                        |
| SEROQUEL XR (50 MG TABLET, 150 MG TABLET, 200 MG TABLET, 300 MG TABLET, 400 MG TABLET)                                                                                                                                              | 3    | QL                        |
| UZEDY                                                                                                                                                                                                                               | 3    | QL                        |
| VRAYLAR                                                                                                                                                                                                                             | 3    | QL ST                     |
| <i>ziprasidone hcl</i>                                                                                                                                                                                                              | 1    |                           |
| ZYPREXA (2.5 MG TABLET, 5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET)                                                                                                                                       | 3    |                           |
| ZYPREXA RELPREVV                                                                                                                                                                                                                    | 3    |                           |
| ZYPREXA ZYDIS                                                                                                                                                                                                                       | 3    |                           |
| TREATMENT-RESISTANT                                                                                                                                                                                                                 |      |                           |
| <i>clozapine (12.5 mg tab rapdis, 25 mg tab rapdis, 25 mg tablet, 50 mg tablet, 100 mg tab rapdis, 100 mg tablet, 150 mg tab rapdis, 200 mg tab rapdis, 200 mg tablet)</i>                                                          | 1    |                           |
| CLOZARIL                                                                                                                                                                                                                            | 3    |                           |
| FAZACLO                                                                                                                                                                                                                             | 3    |                           |
| VERSACLOZ                                                                                                                                                                                                                           | 3    |                           |
| ANTISPASTICITY AGENTS                                                                                                                                                                                                               |      |                           |
| <i>baclofen (10 mg tablet, 20 mg tablet)</i>                                                                                                                                                                                        | 1    |                           |
| BACLOFEN (5 MG/5 ML SOLUTION, 10 MG/5 ML SOLUTION)                                                                                                                                                                                  | 3    | QL PA                     |
| BACLOFEN 5 MG TABLET                                                                                                                                                                                                                | 3    |                           |
| DANTRIUUM (25 MG CAPSULE, 50 MG CAPSULE)                                                                                                                                                                                            | 3    |                           |

| PRODUCT DESCRIPTION                                                                                  | TIER | LIMITS/RESTRICTIONS/NOTES |    |    |    |
|------------------------------------------------------------------------------------------------------|------|---------------------------|----|----|----|
| <i>dantrolene sodium (25 mg capsule, 50 mg capsule, 100 mg capsule)</i>                              | 1    |                           |    |    |    |
| LYVISPAH                                                                                             | 3    | QL                        | PA |    |    |
| OZOBAX                                                                                               | 3    | QL                        | PA |    |    |
| OZOBAX DS                                                                                            | 3    | QL                        | PA |    |    |
| <i>tizanidine hcl</i>                                                                                | 1    |                           |    |    |    |
| ZANAFLEX                                                                                             | 3    |                           |    |    |    |
| ANTIVIRALS                                                                                           |      |                           |    |    |    |
| ANTI-CYTOMEGALOVIRUS (CMV) AGENTS                                                                    |      |                           |    |    |    |
| LIVTENCITY                                                                                           | 3    | QL                        | S  |    |    |
| PREVYMIS (240 MG TABLET, 480 MG TABLET)                                                              | 3    |                           |    |    |    |
| VALCYTE (50 MG/ML SOLUTION, 450 MG TABLET)                                                           | 3    |                           |    |    |    |
| <i>valganciclovir hcl (50 mg/ml soln recon, 450 mg tablet)</i>                                       | 1    |                           |    |    |    |
| ANTI-HEPATITIS B (HBV) AGENTS                                                                        |      |                           |    |    |    |
| <i>adefovir dipivoxil</i>                                                                            | 1    |                           |    |    |    |
| BARACLUDE (0.05 MG/ML SOLUTION, 0.5 MG TABLET, 1 MG TABLET)                                          | 3    | QL                        |    |    |    |
| <i>entecavir</i>                                                                                     | 1    | QL                        |    |    |    |
| EPIVIR HBV (25 MG/5 ML SOLN, 100 MG TABLET)                                                          | 3    |                           |    |    |    |
| HEPSERA                                                                                              | 3    |                           |    |    |    |
| <i>lamivudine 100 mg tablet</i>                                                                      | 1    |                           |    |    |    |
| VEMLIDY                                                                                              | 3    |                           |    |    |    |
| ANTI-HEPATITIS C (HCV) AGENTS                                                                        |      |                           |    |    |    |
| EPCLUSA (150-37.5 MG PELLETT PKT, 200 MG-50 MG TABLET, 200-50 MG PELLETT PACK, 400 MG-100 MG TABLET) | 2    | QL                        | PA | S  | MS |
| HARVONI (33.75-150 MG PELLETT PK, 45-200 MG PELLETT PACKET, 45-200 MG TABLET, 90-400 MG TABLET)      | 2    | QL                        | PA | S  | MS |
| LEDIPASVIR/SOFOSBUVIR                                                                                | 2    | QL                        | PA | S  | MS |
| MAVYRET 100-40 MG TABLET                                                                             | 2    | QL                        | PA | S  | MS |
| MAVYRET 50-20 MG PELLETT PACKET                                                                      | 2    | PA                        | S  | MS |    |
| <i>ribavirin (200 mg capsule, 200 mg tablet)</i>                                                     | 1    | PA                        | S  | MS |    |
| SOFOSBUVIR/VELPATASVIR                                                                               | 2    | QL                        | PA | S  | MS |

| PRODUCT DESCRIPTION                                                                | TIER | LIMITS/RESTRICTIONS/NOTES |    |    |    |
|------------------------------------------------------------------------------------|------|---------------------------|----|----|----|
| SOVALDI (150 MG PELLET PACKET, 200 MG PELLET PACKET, 200 MG TABLET, 400 MG TABLET) | 3    | QL                        | PA | S  | MS |
| VOSEVI                                                                             | 3    | QL                        | PA | S  | MS |
| ZEPATIER                                                                           | 3    | QL                        | PA | ST | S  |
|                                                                                    |      | MS                        |    |    |    |
| ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)                                      |      |                           |    |    |    |
| BIKTARVY                                                                           | 2    | QL                        | S  |    |    |
| DOVATO                                                                             | 2    | S                         |    |    |    |
| GENVOYA                                                                            | 2    | S                         |    |    |    |
| ISENTRESS (25 MG TABLET CHEW, 100 MG TABLET CHEW, 400 MG TABLET)                   | 2    | QL                        | S  |    |    |
| ISENTRESS 100 MG POWDER PACKET                                                     | 2    | S                         |    |    |    |
| ISENTRESS HD                                                                       | 2    | S                         |    |    |    |
| JULUCA                                                                             | 2    | S                         |    |    |    |
| STRIBILD                                                                           | 3    | QL                        | S  |    |    |
| TIVICAY                                                                            | 3    | S                         |    |    |    |
| TIVICAY PD                                                                         | 3    | S                         |    |    |    |
| ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)           |      |                           |    |    |    |
| ATRIPLA                                                                            | 3    | QL                        | S  |    |    |
| COMPLERA                                                                           | 3    | S                         |    |    |    |
| DELSTRIGO                                                                          | 3    | QL                        | S  |    |    |
| EDURANT                                                                            | 3    | S                         |    |    |    |
| <i>efavirenz</i>                                                                   | 1    | S                         |    |    |    |
| <i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>                       | 1    | QL                        | S  |    |    |
| <i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>                          | 1    | QL                        | S  |    |    |
| <i>etravirine</i>                                                                  | 1    | S                         |    |    |    |
| INTELENCE (100 MG TABLET, 200 MG TABLET)                                           | 3    | S                         |    |    |    |
| INTELENCE 25 MG TABLET                                                             | 2    | S                         |    |    |    |
| <i>nevirapine (100 mg tab er 24h, 200 mg tablet, 400 mg tab er 24h)</i>            | 1    | S                         |    |    |    |
| <i>nevirapine 50 mg/5 ml oral susp</i>                                             | 1    | S                         |    |    |    |

| PRODUCT DESCRIPTION                                                                                                                                                                  | TIER | LIMITS/RESTRICTIONS/NOTES            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------------------|
| ODEFSEY                                                                                                                                                                              | 3    | S                                    |
| PIFELTRO                                                                                                                                                                             | 3    | QL S                                 |
| RESCRIPTOR                                                                                                                                                                           | 2    | S                                    |
| SUSTIVA                                                                                                                                                                              | 3    | S                                    |
| SYMFI                                                                                                                                                                                | 3    | QL S                                 |
| SYMFI LO                                                                                                                                                                             | 3    | QL S                                 |
| VIRAMUNE (50 MG/5 ML SUSP, 200 MG TABLET)                                                                                                                                            | 3    | S                                    |
| VIRAMUNE XR                                                                                                                                                                          | 3    | S                                    |
| ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)                                                                                                   |      |                                      |
| <i>abacavir sulfate 20 mg/ml solution</i>                                                                                                                                            | 1    |                                      |
| <i>abacavir sulfate 300 mg tablet</i>                                                                                                                                                | 1    | S                                    |
| <i>abacavir sulfate/lamivudine</i>                                                                                                                                                   | 1    | S                                    |
| <i>abacavir sulfate/lamivudine/zidovudine</i>                                                                                                                                        | 1    | S                                    |
| CIMDUO                                                                                                                                                                               | 3    | QL S                                 |
| COMBIVIR                                                                                                                                                                             | 3    | S                                    |
| DESCOVY 120-15 MG TABLET                                                                                                                                                             | 2    | C Covered in full for PrEP only<br>S |
| DESCOVY 200-25 MG TABLET                                                                                                                                                             | 2    | C Covered in full for PrEP only<br>S |
| <i>didanosine</i>                                                                                                                                                                    | 1    | S                                    |
| <i>emtricitabine</i>                                                                                                                                                                 | 1    | S                                    |
| <i>emtricitabine/tenofovir (tdf) 200-300 mg tablet</i>                                                                                                                               | 1    | C Covered in full for PrEP only<br>S |
| <i>emtricitabine/tenofovir disoproxil fumarate (emtricitabine/tenofovir 100-150 mg tablet, emtricitabine/tenofovir 133-200 mg tablet, emtricitabine/tenofovir 167-250 mg tablet)</i> | 1    | S                                    |
| EMTRIVA (10 MG/ML SOLUTION, 200 MG CAPSULE)                                                                                                                                          | 3    | S                                    |
| EPIVIR (10 MG/ML ORAL SOLN, 150 MG TABLET, 300 MG TABLET)                                                                                                                            | 3    | S                                    |
| EPZICOM                                                                                                                                                                              | 3    | S                                    |
| <i>lamivudine (10 mg/ml solution, 150 mg tablet, 300 mg tablet)</i>                                                                                                                  | 1    | S                                    |

| PRODUCT DESCRIPTION                                                         | TIER | LIMITS/RESTRICTIONS/NOTES |    |
|-----------------------------------------------------------------------------|------|---------------------------|----|
| <i>lamivudine/zidovudine</i>                                                | 1    | S                         |    |
| RETROVIR (10 MG/ML SYRUP, 100 MG CAPSULE)                                   | 3    | S                         |    |
| <i>stavudine</i>                                                            | 1    | S                         |    |
| TEMIXYS                                                                     | 2    | QL                        | S  |
| <i>tenofovir disoproxil fumarate</i>                                        | 1    | S                         |    |
| TRIUMEQ                                                                     | 2    | S                         |    |
| TRIUMEQ PD                                                                  | 2    | QL                        |    |
| TRIZIVIR                                                                    | 3    | S                         |    |
| TRUVADA                                                                     | 3    | S                         |    |
| VIDEX                                                                       | 2    | S                         |    |
| VIDEX EC                                                                    | 3    | S                         |    |
| VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET, 300 MG TABLET, POWDER) | 3    | S                         |    |
| ZIAGEN (20 MG/ML SOLUTION, 300 MG TABLET)                                   | 3    | S                         |    |
| <i>zidovudine (10 mg/ml syrup, 100 mg capsule, 300 mg tablet)</i>           | 1    | S                         |    |
| ANTI-HIV AGENTS, OTHER                                                      |      |                           |    |
| <i>maraviroc</i>                                                            | 1    | QL                        | S  |
| RUKOBIA                                                                     | 3    | PA                        | S  |
| SELZENTRY (25 MG TABLET, 75 MG TABLET, 150 MG TABLET, 300 MG TABLET)        | 3    | S                         |    |
| SELZENTRY 20 MG/ML ORAL SOLN                                                | 2    | S                         |    |
| SUNLENCA (4- 300 MG TABLET, 5- 300 MG TABLET)                               | 3    | QL                        | PA |
| TYBOST                                                                      | 2    | QL                        | S  |
| ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)                                   |      |                           |    |
| APTIVUS (100 MG/ML SOLUTION, 250 MG CAPSULE)                                | 3    | S                         |    |
| <i>atazanavir sulfate</i>                                                   | 1    | S                         |    |
| CRIXIVAN                                                                    | 3    | S                         |    |
| <i>darunavir</i>                                                            | 1    | S                         |    |
| <i>darunavir ethanolate</i>                                                 | 1    | S                         |    |
| EVOTAZ                                                                      | 3    | QL                        | S  |

| PRODUCT DESCRIPTION                                                                                                                               | TIER | LIMITS/RESTRICTIONS/NOTES |
|---------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| INVIRASE                                                                                                                                          | 3    | S                         |
| KALETRA (80 MG-20 MG/ML SOLN, 100-25 MG TABLET, 200-50 MG TABLET)                                                                                 | 3    | S                         |
| LEXIVA (50 MG/ML SUSPENSION, 700 MG TABLET)                                                                                                       | 3    | S                         |
| <i>lopinavir/ritonavir (lopinavir/ritonavir 100mg-25mg tablet, lopinavir/ritonavir 200mg-50mg tablet, lopinavir/ritonavir 400-100/5 solution)</i> | 1    | S                         |
| NORVIR (80 MG/ML SOLUTION, 100 MG POWDER PACKET, 100 MG SOFTGEL CAP, 100 MG TABLET)                                                               | 3    | S                         |
| PREZCOBIX                                                                                                                                         | 3    | S                         |
| PREZISTA (75 MG TABLET, 100 MG/ML SUSPENSION, 150 MG TABLET, 600 MG TABLET, 800 MG TABLET)                                                        | 3    | S                         |
| REYATAZ                                                                                                                                           | 3    | S                         |
| <i>ritonavir</i>                                                                                                                                  | 1    | S                         |
| SYM TUZA                                                                                                                                          | 3    | QL                        |
| VIRACEPT                                                                                                                                          | 3    | S                         |
| ANTI-INFLUENZA AGENTS                                                                                                                             |      |                           |
| FLUMADINE                                                                                                                                         | 3    |                           |
| <i>oseltamivir phosphate (6 mg/ml susp recon, 30 mg capsule, 45 mg capsule, 75 mg capsule)</i>                                                    | 1    | QL                        |
| RELENZA                                                                                                                                           | 3    | QL                        |
| <i>rimantadine hcl</i>                                                                                                                            | 1    |                           |
| TAMIFLU (6 MG/ML SUSPENSION, 30 MG CAPSULE, 45 MG CAPSULE, 75 MG CAPSULE)                                                                         | 3    | QL                        |
| XOFLUZA                                                                                                                                           | 3    | QL                        |
| ANTIHERPETIC AGENTS                                                                                                                               |      |                           |
| <i>acyclovir (200 mg capsule, 200 mg/5ml oral susp, 400 mg tablet, 800 mg tablet)</i>                                                             | 1    |                           |
| <i>famciclovir (125 mg tablet, 250 mg tablet)</i>                                                                                                 | 1    |                           |
| <i>famciclovir 500 mg tablet</i>                                                                                                                  | 1    | QL                        |
| SITAVIG                                                                                                                                           | 3    | PA                        |
| <i>valacyclovir hcl</i>                                                                                                                           | 1    |                           |
| VALTREX                                                                                                                                           | 3    |                           |
| VIROPTIC                                                                                                                                          | 3    |                           |
| ZOVIRAX (200 MG CAPSULE, 200 MG/5 ML SUSP, 400 MG TABLET, 800 MG TABLET)                                                                          | 3    |                           |

| PRODUCT DESCRIPTION                                                                                                                                                                                                        | TIER | LIMITS/RESTRICTIONS/NOTES |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| ANXIOLYTICS                                                                                                                                                                                                                |      |                           |
| ANXIOLYTICS, OTHER                                                                                                                                                                                                         |      |                           |
| <i>buspirone hcl</i>                                                                                                                                                                                                       | 1    |                           |
| <i>meprobamate</i>                                                                                                                                                                                                         | 1    |                           |
| BENZODIAZEPINES                                                                                                                                                                                                            |      |                           |
| <i>alprazolam (0.25 mg tab rapdis, 0.25 mg tablet, 0.5 mg tab er 24h, 0.5 mg tab rapdis, 0.5 mg tablet, 1 mg tab er 24h, 1 mg tab rapdis, 1 mg tablet, 2 mg tab er 24h, 2 mg tab rapdis, 2 mg tablet, 3 mg tab er 24h)</i> | 1    |                           |
| <i>alprazolam intensol</i>                                                                                                                                                                                                 | 1    |                           |
| ATIVAN (0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET)                                                                                                                                                                           | 3    |                           |
| <i>chlordiazepoxide hcl</i>                                                                                                                                                                                                | 1    |                           |
| <i>clonazepam (0.125 mg tab rapdis, 0.25 mg tab rapdis, 0.5 mg tab rapdis, 0.5 mg tablet, 1 mg tab rapdis, 1 mg tablet, 2 mg tab rapdis, 2 mg tablet)</i>                                                                  | 1    |                           |
| <i>clorazepate dipotassium</i>                                                                                                                                                                                             | 1    |                           |
| <i>diazepam (2 mg tablet, 5 mg tablet, 5 mg/5 ml solution, 5 mg/ml oral conc, 10 mg tablet)</i>                                                                                                                            | 1    |                           |
| KLONOPIN                                                                                                                                                                                                                   | 3    |                           |
| <i>lorazepam (0.5 mg tablet, 1 mg tablet, 2 mg tablet, 2 mg/ml oral conc)</i>                                                                                                                                              | 1    |                           |
| <i>lorazepam intensol</i>                                                                                                                                                                                                  | 1    |                           |
| LOREEV XR (1 MG CAPSULE, 1.5 MG CAPSULE, 2 MG CAPSULE, 3 MG CAPSULE)                                                                                                                                                       | 3    | QL PA                     |
| <i>midazolam hcl (2 mg/ml syrup, 5 mg/2.5ml syrup)</i>                                                                                                                                                                     | 1    |                           |
| <i>oxazepam</i>                                                                                                                                                                                                            | 1    |                           |
| TRANXENE T-TAB                                                                                                                                                                                                             | 3    |                           |
| VALIUM                                                                                                                                                                                                                     | 3    |                           |
| XANAX                                                                                                                                                                                                                      | 3    |                           |
| XANAX XR                                                                                                                                                                                                                   | 3    |                           |
| BIPOLAR AGENTS                                                                                                                                                                                                             |      |                           |
| MOOD STABILIZERS                                                                                                                                                                                                           |      |                           |
| EQUETRO                                                                                                                                                                                                                    | 3    |                           |
| <i>lithium carbonate (150 mg capsule, 300 mg capsule, 300 mg tablet, 300 mg tablet er, 450 mg tablet er, 600 mg capsule)</i>                                                                                               | 1    |                           |
| <i>lithium citrate 8 meq/5 ml solution</i>                                                                                                                                                                                 | 1    |                           |
| LITHOBID                                                                                                                                                                                                                   | 3    |                           |

| PRODUCT DESCRIPTION                                                                                                                                                                              | TIER | LIMITS/RESTRICTIONS/NOTES |    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|----|
| BLOOD GLUCOSE REGULATORS                                                                                                                                                                         |      |                           |    |
| <b>DIABETIC BENEFIT and/or DME BENEFIT APPLIES. Please refer to member contract for copayment amount. If Diabetic Benefit DOES NOT apply please refer to the following tier classifications:</b> |      |                           |    |
| ANTIDIABETIC AGENTS                                                                                                                                                                              |      |                           |    |
| acarbose                                                                                                                                                                                         | 1    |                           |    |
| ACTOPLUS MET                                                                                                                                                                                     | 3    |                           |    |
| ACTOS                                                                                                                                                                                            | 3    |                           |    |
| ADLYXIN                                                                                                                                                                                          | 3    | QL                        | ST |
| alogliptin benzoate                                                                                                                                                                              | 3    | QL                        | ST |
| alogliptin benzoate/metformin hcl                                                                                                                                                                | 3    | QL                        | ST |
| alogliptin benzoate/pioglitazone hcl                                                                                                                                                             | 3    | QL                        | ST |
| AMARYL                                                                                                                                                                                           | 3    |                           |    |
| BYDUREON BCISE                                                                                                                                                                                   | 3    | QL                        | PA |
| BYDUREON PEN                                                                                                                                                                                     | 3    | QL                        | PA |
| BYETTA (5 MCG PEN INJ, 10 MCG PEN INJ)                                                                                                                                                           | 3    | QL                        | PA |
| CYCLOSET                                                                                                                                                                                         | 3    | QL                        |    |
| DAPAGLIFLOZIN PROPANEDIOL                                                                                                                                                                        | 3    | QL                        | ST |
| DAPAGLIFLOZIN PROPANEDIOL/METFORMIN HCL<br>(PROPANED/METFORMIN 5MG-1000MG TAB BP 24H,<br>PROPANED/METFORMIN 10-1000 MG TAB BP 24H)                                                               | 3    | QL                        | ST |
| DUETACT                                                                                                                                                                                          | 3    | QL                        |    |
| FARXIGA                                                                                                                                                                                          | 2    | QL                        |    |
| FORTAMET                                                                                                                                                                                         | 3    | ST                        |    |
| glimepiride                                                                                                                                                                                      | 1    |                           |    |
| glipizide (2.5 mg tab er 24, 5 mg tab er 24, 5 mg tablet, 10 mg tab er 24, 10 mg tablet)                                                                                                         | 1    |                           |    |
| GLIPIZIDE 2.5 MG TABLET                                                                                                                                                                          | 3    |                           |    |
| glipizide/metformin hcl                                                                                                                                                                          | 1    |                           |    |
| GLUCOPHAGE                                                                                                                                                                                       | 3    |                           |    |
| GLUCOPHAGE XR                                                                                                                                                                                    | 3    |                           |    |
| GLUCOTROL                                                                                                                                                                                        | 3    |                           |    |
| GLUCOTROL XL                                                                                                                                                                                     | 3    |                           |    |
| GLUMETZA                                                                                                                                                                                         | 3    | ST                        |    |

| PRODUCT DESCRIPTION                                                                                                            | TIER | LIMITS/RESTRICTIONS/NOTES |
|--------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| <i>glyburide</i>                                                                                                               | 1    |                           |
| <i>glyburide,micronized</i>                                                                                                    | 1    |                           |
| <i>glyburide/metformin hcl</i>                                                                                                 | 1    |                           |
| GLYNASE                                                                                                                        | 3    |                           |
| GLYSET                                                                                                                         | 3    |                           |
| GLYXAMBI                                                                                                                       | 2    | QL                        |
| INPEFA (200 MG TABLET, 400 MG TABLET)                                                                                          | 3    | QL PA                     |
| INVOKAMET (50-1,000 MG TABLET, 150-1,000 MG TABLET, 150-500 MG TABLET)                                                         | 3    | ST                        |
| INVOKAMET 50-500 MG TABLET                                                                                                     | 3    | QL ST                     |
| INVOKAMET XR                                                                                                                   | 3    | ST                        |
| INVOKANA                                                                                                                       | 3    | QL ST                     |
| JANUMET                                                                                                                        | 2    | QL                        |
| JANUMET XR (50-1,000 MG TABLET, 50-500 MG TABLET, 100-1,000 MG TABLET)                                                         | 2    | QL                        |
| JANUVIA                                                                                                                        | 2    | QL                        |
| JARDIANCE                                                                                                                      | 2    | QL                        |
| JENTADUETO                                                                                                                     | 2    | QL                        |
| JENTADUETO XR (2.5 MG, 5 MG TB)                                                                                                | 2    | QL                        |
| KAZANO                                                                                                                         | 3    | QL ST                     |
| KOMBIGLYZE XR (2.5-1,000 MG TAB, 5-1,000 MG TAB, 5-500 MG TABLET)                                                              | 3    | QL                        |
| <i>metformin er 500mg &amp; 1000mg tab (generic version of glumetza)</i>                                                       | 1    | ST                        |
| <i>metformin hcl (500 mg tab er 24, 1000 mg tab er 24)</i>                                                                     | 1    | ST                        |
| <i>metformin hcl (500 mg tab er 24h, 500 mg tablet, 500 mg/5ml solution, 750 mg tab er 24h, 850 mg tablet, 1000 mg tablet)</i> | 1    |                           |
| METFORMIN HCL 625 MG TABLET                                                                                                    | 3    | ST                        |
| <i>miglitol</i>                                                                                                                | 1    |                           |
| MOUNJARO (2.5 MG/0.5 ML PEN, 5 MG/0.5 ML PEN, 7.5 MG/0.5 ML PEN, 10 MG/0.5 ML PEN, 12.5 MG/0.5 ML PEN, 15 MG/0.5 ML PEN)       | 2    | QL PA                     |
| <i>nateglinide</i>                                                                                                             | 1    |                           |
| NESINA                                                                                                                         | 3    | QL ST                     |
| ONGLYZA                                                                                                                        | 3    | QL                        |

| PRODUCT DESCRIPTION                                                                                                                      | TIER | LIMITS/RESTRICTIONS/NOTES |    |
|------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|----|
| OSENI                                                                                                                                    | 3    | QL                        | ST |
| OZEMPIC                                                                                                                                  | 2    | QL                        | PA |
| <i>pioglitazone hcl</i>                                                                                                                  | 1    |                           |    |
| <i>pioglitazone hcl/glimepiride</i>                                                                                                      | 1    | QL                        |    |
| <i>pioglitazone hcl/metformin hcl</i>                                                                                                    | 1    |                           |    |
| PRECOSE                                                                                                                                  | 3    |                           |    |
| QTERN 10 MG-5 MG TABLET                                                                                                                  | 3    | QL                        | ST |
| QTERN 5 MG-5 MG TABLET                                                                                                                   | 3    | ST                        |    |
| <i>repaglinide</i>                                                                                                                       | 1    |                           |    |
| RIOMET                                                                                                                                   | 3    |                           |    |
| RIOMET ER                                                                                                                                | 3    |                           |    |
| RYBELSUS                                                                                                                                 | 2    | QL                        | PA |
| <i>saxagliptin hcl</i>                                                                                                                   | 1    | QL                        |    |
| <i>saxagliptin hcl/metformin hcl (/metformin 2.5-1000mg tbmp 24hr, /metformin 5 mg-500mg tbmp 24hr, /metformin 5mg-1000mg tbmp 24hr)</i> | 1    | QL                        |    |
| SEGLUROMET                                                                                                                               | 3    | QL                        | ST |
| SOLIQUA 100-33                                                                                                                           | 2    | QL                        |    |
| STARLIX                                                                                                                                  | 3    |                           |    |
| STEGLATRO                                                                                                                                | 3    | QL                        | ST |
| STEGLUJAN                                                                                                                                | 2    | QL                        |    |
| SYMLINPEN 120                                                                                                                            | 3    |                           |    |
| SYMLINPEN 60                                                                                                                             | 3    |                           |    |
| SYNJARDY                                                                                                                                 | 2    |                           |    |
| SYNJARDY XR (5-1,000 MG TABLET, 10-1,000 MG TABLET, 12.5-1,000 MG TAB, 25-1,000 MG TABLET)                                               | 2    | QL                        |    |
| TRADJENTA                                                                                                                                | 2    | QL                        |    |
| TRIJARDY XR                                                                                                                              | 2    |                           |    |
| TRULICITY                                                                                                                                | 2    | QL                        | PA |
| VICTOZA 2-PAK                                                                                                                            | 2    | QL                        | PA |
| VICTOZA 3-PAK                                                                                                                            | 2    | QL                        | PA |

| PRODUCT DESCRIPTION                                                                                                | TIER | LIMITS/RESTRICTIONS/NOTES |
|--------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| WEGOVY (0.25 MG/0.5 ML PEN, 0.5 MG/0.5 ML PEN, 1 MG/0.5 ML PEN, 1.7 MG/0.75 ML PEN, 2.4 MG/0.75 ML PEN)            | 3    | QL PA                     |
| XIGDUO XR (2.5 MG-1,000 MG TAB, 5 MG-1,000 MG TABLET, 5 MG-500 MG TABLET, 10 MG-1,000 MG TAB, 10 MG-500 MG TABLET) | 2    | QL                        |
| XULTOPHY 100-3.6                                                                                                   | 2    | QL                        |
| ZEPBOUND                                                                                                           | 3    | QL PA                     |
| GLYCEMIC AGENTS                                                                                                    |      |                           |
| BAQSIMI (3 MG SPRAY, 3 MG SPRAY ONE PACK, 3 MG SPRAY TWO PACK)                                                     | 2    | QL                        |
| DEX4 GLUCOSE (15 GM GEL PACKET, LIQUID, LIQUID BLAST)                                                              | 3    |                           |
| <i>dex4 glucose (glucose 4 gm tablet chew, glucose tab pouch pack, quick dissolve tab chew)</i>                    | 1    |                           |
| <i>dex4 glucose bits</i>                                                                                           | 1    |                           |
| <i>dextrose (1 g tab chew, 4 g tab chew, 40 % gel (gram))</i>                                                      | 1    |                           |
| DEXTROSE (15 G/60 ML LIQUID, 15G/59ML LIQUID)                                                                      | 3    |                           |
| <i>diazoxide</i>                                                                                                   | 1    |                           |
| GLUCAGEN 1 MG HYPOKIT                                                                                              | 2    | QL                        |
| GLUCAGON EMERGENCY KIT                                                                                             | 2    | QL                        |
| <i>glucagon emergency kit (mfr: amphastar pharmaceuticals)</i>                                                     | 1    | QL                        |
| <i>gluco burst 40% gel</i>                                                                                         | 1    |                           |
| GLUCO SHOT                                                                                                         | 3    |                           |
| GLUTOSE-15                                                                                                         | 3    |                           |
| GLUTOSE-45                                                                                                         | 3    |                           |
| GLUTOSE-5                                                                                                          | 3    |                           |
| GVOKE                                                                                                              | 2    | QL                        |
| GVOKE HYPOPEN 1-PACK (1-PK 1 MG/0.2 ML, 1PK 0.5MG/0.1 ML)                                                          | 2    | QL                        |
| GVOKE HYPOPEN 2-PACK (2-PK 1 MG/0.2 ML, 2PK 0.5MG/0.1 ML)                                                          | 2    | QL                        |
| GVOKE PFS 1-PACK SYRINGE (1-PK 1 MG/0.2 ML SYR, 1PK 0.5MG/0.1 ML SYR)                                              | 2    | QL                        |
| GVOKE PFS 2-PACK SYRINGE (2-PK 1 MG/0.2 ML SYR, 2PK 0.5MG/0.1 ML SYR)                                              | 2    | QL                        |
| PROGLYCEM                                                                                                          | 3    |                           |
| RELION GLUCOSE 15 GRAM LIQUID                                                                                      | 3    |                           |
| TRUEPLUS GLUCOSE (3.75 G TB CHW, 15 GRAM GEL, 15 GRAM LIQ, RA 15 GM GEL)                                           | 3    |                           |
| ZEGALOGUE AUTOINJECTOR                                                                                             | 3    | QL                        |

| PRODUCT DESCRIPTION                                                   | TIER | LIMITS/RESTRICTIONS/NOTES |
|-----------------------------------------------------------------------|------|---------------------------|
| ZEGALOGUE SYRINGE                                                     | 3    | QL                        |
| INSULINS                                                              |      |                           |
| ADMELOG                                                               | 3    | ST                        |
| ADMELOG SOLOSTAR                                                      | 3    | ST                        |
| AFREZZA                                                               | 3    |                           |
| APIDRA                                                                | 3    | ST                        |
| APIDRA SOLOSTAR                                                       | 3    | ST                        |
| BASAGLAR KWIKPEN U-100                                                | 3    |                           |
| BASAGLAR TEMPO PEN U-100                                              | 3    |                           |
| FIASP                                                                 | 3    | ST                        |
| FIASP FLEXTOUCH                                                       | 3    | ST                        |
| FIASP PENFILL                                                         | 3    | ST                        |
| FIASP PUMPCART                                                        | 3    | ST                        |
| HUMALOG                                                               | 2    |                           |
| HUMALOG JUNIOR KWIKPEN                                                | 2    |                           |
| HUMALOG KWIKPEN U-100                                                 | 2    |                           |
| HUMALOG KWIKPEN U-200                                                 | 2    |                           |
| HUMALOG MIX 50-50                                                     | 2    |                           |
| HUMALOG MIX 50-50 KWIKPEN                                             | 2    |                           |
| HUMALOG MIX 75-25                                                     | 2    |                           |
| HUMALOG MIX 75-25 KWIKPEN                                             | 2    |                           |
| HUMALOG TEMPO PEN U-100                                               | 2    |                           |
| HUMULIN 70-30                                                         | 2    |                           |
| HUMULIN 70/30 KWIKPEN                                                 | 2    |                           |
| HUMULIN N                                                             | 2    |                           |
| HUMULIN N KWIKPEN                                                     | 2    |                           |
| HUMULIN R                                                             | 2    |                           |
| HUMULIN R U-500                                                       | 2    |                           |
| HUMULIN R U-500 KWIKPEN                                               | 2    |                           |
| INSULIN ASPART (100/ML (3) INSULN PEN, 100/ML CARTRIDGE, 100/ML VIAL) | 3    | ST                        |
| INSULIN ASPART PROT/INSULN ASP 70-30/ML VIAL                          | 3    | ST                        |

| PRODUCT DESCRIPTION                                                                                                      | TIER | LIMITS/RESTRICTIONS/NOTES |
|--------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| INSULIN DEGLUDEC (100/ML (3) INSULN PEN, 100/ML VIAL, 200/ML (3) INSULN PEN)                                             | 2    |                           |
| INSULIN GLARGINE,HUMAN RECOMBINANT ANALOG (100/ML (3) INSULN PEN, 100/ML VIAL, 300/ML (3) INSULN PEN, 300/ML INSULN PEN) | 2    |                           |
| INSULIN GLARGINE-YFGN                                                                                                    | 2    |                           |
| INSULIN LISPRO (100/ML INS PEN HF, 100/ML INSULN PEN, 100/ML VIAL)                                                       | 2    |                           |
| INSULIN LISPRO PROTAMINE AND INSULIN LISPRO                                                                              | 2    |                           |
| LANTUS                                                                                                                   | 2    |                           |
| LANTUS SOLOSTAR                                                                                                          | 2    |                           |
| LEVEMIR                                                                                                                  | 2    |                           |
| LEVEMIR FLEXPEN                                                                                                          | 2    |                           |
| LEVEMIR FLEXTOUCH                                                                                                        | 2    |                           |
| LYUMJEV                                                                                                                  | 2    |                           |
| LYUMJEV KWIKPEN U-100                                                                                                    | 2    |                           |
| LYUMJEV KWIKPEN U-200                                                                                                    | 2    |                           |
| LYUMJEV TEMPO PEN U-100                                                                                                  | 2    |                           |
| NOVOLIN 70-30                                                                                                            | 3    | ST                        |
| NOVOLIN 70-30 FLEXPEN                                                                                                    | 3    | ST                        |
| NOVOLIN N                                                                                                                | 3    | ST                        |
| NOVOLIN N FLEXPEN                                                                                                        | 3    | ST                        |
| NOVOLIN R                                                                                                                | 3    | ST                        |
| NOVOLIN R FLEXPEN                                                                                                        | 3    | ST                        |
| NOVOLOG                                                                                                                  | 3    | ST                        |
| NOVOLOG FLEXPEN                                                                                                          | 3    | ST                        |
| NOVOLOG MIX 70-30                                                                                                        | 3    | ST                        |
| NOVOLOG MIX 70-30 FLEXPEN                                                                                                | 3    | ST                        |
| NOVOLOG PENFILL                                                                                                          | 3    | ST                        |
| REZVOGLAR KWIKPEN                                                                                                        | 3    | ST                        |
| SEMGLEE (YFGN)                                                                                                           | 3    | PA                        |
| SEMGLEE (YFGN) PEN                                                                                                       | 3    | PA                        |
| TOUJEO MAX SOLOSTAR                                                                                                      | 2    |                           |

| PRODUCT DESCRIPTION                                                                                                                                                                               | TIER | LIMITS/RESTRICTIONS/NOTES |    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|----|
| TOUJEO SOLOSTAR                                                                                                                                                                                   | 2    |                           |    |
| TRESIBA                                                                                                                                                                                           | 2    |                           |    |
| TRESIBA FLEXTOUCH U-100                                                                                                                                                                           | 2    |                           |    |
| TRESIBA FLEXTOUCH U-200                                                                                                                                                                           | 2    |                           |    |
| BLOOD PRODUCTS AND MODIFIERS                                                                                                                                                                      |      |                           |    |
| ANTICOAGULANTS                                                                                                                                                                                    |      |                           |    |
| ARIXTRA                                                                                                                                                                                           | 3    | S                         |    |
| COUMADIN                                                                                                                                                                                          | 2    |                           |    |
| dabigatran etexilate mesylate (75 mg capsule, 110 mg capsule, 150 mg capsule)                                                                                                                     | 1    | QL                        |    |
| ELIQUIS (2.5 MG TABLET, 5 MG TABLET)                                                                                                                                                              | 2    | QL                        |    |
| ELIQUIS DVT-PE TREAT START 5MG                                                                                                                                                                    | 2    | QL                        |    |
| enoxaparin sodium (30mg/0.3ml syringe, 40mg/0.4ml syringe, 60mg/0.6ml syringe, 80mg/0.8ml syringe, 100 mg/ml syringe, 120mg/.8ml syringe, 150 mg/ml syringe, 300 mg/3ml vial, 300mg/3ml vial)     | 1    | S                         |    |
| fondaparinux sodium                                                                                                                                                                               | 1    | S                         |    |
| FRAGMIN (2,500 UNIT/0.2 ML SYR, 5,000 UNIT/0.2 ML SYR, 7,500 UNIT/0.3 ML SYR, 10,000 UNIT/ML SYRINGE, 12,500 UNIT/0.5 ML SYR, 15,000 UNIT/0.6 ML SYR, 18,000 UNIT/0.72 ML, 95,000 UNIT/3.8 ML VL) | 3    | S                         |    |
| FRAGMIN 10,000 UNIT/4 ML VIAL                                                                                                                                                                     | 3    |                           |    |
| jantoven                                                                                                                                                                                          | 1    |                           |    |
| LOVENOX                                                                                                                                                                                           | 3    | S                         |    |
| PRADAXA (20 MG PELLET PACK, 30 MG PELLET PACK, 40 MG PELLET PACK, 50 MG PELLET PACK, 110 MG PELLET PACK, 150 MG PELLET PACK)                                                                      | 3    | QL                        | PA |
| PRADAXA (75 MG CAPSULE, 110 MG CAPSULE, 150 MG CAPSULE)                                                                                                                                           | 3    | QL                        |    |
| SAVAYSA                                                                                                                                                                                           | 3    | QL                        | ST |
| warfarin sodium                                                                                                                                                                                   | 1    |                           |    |
| XARELTO (1 MG/ML SUSPENSION, 2.5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET)                                                                                                             | 2    | QL                        |    |
| XARELTO DVT-PE TREAT START 30D                                                                                                                                                                    | 2    |                           |    |
| ZONTIVITY                                                                                                                                                                                         | 3    | QL                        | PA |
| BLOOD PRODUCTS AND MODIFIERS, OTHER                                                                                                                                                               |      |                           |    |
| AGRYLIN                                                                                                                                                                                           | 3    |                           |    |
| anagrelide hcl                                                                                                                                                                                    | 1    |                           |    |
| ARANESP                                                                                                                                                                                           | 2    | S                         | MS |
| EPOGEN                                                                                                                                                                                            | 3    | S                         | MS |

| PRODUCT DESCRIPTION                                                                                                                             | TIER | LIMITS/RESTRICTIONS/NOTES |    |    |    |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|----|----|----|
| FULPHILA                                                                                                                                        | 3    | PA                        | S  | MS |    |
| FYLNETRA                                                                                                                                        | 3    | PA                        | S  | MS |    |
| GRANIX (300 MCG/0.5 ML SAFE SYR, 300 MCG/0.5 ML SYRINGE, 300 MCG/ML VIAL, 480 MCG/0.8 ML SAFE SYR, 480 MCG/0.8 ML SYRINGE, 480 MCG/1.6 ML VIAL) | 3    | PA                        | S  | MS |    |
| LEUKINE                                                                                                                                         | 3    | QL                        | S  | MS |    |
| MIRCERA                                                                                                                                         | 3    | S                         |    |    |    |
| MOZOBIL                                                                                                                                         | 3    | QL                        | S  | MS |    |
| MULPLETA                                                                                                                                        | 3    | QL                        | PA | S  | MS |
| NEULASTA                                                                                                                                        | 2    | S                         | MS |    |    |
| NEULASTA ONPRO                                                                                                                                  | 2    | S                         | MS |    |    |
| NEUPOGEN                                                                                                                                        | 3    | PA                        | S  | MS |    |
| NIVESTYM                                                                                                                                        | 3    | PA                        | S  | MS |    |
| NYVEPRIA                                                                                                                                        | 3    | PA                        | S  | MS |    |
| <i>plerixafor</i>                                                                                                                               | 1    | QL                        | S  | MS |    |
| PROCRT                                                                                                                                          | 3    | S                         | MS |    |    |
| PROMACTA (12.5 MG SUSPEN PACKET, 12.5 MG TABLET, 25 MG SUSPENSION PCKT, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET)                               | 3    | QL                        | PA | S  | MS |
| PYRUKYND (5 MG TABLET, 5 MG TAPER PACK, 20 MG TABLET, 20-5 MG TAPER PACK, 50 MG TABLET)                                                         | 3    | QL                        | PA |    |    |
| RELEUKO                                                                                                                                         | 3    | PA                        | S  | MS |    |
| RETACRIT (2,000 UNIT/ML VIAL, 3,000 UNIT/ML VIAL, 4,000 UNIT/ML VIAL, 10,000 UNIT/ML VIAL, 40,000 UNIT/ML VIAL)                                 | 3    | S                         | MS |    |    |
| STIMUFEND                                                                                                                                       | 3    | PA                        | S  | MS |    |
| UDENYCA                                                                                                                                         | 2    | S                         | MS |    |    |
| UDENYCA AUTOINJECTOR                                                                                                                            | 2    | S                         | MS |    |    |
| ZARXIO                                                                                                                                          | 2    | S                         | MS |    |    |
| ZIEXTENZO                                                                                                                                       | 3    | PA                        | S  | MS |    |
| HEMOSTASIS AGENTS                                                                                                                               |      |                           |    |    |    |
| AMICAR (0.25 GRAM/ML ORAL SOLN, 500 MG TABLET, 1,000 MG TABLET)                                                                                 | 3    |                           |    |    |    |
| <i>aminocaproic acid (250 mg/ml solution, 500 mg tablet, 1000 mg tablet)</i>                                                                    | 1    |                           |    |    |    |
| HEMLIBRA (30 MG/ML VIAL, 60 MG/0.4 ML VIAL, 105 MG/0.7 ML VIAL, 150 MG/ML VIAL)                                                                 | 3    | PA                        | S  | MS |    |

| PRODUCT DESCRIPTION                                                                    | TIER | LIMITS/RESTRICTIONS/NOTES |
|----------------------------------------------------------------------------------------|------|---------------------------|
| LYSTEDA                                                                                | 3    | QL                        |
| MEPHYTON                                                                               | 3    |                           |
| <i>phytonadione (vit k1) 5 mg tablet</i>                                               | 1    |                           |
| <i>tranexamic acid 650 mg tablet</i>                                                   | 1    | QL                        |
| PLATELET MODIFYING AGENTS                                                              |      |                           |
| AGGRENEX                                                                               | 3    |                           |
| <i>aspirin/dipyridamole</i>                                                            | 1    |                           |
| ASPIRIN/OMEPRAZOLE                                                                     | 3    | QL PA                     |
| BRILINTA 60 MG TABLET                                                                  | 2    |                           |
| BRILINTA 90 MG TABLET                                                                  | 2    | QL                        |
| CABLIVI 11 MG KIT                                                                      | 3    | QL PA S                   |
| <i>cilostazol</i>                                                                      | 1    |                           |
| <i>clopidogrel bisulfate 300 mg tablet</i>                                             | 1    |                           |
| <i>clopidogrel bisulfate 75 mg tablet</i>                                              | 1    | QL                        |
| <i>dipyridamole (25 mg tablet, 50 mg tablet, 75 mg tablet)</i>                         | 1    |                           |
| DOPTELET                                                                               | 3    | QL PA S MS                |
| EFFIENT (5 MG TABLET, 10 MG TABLET)                                                    | 3    | QL                        |
| OXBRYTA (300 MG TABLET, 300 MG TABLET FOR SUSP, 500 MG TABLET)                         | 3    | QL PA S MS                |
| PLAVIX                                                                                 | 3    | QL                        |
| <i>prasugrel hcl (5 mg tablet, 10 mg tablet)</i>                                       | 1    | QL                        |
| TAVALISSE                                                                              | 3    | QL PA S                   |
| <i>ticlopidine hcl</i>                                                                 | 1    |                           |
| YOSPRALA                                                                               | 3    | QL PA                     |
| CARDIOVASCULAR AGENTS                                                                  |      |                           |
| ALPHA-ADRENERGIC AGONISTS                                                              |      |                           |
| CATAPRES                                                                               | 3    |                           |
| CATAPRES-TTS                                                                           | 3    | QL                        |
| <i>clonidine (0.1mg/24hr patch tdwk, 0.2mg/24hr patch tdwk, 0.3mg/24hr patch tdwk)</i> | 1    | QL                        |
| <i>clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet)</i>                     | 1    |                           |
| CLONIDINE HCL 0.17 MG TAB ER 24H                                                       | 3    | QL PA                     |

| PRODUCT DESCRIPTION                                                         | TIER | LIMITS/RESTRICTIONS/NOTES |    |   |    |
|-----------------------------------------------------------------------------|------|---------------------------|----|---|----|
| <i>droxidopa</i>                                                            | 1    | QL                        | PA | S | MS |
| <i>guanfacine hcl (1 mg tablet, 2 mg tablet)</i>                            | 1    |                           |    |   |    |
| <i>methyl dopa</i>                                                          | 1    |                           |    |   |    |
| <i>midodrine hcl</i>                                                        | 1    |                           |    |   |    |
| NEXICLON XR                                                                 | 3    | QL                        | PA |   |    |
| NORTHERA                                                                    | 3    | QL                        | PA | S | MS |
| ALPHA-ADRENERGIC BLOCKING AGENTS                                            |      |                           |    |   |    |
| CARDURA                                                                     | 3    |                           |    |   |    |
| CARDURA XL                                                                  | 3    |                           |    |   |    |
| DIBENZYLINE                                                                 | 3    |                           |    |   |    |
| <i>doxazosin mesylate</i>                                                   | 1    |                           |    |   |    |
| MINIPRESS                                                                   | 3    |                           |    |   |    |
| <i>phenoxybenzamine hcl</i>                                                 | 1    |                           |    |   |    |
| <i>prazosin hcl (1 mg capsule, 2 mg capsule, 5 mg capsule)</i>              | 1    |                           |    |   |    |
| <i>terazosin hcl</i>                                                        | 1    |                           |    |   |    |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS                                         |      |                           |    |   |    |
| ATACAND                                                                     | 3    |                           |    |   |    |
| AVAPRO                                                                      | 3    |                           |    |   |    |
| BENICAR                                                                     | 3    |                           |    |   |    |
| <i>candesartan cilexetil</i>                                                | 1    |                           |    |   |    |
| COZAAR                                                                      | 3    |                           |    |   |    |
| DIOVAN                                                                      | 3    |                           |    |   |    |
| EDARBI                                                                      | 3    | ST                        |    |   |    |
| <i>eprosartan mesylate</i>                                                  | 1    |                           |    |   |    |
| <i>irbesartan</i>                                                           | 1    |                           |    |   |    |
| <i>losartan potassium</i>                                                   | 1    |                           |    |   |    |
| MICARDIS                                                                    | 3    |                           |    |   |    |
| <i>olmesartan medoxomil</i>                                                 | 1    |                           |    |   |    |
| <i>telmisartan</i>                                                          | 1    |                           |    |   |    |
| <i>valsartan (40 mg tablet, 80 mg tablet, 160 mg tablet, 320 mg tablet)</i> | 1    |                           |    |   |    |
| VALSARTAN 4 MG/ML SOLUTION                                                  | 3    | QL                        | PA |   |    |

| PRODUCT DESCRIPTION                                                               | TIER | LIMITS/RESTRICTIONS/NOTES |
|-----------------------------------------------------------------------------------|------|---------------------------|
| ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS                                    |      |                           |
| ACCUPRIL                                                                          | 3    |                           |
| ALTACE                                                                            | 3    |                           |
| <i>benazepril hcl</i>                                                             | 1    |                           |
| <i>captopril</i>                                                                  | 1    |                           |
| <i>enalapril maleate (2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet)</i> | 1    |                           |
| <i>enalapril maleate 1 mg/ml solution</i>                                         | 1    | PA                        |
| EPANDED SOLUTION                                                                  | 3    | PA                        |
| <i>fosinopril sodium</i>                                                          | 1    |                           |
| <i>lisinopril</i>                                                                 | 1    |                           |
| LOTENSIN                                                                          | 3    |                           |
| MAVIK                                                                             | 3    |                           |
| <i>moexipril hcl</i>                                                              | 1    |                           |
| <i>perindopril erbumine</i>                                                       | 1    |                           |
| PRINIVIL                                                                          | 3    |                           |
| QBRELIS                                                                           | 3    | QL PA                     |
| <i>quinapril hcl</i>                                                              | 1    |                           |
| <i>ramipril</i>                                                                   | 1    |                           |
| <i>trandolapril</i>                                                               | 1    |                           |
| VASOTEC                                                                           | 3    |                           |
| ZESTRIL                                                                           | 3    |                           |
| ANTIARRHYTHMICS                                                                   |      |                           |
| <i>amiodarone hcl (100 mg tablet, 200 mg tablet, 400 mg tablet)</i>               | 1    |                           |
| BETAPACE                                                                          | 3    |                           |
| BETAPACE AF                                                                       | 3    |                           |
| CORDARONE                                                                         | 3    |                           |
| <i>disopyramide phosphate</i>                                                     | 1    |                           |
| <i>dofetilide</i>                                                                 | 1    |                           |
| <i>flecainide acetate</i>                                                         | 1    |                           |
| <i>mexiletine hcl</i>                                                             | 1    |                           |
| MULTAQ                                                                            | 2    | QL                        |
| NORPACE                                                                           | 3    |                           |

| PRODUCT DESCRIPTION                                                                                                           | TIER | LIMITS/RESTRICTIONS/NOTES |
|-------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| NORPACE CR                                                                                                                    | 3    |                           |
| <i>pacerone</i>                                                                                                               | 1    |                           |
| <i>propafenone hcl (150 mg tablet, 225 mg cap er 12h, 225 mg tablet, 300 mg tablet, 325 mg cap er 12h, 425 mg cap er 12h)</i> | 1    |                           |
| <i>quinidine gluconate</i>                                                                                                    | 1    |                           |
| <i>quinidine sulfate</i>                                                                                                      | 1    |                           |
| RYTHMOL SR                                                                                                                    | 3    |                           |
| <i>sorine</i>                                                                                                                 | 1    |                           |
| <i>sotalol af</i>                                                                                                             | 1    |                           |
| <i>sotalol hcl (80 mg tablet, 120 mg tablet, 160 mg tablet, 240 mg tablet)</i>                                                | 1    |                           |
| SOTYLIZE                                                                                                                      | 3    | PA                        |
| TIKOSYN                                                                                                                       | 3    |                           |
| BETA-ADRENERGIC BLOCKING AGENTS                                                                                               |      |                           |
| <i>acebutolol hcl</i>                                                                                                         | 1    |                           |
| <i>atenolol</i>                                                                                                               | 1    |                           |
| <i>betaxolol hcl (10 mg tablet, 20 mg tablet)</i>                                                                             | 1    |                           |
| <i>bisoprolol fumarate</i>                                                                                                    | 1    |                           |
| BYSTOLIC (2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET, 20 MG TABLET)                                                             | 3    | QL                        |
| <i>carvedilol</i>                                                                                                             | 1    |                           |
| <i>carvedilol phosphate</i>                                                                                                   | 1    | QL                        |
| COREG                                                                                                                         | 3    |                           |
| COREG CR                                                                                                                      | 3    | QL                        |
| CORGARD                                                                                                                       | 3    |                           |
| INDERAL LA                                                                                                                    | 3    |                           |
| INDERAL XL (80 MG CAPSULE, 120 MG CAPSULE)                                                                                    | 3    | PA                        |
| INNOPRAN XL (80 MG CAPSULE, 120 MG CAPSULE)                                                                                   | 3    | PA                        |
| KAPSPARGO SPRINKLE                                                                                                            | 3    |                           |
| <i>labetalol hcl (100 mg tablet, 200 mg tablet, 300 mg tablet)</i>                                                            | 1    |                           |
| LOPRESSOR (50 MG TABLET, 100 MG TABLET)                                                                                       | 3    |                           |
| <i>metoprolol succinate</i>                                                                                                   | 1    |                           |
| <i>metoprolol tartrate (25 mg tablet, 37.5 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet)</i>                          | 1    |                           |
| <i>nadolol</i>                                                                                                                | 1    |                           |

| PRODUCT DESCRIPTION                                                                                                                                                                                             | TIER | LIMITS/RESTRICTIONS/NOTES |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| <i>nebivolol hcl (2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet)</i>                                                                                                                                   | 1    | QL                        |
| <i>pindolol</i>                                                                                                                                                                                                 | 1    |                           |
| <i>propranolol hcl (10 mg tablet, 20 mg tablet, 20 mg/5 ml solution, 40 mg tablet, 40mg/5ml solution, 60 mg cap sa 24h, 60 mg tablet, 80 mg cap sa 24h, 80 mg tablet, 120 mg cap sa 24h, 160 mg cap sa 24h)</i> | 1    |                           |
| TENORMIN                                                                                                                                                                                                        | 3    |                           |
| <i>timolol maleate (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>                                                                                                                                                | 1    |                           |
| TOPROL XL                                                                                                                                                                                                       | 3    |                           |
| CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES                                                                                                                                                               |      |                           |
| ADALAT CC                                                                                                                                                                                                       | 3    |                           |
| <i>amlodipine besylate</i>                                                                                                                                                                                      | 1    |                           |
| CONJUPRI                                                                                                                                                                                                        | 3    | QL PA                     |
| <i>felodipine</i>                                                                                                                                                                                               | 1    |                           |
| <i>isradipine</i>                                                                                                                                                                                               | 1    |                           |
| KATERZIA                                                                                                                                                                                                        | 3    | QL PA                     |
| LEVAMLODIPINE MALEATE                                                                                                                                                                                           | 3    | QL PA                     |
| <i>nicardipine hcl (20 mg capsule, 30 mg capsule)</i>                                                                                                                                                           | 1    |                           |
| <i>nifedipine (10 mg capsule, 20 mg capsule, 30 mg tab er 24, 30 mg tablet er, 60 mg tab er 24, 60 mg tablet er, 90 mg tab er 24, 90 mg tablet er)</i>                                                          | 1    |                           |
| <i>nimodipine</i>                                                                                                                                                                                               | 1    |                           |
| <i>nisoldipine</i>                                                                                                                                                                                              | 1    | QL                        |
| NORLIQVA                                                                                                                                                                                                        | 3    | QL PA                     |
| NORVASC                                                                                                                                                                                                         | 3    |                           |
| NYMALIZE (30 MG/10 ML SOLUTION, 60 MG/10 ML SOLUTION, 60 MG/20 ML SOLUTION)                                                                                                                                     | 3    | QL                        |
| NYMALIZE (30 MG/5 ML ORAL SYRNG, 60 MG/10 ML ORAL SYRN)                                                                                                                                                         | 3    | QL                        |
| PROCARDIA XL                                                                                                                                                                                                    | 3    |                           |
| SULAR                                                                                                                                                                                                           | 3    | QL                        |
| CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES                                                                                                                                                            |      |                           |
| CALAN                                                                                                                                                                                                           | 3    |                           |
| CALAN SR (SR 120 MG TABLET, SR 180 MG TABLET, SR 240 MG TABLET)                                                                                                                                                 | 3    |                           |
| CALAN SR (SR 120 MG, SR 180 MG, SR 240 MG)                                                                                                                                                                      | 3    |                           |
| CARDIZEM                                                                                                                                                                                                        | 3    |                           |
| CARDIZEM CD (120 MG CAPSULE, 180 MG CAPSULE, 240 MG CAPSULE, 300 MG CAPSULE)                                                                                                                                    | 3    |                           |

| PRODUCT DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | TIER | LIMITS/RESTRICTIONS/NOTES |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| CARDIZEM CD 360 MG CAPSULE                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 3    | PA                        |
| CARDIZEM LA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 3    |                           |
| cartia xt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1    |                           |
| dilt-xr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1    |                           |
| diltiazem hcl (30 mg tablet, 60 mg cap er 12h, 60 mg tablet, 90 mg cap er 12h, 90 mg tablet, 120 mg cap er 12h, 120 mg cap er 24h, 120 mg cap er deg, 120 mg cap sa 24h, 120 mg tab er 24h, 120 mg tablet, 180 mg cap er 24h, 180 mg cap er deg, 180 mg cap sa 24h, 180 mg tab er 24h, 240 mg cap er 24h, 240 mg cap er deg, 240 mg cap sa 24h, 240 mg tab er 24h, 300 mg cap er 24h, 300 mg cap sa 24h, 300 mg tab er 24h, 360 mg cap sa 24h, 360 mg tab er 24h, 420 mg cap sa 24h, 420 mg tab er 24h) | 1    |                           |
| diltiazem hcl 360 mg cap er 24h                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1    | PA                        |
| matzim la                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1    |                           |
| taztia xt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1    |                           |
| tiadyt er                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1    |                           |
| TIAZAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 3    |                           |
| verapamil hcl (40 mg tablet, 80 mg tablet, 100 mg cap24h pct, 120 mg cap24h pel, 120 mg tablet, 120 mg tablet er, 180 mg cap24h pel, 180 mg tablet er, 200 mg cap24h pct, 240 mg cap24h pel, 240 mg tablet er, 300 mg cap24h pct, 360 mg cap24h pel)                                                                                                                                                                                                                                                    | 1    |                           |
| VERELAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 3    |                           |
| VERELAN PM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 3    |                           |
| CARDIOVASCULAR AGENTS, OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |                           |
| ACCURETIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3    |                           |
| acetazolamide (125 mg tablet, 250 mg tablet, 500 mg capsule er)                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1    |                           |
| ALDACTAZIDE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 3    |                           |
| aliskiren hemifumarate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1    | QL                        |
| amiloride hcl/hydrochlorothiazide                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1    |                           |
| amlodipine besylate/atorvastatin calcium                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1    | QL                        |
| amlodipine besylate/benazepril hcl                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1    |                           |
| amlodipine besylate/olmesartan medoxomil                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1    | QL                        |
| amlodipine besylate/valsartan                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1    | QL                        |
| amlodipine besylate/valsartan/hydrochlorothiazide                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1    | QL                        |
| ASPRUZYO SPRINKLE (ER 500MG PKT, ER 1000MG PK)                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 3    | QL PA                     |
| ATACAND HCT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 3    |                           |
| atenolol/chlorthalidone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1    |                           |

| PRODUCT DESCRIPTION                                                  | TIER | LIMITS/RESTRICTIONS/NOTES |    |   |    |
|----------------------------------------------------------------------|------|---------------------------|----|---|----|
| AVALIDE                                                              | 3    |                           |    |   |    |
| AZOR                                                                 | 3    | QL                        |    |   |    |
| <i>benazepril hcl/hydrochlorothiazide</i>                            | 1    |                           |    |   |    |
| BENICAR HCT                                                          | 3    |                           |    |   |    |
| BIDIL                                                                | 3    | QL                        |    |   |    |
| <i>bisoprolol fumarate/hydrochlorothiazide</i>                       | 1    |                           |    |   |    |
| CADUET                                                               | 3    | QL                        |    |   |    |
| CAMZYOS (2.5 MG CAPSULE, 5 MG CAPSULE, 10 MG CAPSULE, 15 MG CAPSULE) | 3    | QL                        | PA | S | MS |
| <i>candesartan cilexetil/hydrochlorothiazide</i>                     | 1    |                           |    |   |    |
| <i>captopril/hydrochlorothiazide</i>                                 | 1    |                           |    |   |    |
| CONSENSI                                                             | 3    | QL                        | PA |   |    |
| CORLANOR (5 MG TABLET, 5 MG/5 ML ORAL SOLN, 7.5 MG TABLET)           | 3    | QL                        |    |   |    |
| DEMSER                                                               | 3    |                           |    |   |    |
| <i>digitek</i>                                                       | 1    |                           |    |   |    |
| <i>digox</i>                                                         | 1    |                           |    |   |    |
| <i>digoxin (50 mcg/ml solution, 125 mcg tablet, 250 mcg tablet)</i>  | 1    |                           |    |   |    |
| <i>digoxin 62.5 mcg tablet</i>                                       | 1    | QL                        |    |   |    |
| DIOVAN HCT                                                           | 3    |                           |    |   |    |
| DYAZIDE                                                              | 3    |                           |    |   |    |
| EDARBYCLOR                                                           | 3    | ST                        |    |   |    |
| <i>enalapril maleate/hydrochlorothiazide</i>                         | 1    |                           |    |   |    |
| ENTRESTO                                                             | 2    | QL                        |    |   |    |
| EXFORGE                                                              | 3    | QL                        |    |   |    |
| EXFORGE HCT                                                          | 3    | QL                        |    |   |    |
| <i>fosinopril sodium/hydrochlorothiazide</i>                         | 1    |                           |    |   |    |
| HYZAAR                                                               | 3    |                           |    |   |    |
| <i>irbesartan/hydrochlorothiazide</i>                                | 1    |                           |    |   |    |
| <i>isosorbide dinitrate/hydralazine hcl</i>                          | 1    | QL                        |    |   |    |
| LANOXIN (125 MCG TABLET, 187.5 MCG TABLET, 250 MCG TABLET)           | 3    |                           |    |   |    |
| LANOXIN 62.5 MCG TABLET                                              | 3    | QL                        |    |   |    |

| PRODUCT DESCRIPTION                                                                                                                                                                         | TIER | LIMITS/RESTRICTIONS/NOTES |    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|----|
| <i>lisinopril/hydrochlorothiazide</i>                                                                                                                                                       | 1    |                           |    |
| LOPRESSOR HCT                                                                                                                                                                               | 3    |                           |    |
| <i>losartan potassium/hydrochlorothiazide</i>                                                                                                                                               | 1    |                           |    |
| LOTENSIN HCT                                                                                                                                                                                | 3    |                           |    |
| LOTREL                                                                                                                                                                                      | 3    |                           |    |
| MAXZIDE                                                                                                                                                                                     | 3    |                           |    |
| MAXZIDE-25 MG                                                                                                                                                                               | 3    |                           |    |
| <i>methyldopa/hydrochlorothiazide</i>                                                                                                                                                       | 1    |                           |    |
| <i>metoprolol tartrate/hydrochlorothiazide</i>                                                                                                                                              | 1    |                           |    |
| <i>metirosine</i>                                                                                                                                                                           | 1    |                           |    |
| MICARDIS HCT                                                                                                                                                                                | 3    |                           |    |
| NEXLETOL                                                                                                                                                                                    | 3    | QL                        | PA |
| <i>olmesartan medoxomil/amlodipine besylate/hydrochlorothiazide</i>                                                                                                                         | 1    | QL                        |    |
| <i>olmesartan medoxomil/hydrochlorothiazide</i>                                                                                                                                             | 1    |                           |    |
| <i>pentoxifylline</i>                                                                                                                                                                       | 1    |                           |    |
| PRESTALIA (7 MG-5 MG TABLET, 14 MG-10 MG TABLET)                                                                                                                                            | 3    | QL                        |    |
| PRESTALIA 3.5 MG-2.5 MG TABLET                                                                                                                                                              | 3    |                           |    |
| <i>propranolol hcl/hydrochlorothiazide</i>                                                                                                                                                  | 1    |                           |    |
| <i>quinapril hcl/hydrochlorothiazide (quinapril/hydrochlorothiazide 10-12.5mg tablet, quinapril/hydrochlorothiazide 20 mg-25mg tablet, quinapril/hydrochlorothiazide 20-12.5 mg tablet)</i> | 1    |                           |    |
| <i>quinapril/hydrochlorothiazide 10-12.5 mg tablet</i>                                                                                                                                      | 1    |                           |    |
| RANEXA (ER 500 MG TABLET, ER 1,000 MG TABLET)                                                                                                                                               | 3    | QL                        |    |
| <i>ranolazine (500 mg tab er 12h, 1000 mg tab er 12h)</i>                                                                                                                                   | 1    | QL                        |    |
| <i>spironolactone/hydrochlorothiazide</i>                                                                                                                                                   | 1    |                           |    |
| TARKA                                                                                                                                                                                       | 3    | QL                        |    |
| TEKTURNA                                                                                                                                                                                    | 3    | QL                        |    |
| TEKTURNA HCT                                                                                                                                                                                | 3    | QL                        |    |
| <i>telmisartan/amlodipine besylate</i>                                                                                                                                                      | 1    | QL                        |    |
| <i>telmisartan/hydrochlorothiazide</i>                                                                                                                                                      | 1    |                           |    |
| TENORETIC 100                                                                                                                                                                               | 3    |                           |    |
| TENORETIC 50                                                                                                                                                                                | 3    |                           |    |

| PRODUCT DESCRIPTION                                                                                | TIER | LIMITS/RESTRICTIONS/NOTES |    |   |    |
|----------------------------------------------------------------------------------------------------|------|---------------------------|----|---|----|
| <i>trandolapril/verapamil hcl</i>                                                                  | 1    | QL                        |    |   |    |
| <i>triamterene/hydrochlorothiazide</i>                                                             | 1    |                           |    |   |    |
| TRIBENZOR                                                                                          | 3    | QL                        |    |   |    |
| TWYNSTA                                                                                            | 3    | QL                        |    |   |    |
| <i>valsartan/hydrochlorothiazide</i>                                                               | 1    |                           |    |   |    |
| VASERETIC                                                                                          | 3    |                           |    |   |    |
| VECAMYL                                                                                            | 3    |                           |    |   |    |
| VERQUVO                                                                                            | 3    | QL                        | PA |   |    |
| VYNDAMAX                                                                                           | 3    | QL                        | PA | S | MS |
| ZESTORETIC                                                                                         | 3    |                           |    |   |    |
| ZIAC                                                                                               | 3    |                           |    |   |    |
| DIURETICS, LOOP                                                                                    |      |                           |    |   |    |
| <i>bumetanide (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>                                        | 1    |                           |    |   |    |
| DEMADEX                                                                                            | 3    |                           |    |   |    |
| EDECRIN                                                                                            | 3    |                           |    |   |    |
| <i>ethacrynic acid</i>                                                                             | 1    |                           |    |   |    |
| FUROSCIX                                                                                           | 3    | QL                        | PA |   |    |
| <i>furosemide (10 mg/ml solution, 20 mg tablet, 40 mg tablet, 40mg/5ml solution, 80 mg tablet)</i> | 1    |                           |    |   |    |
| LASIX                                                                                              | 3    |                           |    |   |    |
| SOAAZ (40 MG TABLET, 60 MG TABLET)                                                                 | 3    | QL                        | PA |   |    |
| SOAAZ 20 MG TABLET                                                                                 | 3    | QL                        |    |   |    |
| <i>toremide</i>                                                                                    | 1    |                           |    |   |    |
| DIURETICS, POTASSIUM-SPARING                                                                       |      |                           |    |   |    |
| ALDACTONE                                                                                          | 3    |                           |    |   |    |
| <i>amiloride hcl</i>                                                                               | 1    |                           |    |   |    |
| CAROSPIR                                                                                           | 3    | QL                        |    |   |    |
| DYRENIUM                                                                                           | 3    |                           |    |   |    |
| <i>eplerenone</i>                                                                                  | 1    |                           |    |   |    |
| INSPRA                                                                                             | 3    |                           |    |   |    |
| KERENDIA (10 MG TABLET, 20 MG TABLET)                                                              | 3    | QL                        | PA |   |    |

| PRODUCT DESCRIPTION                                                                          | TIER | LIMITS/RESTRICTIONS/NOTES |    |
|----------------------------------------------------------------------------------------------|------|---------------------------|----|
| <i>spironolactone (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>                            | 1    |                           |    |
| <i>spironolactone 25 mg/5 ml oral susp</i>                                                   | 1    | QL                        |    |
| <i>triamterene</i>                                                                           | 1    |                           |    |
| DIURETICS, THIAZIDE                                                                          |      |                           |    |
| <i>chlorothiazide</i>                                                                        | 1    |                           |    |
| <i>chlorthalidone</i>                                                                        | 1    |                           |    |
| DIURIL                                                                                       | 3    |                           |    |
| <i>hydrochlorothiazide</i>                                                                   | 1    |                           |    |
| <i>indapamide</i>                                                                            | 1    |                           |    |
| <i>methyclothiazide</i>                                                                      | 1    |                           |    |
| <i>metolazone</i>                                                                            | 1    |                           |    |
| MICROZIDE                                                                                    | 3    |                           |    |
| THALITONE                                                                                    | 3    | QL                        | ST |
| DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES                                                       |      |                           |    |
| ANTARA (30 MG CAPSULE, 90 MG CAPSULE)                                                        | 3    | PA                        |    |
| <i>fenofibrate (40 mg tablet, 120 mg tablet)</i>                                             | 1    | QL                        | PA |
| <i>fenofibrate (50 mg capsule, 150 mg capsule)</i>                                           | 1    | PA                        |    |
| <i>fenofibrate 160 mg tablet</i>                                                             | 1    | QL                        |    |
| <i>fenofibrate 54 mg tablet</i>                                                              | 1    |                           |    |
| <i>fenofibrate nanocrystallized (48 mg tablet, 145 mg tablet, 145mg tablet)</i>              | 1    | QL                        |    |
| FENOFIBRATE,MICRONIZED (30 MG CAPSULE, 90 MG CAPSULE)                                        | 3    | QL                        | PA |
| <i>fenofibrate,micronized (43 mg capsule, 67 mg capsule, 134 mg capsule, 200 mg capsule)</i> | 1    |                           |    |
| <i>fenofibrate,micronized 130 mg capsule</i>                                                 | 1    | PA                        |    |
| <i>fenofibric acid (35 mg tablet, 105 mg tablet)</i>                                         | 1    | PA                        |    |
| <i>fenofibric acid (choline)</i>                                                             | 1    | QL                        |    |
| FENOGLIDE                                                                                    | 3    | QL                        | PA |
| FIBRICOR                                                                                     | 3    | PA                        |    |
| <i>gemfibrozil</i>                                                                           | 1    |                           |    |
| LIPOCHOL PLUS                                                                                | 3    |                           |    |
| LIPOFEN                                                                                      | 3    | PA                        |    |

| PRODUCT DESCRIPTION                                                        | TIER | LIMITS/RESTRICTIONS/NOTES |                                 |
|----------------------------------------------------------------------------|------|---------------------------|---------------------------------|
| LOPID                                                                      | 3    |                           |                                 |
| TRICOR (48 MG TABLET, 145 MG TABLET)                                       | 3    | QL                        |                                 |
| TRILIPIX                                                                   | 3    | QL                        |                                 |
| DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS                                |      |                           |                                 |
| ALTOPREV (20 MG TABLET, 40 MG TABLET)                                      | 3    | QL<br>C                   | Covered in full age 40-75       |
| ALTOPREV 60 MG TABLET                                                      | 3    | QL                        |                                 |
| ATORVALIQ                                                                  | 3    | QL<br>C                   | Covered in full age 40-75       |
| <i>atorvastatin calcium (10 mg tablet, 20 mg tablet)</i>                   | 1    | C                         | Covered in full age 40-75       |
| <i>atorvastatin calcium (40 mg tablet, 80 mg tablet)</i>                   | 1    |                           |                                 |
| CRESTOR (5 MG TABLET, 10 MG TABLET, 20 MG TABLET, 40 MG TABLET)            | 3    | QL                        |                                 |
| EZALLOR SPRINKLE (20 MG CAPSULE, 40 MG CAPSULE)                            | 3    |                           |                                 |
| EZALLOR SPRINKLE (5 MG CAPSULE, 10 MG CAPSULE)                             | 3    | C                         | Covered in full age 40-75       |
| FLOLIPID                                                                   | 3    | QL<br>C                   | Covered in full age 40-75       |
| <i>fluvastatin sodium (20 mg capsule, 40 mg capsule, 80 mg tab er 24h)</i> | 1    | QL<br>C                   | Covered in full age 40-75       |
| LESCOL XL                                                                  | 3    | QL                        |                                 |
| LIPITOR                                                                    | 3    |                           |                                 |
| LIVALO                                                                     | 3    | QL<br>C                   | ST<br>Covered in full age 40-75 |
| <i>lovastatin (10 mg tablet, 20 mg tablet)</i>                             | 1    | C                         | Covered in full age 40-75       |
| <i>lovastatin 40 mg tablet</i>                                             | 1    | QL<br>C                   | Covered in full age 40-75       |
| <i>pitavastatin calcium</i>                                                | 1    | QL                        | ST                              |
| PRAVACHOL                                                                  | 3    |                           |                                 |
| <i>pravastatin sodium</i>                                                  | 1    | C                         | Covered in full age 40-75       |
| <i>rosuvastatin calcium (20 mg tablet, 40 mg tablet)</i>                   | 1    | QL                        |                                 |

| PRODUCT DESCRIPTION                                                                                                                                                                                            | TIER | LIMITS/RESTRICTIONS/NOTES |    |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|----|---------------------------|
| <i>rosuvastatin calcium (5 mg tablet, 10 mg tablet)</i>                                                                                                                                                        | 1    | QL                        | C  | Covered in full age 40-75 |
| <i>simvastatin (5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet)</i>                                                                                                                                     | 1    | QL                        | C  | Covered in full age 40-75 |
| <i>simvastatin 80 mg tablet</i>                                                                                                                                                                                | 1    | QL                        |    |                           |
| ZOCOR (5 MG TABLET, 10 MG TABLET, 20 MG TABLET, 40 MG TABLET, 80 MG TABLET)                                                                                                                                    | 3    | QL                        |    |                           |
| ZYPITAMAG                                                                                                                                                                                                      | 3    | ST                        | C  | Covered in full age 40-75 |
| DYSLIPIDEMICS, OTHER                                                                                                                                                                                           |      |                           |    |                           |
| <i>cholestyramine (with sugar) (4 g powd pack, 4 g powder)</i>                                                                                                                                                 | 1    |                           |    |                           |
| <i>cholestyramine/aspartame (cholestyramine/aspartame 4 g powd pack, cholestyramine/aspartame 4 g powder)</i>                                                                                                  | 1    |                           |    |                           |
| <i>colesevelam hcl</i>                                                                                                                                                                                         | 1    |                           |    |                           |
| COLESTID (1 GM TABLET, FLAVORED GRANULES, GRANULES, GRANULES PACKET)                                                                                                                                           | 3    |                           |    |                           |
| <i>colestipol hcl (1 g tablet, 5 g granules, 5 g packet)</i>                                                                                                                                                   | 1    |                           |    |                           |
| <i>ezetimibe</i>                                                                                                                                                                                               | 1    |                           |    |                           |
| <i>ezetimibe/atorvastatin calcium (ezetimibe/atorvastatin 10 mg-10mg tablet, ezetimibe/atorvastatin 10 mg-20mg tablet, ezetimibe/atorvastatin 10 mg-40mg tablet, ezetimibe/atorvastatin 10 mg-80mg tablet)</i> | 1    | QL                        | PA |                           |
| EZETIMIBE/ROSUVASTATIN CALCIUM                                                                                                                                                                                 | 2    |                           |    |                           |
| <i>ezetimibe/simvastatin</i>                                                                                                                                                                                   | 1    |                           |    |                           |
| <i>icosapent ethyl (0.5 gram capsule, 1 g capsule)</i>                                                                                                                                                         | 1    | QL                        |    |                           |
| JUXTAPID (5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE, 60 MG CAPSULE)                                                                                                             | 3    | QL                        | PA | S                         |
| LOVAZA                                                                                                                                                                                                         | 3    | QL                        |    |                           |
| NEXLIZET                                                                                                                                                                                                       | 3    | QL                        | PA |                           |
| <i>niacin (500 mg tab er 24h, 750 mg tab er 24h, 1000 mg tab er 24h)</i>                                                                                                                                       | 1    | QL                        |    |                           |
| <i>niacin 500 mg tablet</i>                                                                                                                                                                                    | 1    | QL                        | PA |                           |
| NIACOR                                                                                                                                                                                                         | 3    |                           |    |                           |
| NIASPAN (ER 500 MG TABLET, ER 750 MG TABLET, ER 1,000 MG TABLET)                                                                                                                                               | 3    | QL                        |    |                           |
| <i>omega-3 acid ethyl esters</i>                                                                                                                                                                               | 1    | QL                        |    |                           |
| PRALUENT                                                                                                                                                                                                       | 3    | QL                        | ST |                           |
| <i>prevalite (packet, powder)</i>                                                                                                                                                                              | 1    |                           |    |                           |

| PRODUCT DESCRIPTION                                                                                                | TIER | LIMITS/RESTRICTIONS/NOTES |
|--------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| QUESTRAN (PACKET, POWDER)                                                                                          | 3    |                           |
| QUESTRAN LIGHT                                                                                                     | 3    |                           |
| REPATHA                                                                                                            | 2    | QL                        |
| ROSZET                                                                                                             | 2    |                           |
| VASCEPA 0.5 GM CAPSULE                                                                                             | 2    |                           |
| VASCEPA 1 GM CAPSULE                                                                                               | 2    | QL                        |
| VYTORIN                                                                                                            | 3    |                           |
| WELCHOL                                                                                                            | 3    |                           |
| ZETIA                                                                                                              | 3    |                           |
| VASODILATORS, DIRECT-ACTING ARTERIAL                                                                               |      |                           |
| <i>hydralazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>                                   | 1    |                           |
| <i>minoxidil (2.5 mg tablet, 10 mg tablet)</i>                                                                     | 1    |                           |
| VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS                                                                        |      |                           |
| DILATRATE-SR                                                                                                       | 3    |                           |
| GONITRO                                                                                                            | 3    | PA                        |
| ISORDIL                                                                                                            | 3    |                           |
| ISORDIL TITRADOSE                                                                                                  | 3    |                           |
| <i>isosorbide dinitrate (5 mg tablet, 10 mg tablet, 20 mg tablet, 30 mg tablet, 40 mg tablet, 40 mg tablet er)</i> | 1    |                           |
| <i>isosorbide mononitrate (10 mg tablet, 20 mg tablet)</i>                                                         | 1    |                           |
| <i>isosorbide mononitrate (30 mg tab er 24h, 60 mg tab er 24h, 120 mg tab er 24h)</i>                              | 1    |                           |
| <i>minitran</i>                                                                                                    | 1    |                           |
| NITRO-BID                                                                                                          | 3    |                           |
| NITRO-DUR                                                                                                          | 3    |                           |
| <i>nitro-time</i>                                                                                                  | 1    |                           |
| <i>nitroglycerin (0.1mg/hr patch td24, 0.2mg/hr patch td24, 0.4mg/hr patch td24, 0.6mg/hr patch td24)</i>          | 1    |                           |
| <i>nitroglycerin (0.3 mg tab subl, 0.4 mg tab subl, 0.6 mg tab subl)</i>                                           | 1    |                           |
| <i>nitroglycerin (0.4% (w/w) oint. (g), 400mcg/spr spray)</i>                                                      | 1    | QL                        |
| NITROLINGUAL                                                                                                       | 3    | QL                        |
| NITROMIST                                                                                                          | 3    | QL                        |
| NITROSTAT                                                                                                          | 3    |                           |
| RECTIV                                                                                                             | 3    | QL                        |

| PRODUCT DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                        | TIER | LIMITS/RESTRICTIONS/NOTES |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| CENTRAL NERVOUS SYSTEM AGENTS                                                                                                                                                                                                                                                                                                                                                              |      |                           |
| ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES                                                                                                                                                                                                                                                                                                                              |      |                           |
| ADDERALL                                                                                                                                                                                                                                                                                                                                                                                   | 3    |                           |
| ADDERALL XR (5 MG CAPSULE, 10 MG CAPSULE, 15 MG CAPSULE, 20 MG CAPSULE, 25 MG CAPSULE, 30 MG CAPSULE)                                                                                                                                                                                                                                                                                      | 3    | QL                        |
| ADZENYS ER                                                                                                                                                                                                                                                                                                                                                                                 | 3    | QL PA                     |
| ADZENYS XR-ODT                                                                                                                                                                                                                                                                                                                                                                             | 3    | QL PA                     |
| <i>amphetamine sulfate</i>                                                                                                                                                                                                                                                                                                                                                                 | 1    |                           |
| <i>amphetamine suspension</i>                                                                                                                                                                                                                                                                                                                                                              | 3    | QL PA                     |
| DESOXYN                                                                                                                                                                                                                                                                                                                                                                                    | 3    | PA                        |
| DEXEDRINE (SPANSULE 5 MG, SPANSULE 10 MG, SPANSULE 15 MG)                                                                                                                                                                                                                                                                                                                                  | 3    |                           |
| <i>dexedrine 10 mg tablet</i>                                                                                                                                                                                                                                                                                                                                                              | 1    |                           |
| <i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate (dextroamphetamine/amphetamine 12.5 mg ctp 24hr, dextroamphetamine/amphetamine 25 mg ctp 24hr, dextroamphetamine/amphetamine 37.5 mg ctp 24hr, dextroamphetamine/amphetamine 50 mg ctp 24hr)</i>                                                                                                                           | 1    | QL ST                     |
| <i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate (dextroamphetamine/amphetamine 5 mg cap er 24h, dextroamphetamine/amphetamine 10 mg cap er 24h, dextroamphetamine/amphetamine 15 mg cap er 24h, dextroamphetamine/amphetamine 20 mg cap er 24h, dextroamphetamine/amphetamine 25 mg cap er 24h, dextroamphetamine/amphetamine 30 mg cap er 24h)</i>                        | 1    | QL                        |
| <i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate (dextroamphetamine/amphetamine 5 mg tablet, dextroamphetamine/amphetamine 7.5 mg tablet, dextroamphetamine/amphetamine 10 mg tablet, dextroamphetamine/amphetamine 12.5 mg tablet, dextroamphetamine/amphetamine 15 mg tablet, dextroamphetamine/amphetamine 20 mg tablet, dextroamphetamine/amphetamine 30 mg tablet)</i> | 1    |                           |
| <i>dextroamphetamine sulfate (2.5 mg tablet, 5 mg capsule er, 5 mg tablet, 5 mg/5 ml solution, 7.5 mg tablet, 10 mg capsule er, 10 mg tablet, 15 mg capsule er, 15 mg tablet, 20 mg tablet, 30 mg tablet)</i>                                                                                                                                                                              | 1    |                           |
| DYANAVEL XR (5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET)                                                                                                                                                                                                                                                                                                                        | 3    | QL ST                     |
| DYANAVEL XR 2.5 MG/ML SUSP                                                                                                                                                                                                                                                                                                                                                                 | 3    | QL PA                     |
| EVEKEO                                                                                                                                                                                                                                                                                                                                                                                     | 3    |                           |
| EVEKEO ODT                                                                                                                                                                                                                                                                                                                                                                                 | 3    | QL                        |
| <i>lisdexamfetamine dimesylate</i>                                                                                                                                                                                                                                                                                                                                                         | 1    | QL                        |
| <i>methamphetamine hcl</i>                                                                                                                                                                                                                                                                                                                                                                 | 1    | PA                        |
| MYDAYIS                                                                                                                                                                                                                                                                                                                                                                                    | 3    | QL ST                     |
| PROCENTRA                                                                                                                                                                                                                                                                                                                                                                                  | 3    |                           |

| PRODUCT DESCRIPTION                                                                                                                                                           | TIER | LIMITS/RESTRICTIONS/NOTES |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| <i>reserpine</i>                                                                                                                                                              | 1    | QL                        |
| VYVANSE                                                                                                                                                                       | 3    | QL                        |
| XELSTRYM                                                                                                                                                                      | 3    | QL ST                     |
| ZENZEDI (2.5 MG TABLET, 7.5 MG TABLET, 15 MG TABLET, 20 MG TABLET, 30 MG TABLET)                                                                                              | 3    |                           |
| <i>zenzedi (5 mg tablet, 10 mg tablet)</i>                                                                                                                                    | 1    |                           |
| ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES                                                                                                             |      |                           |
| APTENSIO XR (10 MG CAPSULE, 15 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE, 50 MG CAPSULE, 60 MG CAPSULE)                                                         | 3    | QL                        |
| <i>atomoxetine hcl</i>                                                                                                                                                        | 1    |                           |
| AZSTARYS                                                                                                                                                                      | 3    | QL ST                     |
| <i>clonidine hcl 0.1 mg tab er 12h</i>                                                                                                                                        | 1    | QL                        |
| CONCERTA                                                                                                                                                                      | 3    | QL                        |
| COTEMPLA XR-ODT                                                                                                                                                               | 3    | QL PA                     |
| DAYTRANA                                                                                                                                                                      | 3    | QL                        |
| <i>dexmethylphenidate hcl (2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i>                                                                                                      | 1    |                           |
| <i>dexmethylphenidate hcl (5 mg cpbp 50-50, 10 mg cpbp 50-50, 15 mg cpbp 50-50, 20 mg cpbp 50-50, 25 mg cpbp 50-50, 30 mg cpbp 50-50, 35 mg cpbp 50-50, 40 mg cpbp 50-50)</i> | 1    | QL                        |
| FOCALIN                                                                                                                                                                       | 3    |                           |
| FOCALIN XR (5 MG CAPSULE, 10 MG CAPSULE, 15 MG CAPSULE, 20 MG CAPSULE, 25 MG CAPSULE, 30 MG CAPSULE, 35 MG CAPSULE, 40 MG CAPSULE)                                            | 3    | QL                        |
| <i>guanfacine hcl (1 mg tab er 24h, 2 mg tab er 24h, 3 mg tab er 24h, 4 mg tab er 24h)</i>                                                                                    | 1    | QL                        |
| INTUNIV (ER 1 MG TABLET, ER 2 MG TABLET, ER 3 MG TABLET, ER 4 MG TABLET)                                                                                                      | 3    | QL                        |
| JORNAY PM (20 MG CAPSULE, 40 MG CAPSULE, 60 MG CAPSULE, 80 MG CAPSULE, 100 MG CAPSULE)                                                                                        | 3    | QL PA                     |
| KAPVAY                                                                                                                                                                        | 3    | QL                        |
| METADATE CD (10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE, 50 MG CAPSULE, 60 MG CAPSULE)                                                                        | 3    | QL                        |
| <i>metadate er</i>                                                                                                                                                            | 1    |                           |
| METHYLIN (2.5 MG CHEWABLE TAB, 5 MG CHEWABLE TABLET, 5 MG/5 ML SOLUTION, 10 MG CHEWABLE TABLET, 10 MG/5 ML SOLUTION)                                                          | 3    |                           |
| <i>methylphenidate</i>                                                                                                                                                        | 1    | QL                        |

| PRODUCT DESCRIPTION                                                                                                                                                                                                                                                                                   | TIER | LIMITS/RESTRICTIONS/NOTES |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| <i>methylphenidate hcl (10 mg cpbp 30-70, 10 mg cpbp 50-50, 18 mg tab er 24, 20 mg cpbp 30-70, 20 mg cpbp 50-50, 27 mg tab er 24, 30 mg cpbp 30-70, 30 mg cpbp 50-50, 36 mg tab er 24, 40 mg cpbp 30-70, 40 mg cpbp 50-50, 50 mg cpbp 30-70, 54 mg tab er 24, 60 mg cpbp 30-70, 60 mg cpbp 50-50)</i> | 1    | QL                        |
| METHYLPHENIDATE HCL (10 MG CSBP 40-60, 15 MG CSBP 40-60, 20 MG CSBP 40-60, 30 MG CSBP 40-60, 40 MG CSBP 40-60, 45 MG TAB ER 24, 50 MG CSBP 40-60, 60 MG CSBP 40-60, 63 MG TAB ER 24, 72 MG TAB ER 24)                                                                                                 | 3    | QL                        |
| <i>methylphenidate hcl (2.5 mg tab chew, 5 mg tab chew, 5 mg tablet, 5 mg/5 ml solution, 10 mg tab chew, 10 mg tablet, 10 mg tablet er, 10 mg/5 ml solution, 20 mg tablet, 20 mg tablet er)</i>                                                                                                       | 1    |                           |
| QELBREE (ER 100 MG CAPSULE, ER 150 MG CAPSULE, ER 200 MG CAPSULE)                                                                                                                                                                                                                                     | 3    | QL PA                     |
| QUILLICHEW ER (ER 20 MG CHEW TAB, ER 30 MG CHEW TAB, ER 40 MG CHEW TAB)                                                                                                                                                                                                                               | 3    | QL PA                     |
| QUILLIVANT XR                                                                                                                                                                                                                                                                                         | 3    | QL PA                     |
| RELEXXII                                                                                                                                                                                                                                                                                              | 3    | QL                        |
| RITALIN                                                                                                                                                                                                                                                                                               | 3    |                           |
| RITALIN LA (10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE)                                                                                                                                                                                                                               | 3    | QL                        |
| STRATTERA                                                                                                                                                                                                                                                                                             | 3    |                           |
| CENTRAL NERVOUS SYSTEM, OTHER                                                                                                                                                                                                                                                                         |      |                           |
| ADIPEX-P                                                                                                                                                                                                                                                                                              | 3    |                           |
| ALLZITAL                                                                                                                                                                                                                                                                                              | 3    |                           |
| AUSTEDO (6 MG TABLET, 9 MG TABLET, 12 MG TABLET)                                                                                                                                                                                                                                                      | 3    | QL PA S MS                |
| AUSTEDO XR (6 MG TABLET, 12 MG TABLET, 24 MG TABLET)                                                                                                                                                                                                                                                  | 3    | QL PA S MS                |
| AUSTEDO XR TITRATION KT(WK1-4)                                                                                                                                                                                                                                                                        | 3    | QL PA S MS                |
| BD PEN NEEDLES T2. ALL OTHER MANUFACTURERS T3.                                                                                                                                                                                                                                                        | 3    | QL PA                     |
| <i>benzphetamine hcl</i>                                                                                                                                                                                                                                                                              | 1    |                           |
| BUPAP                                                                                                                                                                                                                                                                                                 | 3    | QL                        |
| <i>butalbital/acetaminophen (butalbital/acetaminophen 25mg-325mg tablet, butalbital/acetaminophen 50mg-325mg tablet)</i>                                                                                                                                                                              | 1    |                           |
| <i>butalbital/acetaminophen (butalbital/acetaminophen capsule, butalbital/acetaminophen tablet)</i>                                                                                                                                                                                                   | 1    | QL                        |
| <i>butalbital/acetaminophen/caffeine</i>                                                                                                                                                                                                                                                              | 1    |                           |
| CONTRACE                                                                                                                                                                                                                                                                                              | 3    | QL PA                     |
| <i>diethylpropion hcl (25 mg tablet, 75 mg tablet er)</i>                                                                                                                                                                                                                                             | 1    |                           |
| <i>esgic 50-325-40 mg capsule</i>                                                                                                                                                                                                                                                                     | 1    |                           |
| ESGIC 50-325-40 MG TABLET                                                                                                                                                                                                                                                                             | 3    |                           |
| EXSERVAN                                                                                                                                                                                                                                                                                              | 3    | QL PA S                   |
| FIORICET                                                                                                                                                                                                                                                                                              | 3    |                           |

| PRODUCT DESCRIPTION                                                                               | TIER | LIMITS/RESTRICTIONS/NOTES |    |   |    |
|---------------------------------------------------------------------------------------------------|------|---------------------------|----|---|----|
| FIRDAPSE                                                                                          | 3    | QL                        | PA | S |    |
| FREESTYLE LITE TEST STRIPS                                                                        | 3    | QL                        | PA |   |    |
| <i>gabapentin (300 mg tab er 24h, 600 mg tab er 24h)</i>                                          | 1    | QL                        | PA |   |    |
| GRALISE ER 600 MG TABLET                                                                          | 3    | QL                        | PA |   |    |
| HORIZANT (ER 300 MG TABLET, ER 600 MG TABLET)                                                     | 3    | QL                        | PA |   |    |
| INGREZZA                                                                                          | 3    | QL                        | PA | S |    |
| INGREZZA INITIATION PK(TARDIV)                                                                    | 3    | QL                        | PA | S |    |
| LOMAIRA                                                                                           | 3    |                           |    |   |    |
| NUEDEXTA                                                                                          | 3    | QL                        | PA |   |    |
| <i>phendimetrazine tartrate (35 mg tablet, 105 mg capsule er)</i>                                 | 1    |                           |    |   |    |
| <i>phentermine hcl</i>                                                                            | 1    |                           |    |   |    |
| QSYMIA (3.75 MG-23 MG CAPSULE, 7.5 MG-46 MG CAPSULE, 11.25 MG-69 MG CAPSULE, 15 MG-92 MG CAPSULE) | 3    | QL                        | PA |   |    |
| RADICAVA ORS (105 MG/5 ML SUSP, STARTER KIT SUSP)                                                 | 3    | QL                        | PA | S | MS |
| RELYVRIO                                                                                          | 3    | QL                        | PA | S | MS |
| RILUTEK                                                                                           | 3    |                           |    |   |    |
| <i>riluzole</i>                                                                                   | 1    |                           |    |   |    |
| TEGLUTIK                                                                                          | 3    | QL                        | PA |   |    |
| TENCON                                                                                            | 3    |                           |    |   |    |
| <i>tetrabenazine (12.5 mg tablet, 25 mg tablet)</i>                                               | 1    | QL                        | PA | S | MS |
| TIGLUTIK                                                                                          | 3    | QL                        | PA |   |    |
| VANATOL LQ                                                                                        | 3    |                           |    |   |    |
| <i>vtol lq</i>                                                                                    | 1    |                           |    |   |    |
| XENAZINE (12.5 MG TABLET, 25 MG TABLET)                                                           | 3    | QL                        | PA | S | MS |
| <i>zebutal</i>                                                                                    | 1    |                           |    |   |    |
| FIBROMYALGIA AGENTS                                                                               |      |                           |    |   |    |
| CYMBALTA (20 MG CAPSULE, 30 MG CAPSULE, 60 MG CAPSULE)                                            | 3    | QL                        |    |   |    |
| DRIZALMA SPRINKLE (DR 20 MG CAP, DR 30 MG CAP, DR 40 MG CAP, DR 60 MG CAP)                        | 3    | QL                        | ST |   |    |
| <i>duloxetine hcl (20 mg capsule dr, 30 mg capsule dr, 60 mg capsule dr)</i>                      | 1    | QL                        |    |   |    |

| PRODUCT DESCRIPTION                                                                                                                             | TIER | LIMITS/RESTRICTIONS/NOTES |    |    |    |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|----|----|----|
| <i>duloxetine hcl 40 mg capsule dr</i>                                                                                                          | 1    | QL                        | PA |    |    |
| IRENKA                                                                                                                                          | 3    |                           |    |    |    |
| LYRICA (25 MG CAPSULE, 50 MG CAPSULE, 75 MG CAPSULE, 100 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE, 225 MG CAPSULE, 300 MG CAPSULE)            | 3    |                           |    |    |    |
| LYRICA 20 MG/ML ORAL SOLUTION                                                                                                                   | 3    | QL                        |    |    |    |
| LYRICA CR (CR 82.5 MG TABLET, CR 165 MG TABLET, CR 330 MG TABLET)                                                                               | 3    | QL                        |    |    |    |
| <i>pregabalin (20 mg/ml solution, 82.5 mg tab er 24h, 165 mg tab er 24h, 330 mg tab er 24h)</i>                                                 | 1    | QL                        |    |    |    |
| <i>pregabalin (25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule, 200 mg capsule, 225 mg capsule, 300 mg capsule)</i> | 1    |                           |    |    |    |
| SAVELLA (12.5 MG TABLET, 25 MG TABLET, 50 MG TABLET, 100 MG TABLET, TITRATION PACK)                                                             | 3    | QL                        | ST |    |    |
| MULTIPLE SCLEROSIS AGENTS                                                                                                                       |      |                           |    |    |    |
| AMPYRA                                                                                                                                          | 3    | QL                        | S  | MS |    |
| AUBAGIO                                                                                                                                         | 3    | QL                        | S  | MS |    |
| AVONEX                                                                                                                                          | 2    | QL                        | S  | MS |    |
| <i>baclofen 25 mg/5 ml oral susp</i>                                                                                                            | 1    | QL                        | PA |    |    |
| BAFIERTAM                                                                                                                                       | 3    | QL                        | ST | S  | MS |
| BETASERON                                                                                                                                       | 3    | QL                        | S  | MS |    |
| COPAXONE (20 MG/ML SYRINGE, 40 MG/ML SYRINGE)                                                                                                   | 2    | QL                        | S  | MS |    |
| <i>dalfampridine</i>                                                                                                                            | 1    | QL                        | S  | MS |    |
| <i>dimethyl fumarate</i>                                                                                                                        | 1    | QL                        | S  | MS |    |
| EXTAVIA                                                                                                                                         | 2    | S                         | MS |    |    |
| <i>fingolimod hcl</i>                                                                                                                           | 1    | QL                        | S  | MS |    |
| FLEQSUVY                                                                                                                                        | 3    | QL                        | PA |    |    |
| GILENYA                                                                                                                                         | 3    | QL                        | S  | MS |    |
| <i>glatiramer acetate (20 mg/ml syringe, 40 mg/ml syringe)</i>                                                                                  | 1    | QL                        | S  | MS |    |
| <i>glatopa (20 mg/ml syringe, 40 mg/ml syringe)</i>                                                                                             | 1    | QL                        | S  | MS |    |
| KESIMPTA PEN                                                                                                                                    | 2    | QL                        | S  | MS |    |
| MAVENCLAD                                                                                                                                       | 3    | QL                        | PA | S  | MS |
| MAYZENT (0.25 MG TABLET, 0.25MG START-1MG MAINT, 0.25MG START-2MG MAINT, 1 MG TABLET, 2 MG TABLET)                                              | 2    | QL                        | S  | MS |    |

| PRODUCT DESCRIPTION                                                                            | TIER | LIMITS/RESTRICTIONS/NOTES |    |    |    |
|------------------------------------------------------------------------------------------------|------|---------------------------|----|----|----|
| PLEGRIDY                                                                                       | 2    | QL                        | S  | MS |    |
| PLEGRIDY PEN                                                                                   | 2    | QL                        | S  | MS |    |
| PONVORY                                                                                        | 3    | QL                        | ST | S  | MS |
| REBIF                                                                                          | 2    | QL                        | S  | MS |    |
| TASCENSO ODT                                                                                   | 3    | QL                        | PA |    |    |
| TECFIDERA                                                                                      | 3    | QL                        | S  | MS |    |
| <i>teriflunomide</i>                                                                           | 1    | QL                        | S  | MS |    |
| TYSABRI                                                                                        | 3    | QL                        | S  | MS |    |
| VELSIPITY                                                                                      | 3    | QL                        | PA | S  | MS |
| VUMERITY                                                                                       | 3    | QL                        | ST | S  | MS |
| ZEPOSIA (0.92 MG CAPSULE, STARTER KIT (28-DAY), STARTER KIT (37-DAY), STARTER PACK (7-DAY))    | 2    | QL                        | PA | S  | MS |
| DENTAL AND ORAL AGENTS                                                                         |      |                           |    |    |    |
| <i>cevimeline hcl</i>                                                                          | 1    |                           |    |    |    |
| <i>chlorhexidine gluconate 0.12 % mouthwash</i>                                                | 1    |                           |    |    |    |
| <i>clinpro 5000</i>                                                                            | 1    |                           |    |    |    |
| <i>denta 5000 plus</i>                                                                         | 1    |                           |    |    |    |
| <i>dentagel</i>                                                                                | 1    |                           |    |    |    |
| EVOXAC                                                                                         | 3    |                           |    |    |    |
| <i>fluoride (sodium) (0.2 % solution, 1.1 % cream (g), 1.1 % gel (gram), 1.1 % paste (ml))</i> | 1    |                           |    |    |    |
| <i>oralone</i>                                                                                 | 1    |                           |    |    |    |
| <i>paroex</i>                                                                                  | 1    |                           |    |    |    |
| PERIDEX                                                                                        | 3    |                           |    |    |    |
| <i>periogard</i>                                                                               | 1    |                           |    |    |    |
| <i>pilocarpine hcl (5 mg tablet, 7.5 mg tablet)</i>                                            | 1    |                           |    |    |    |
| <i>prevident (0.2%, dental)</i>                                                                | 1    |                           |    |    |    |
| PREVIDENT (1.1% GEL, 5000 BOOSTER PLUS)                                                        | 3    |                           |    |    |    |
| PREVIDENT 5000 DRY MOUTH                                                                       | 3    |                           |    |    |    |
| PREVIDENT 5000 ENAMEL PROTECT                                                                  | 3    |                           |    |    |    |
| PREVIDENT 5000 ORTHO DEFENSE                                                                   | 3    |                           |    |    |    |
| PREVIDENT 5000 PLUS                                                                            | 3    |                           |    |    |    |

| PRODUCT DESCRIPTION                                                    | TIER | LIMITS/RESTRICTIONS/NOTES |
|------------------------------------------------------------------------|------|---------------------------|
| PREVIDENT 5000 SENSITIVE                                               | 3    |                           |
| PREVIDENT KIDS                                                         | 3    |                           |
| SALAGEN                                                                | 3    |                           |
| <i>sf</i>                                                              | 1    |                           |
| <i>sf 5000 plus</i>                                                    | 1    |                           |
| <i>sodium fluoride 5000 dry mouth</i>                                  | 1    |                           |
| <i>sodium fluoride 5000 plus</i>                                       | 1    |                           |
| <i>sodium fluoride/potassium nitrate</i>                               | 1    |                           |
| <i>triamcinolone acetonide 0.1 % paste (g)</i>                         | 1    |                           |
| DERMATOLOGICAL AGENTS                                                  |      |                           |
| ACNE AND ROSACEA AGENTS                                                |      |                           |
| ABSORICA (10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE)  | 3    |                           |
| ABSORICA (25 MG CAPSULE, 35 MG CAPSULE)                                | 3    | PA                        |
| ACANYA                                                                 | 3    | QL                        |
| <i>acitretin (10 mg capsule, 17.5 mg capsule, 25 mg capsule)</i>       | 1    | QL                        |
| <i>adapalene (0.1 % cream (g), 0.3 % gel (gram), 0.3 % gel w/pump)</i> | 1    |                           |
| <i>adapalene (0.1 % med. swab, 0.1 % solution)</i>                     | 1    | QL ST                     |
| ADAPALENE 0.1 % LOTION                                                 | 3    | ST                        |
| <i>adapalene/benzoyl peroxide</i>                                      | 1    | QL                        |
| AKLIEF                                                                 | 3    | QL PA                     |
| ALTRENO                                                                | 3    | QL                        |
| <i>amnesteam</i>                                                       | 1    |                           |
| ARAZLO                                                                 | 3    | QL PA                     |
| ATRALIN                                                                | 3    |                           |
| <i>avita</i>                                                           | 1    |                           |
| <i>azelaic acid</i>                                                    | 1    |                           |
| AZELEX                                                                 | 3    |                           |
| BENZACLIN (GEL, GEL 35G PUMP, GEL 50G PUMP)                            | 3    | QL                        |
| BENZAMYCIN                                                             | 3    |                           |
| <i>brimonidine tartrate 0.33 % gel w/pump</i>                          | 1    | PA                        |

| PRODUCT DESCRIPTION                                                                                                                                                              | TIER | LIMITS/RESTRICTIONS/NOTES |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|----|
| CABTREO                                                                                                                                                                          | 3    | QL                        | PA |
| claravis                                                                                                                                                                         | 1    |                           |    |
| clindamycin phos/benzoyl perox 1.2%-3.75% gel w/pump                                                                                                                             | 1    | QL                        | PA |
| clindamycin phosphate/benzoyl peroxide (phos/benzoyl 1 %-5 % gel (gram), phos/benzoyl 1 %-5 % gel w/pump, phos/benzoyl 1.2%-2.5% gel w/pump, phos/benzoyl 1.2(1)%-5% gel (gram)) | 1    | QL                        |    |
| clindamycin phosphate/tretinoin                                                                                                                                                  | 1    |                           |    |
| DIFFERIN (0.1% CREAM, 0.3% GEL, 0.3% GEL PUMP)                                                                                                                                   | 3    |                           |    |
| DIFFERIN 0.1% LOTION                                                                                                                                                             | 3    | ST                        |    |
| DUAC                                                                                                                                                                             | 3    |                           |    |
| EPIDUO 0.1-2.5% GEL PUMP                                                                                                                                                         | 3    | QL                        |    |
| EPIDUO FORTE                                                                                                                                                                     | 3    | QL                        |    |
| erythromycin base/benzoyl peroxide                                                                                                                                               | 1    |                           |    |
| FABIOR                                                                                                                                                                           | 3    | QL                        | PA |
| FINACEA                                                                                                                                                                          | 3    |                           |    |
| isotretinoin (10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule)                                                                                                        | 1    |                           |    |
| isotretinoin (25 mg capsule, 35 mg capsule)                                                                                                                                      | 1    | PA                        |    |
| myorisan                                                                                                                                                                         | 1    |                           |    |
| neuac gel                                                                                                                                                                        | 1    |                           |    |
| ONEXTON GEL PUMP                                                                                                                                                                 | 3    | QL                        | PA |
| RETIN-A                                                                                                                                                                          | 3    |                           |    |
| RETIN-A MICRO                                                                                                                                                                    | 3    |                           |    |
| RETIN-A MICRO PUMP                                                                                                                                                               | 3    |                           |    |
| SORIATANE                                                                                                                                                                        | 3    | QL                        |    |
| tazarotene 0.05 % gel (gram)                                                                                                                                                     | 1    |                           |    |
| tazarotene 0.1 % cream (g)                                                                                                                                                       | 1    |                           |    |
| TAZAROTENE 0.1 % FOAM                                                                                                                                                            | 3    | QL                        | PA |
| TAZORAC                                                                                                                                                                          | 3    |                           |    |
| tretinoin (0.01 % gel (gram), 0.025 % cream (g), 0.025 % gel (gram), 0.05 % cream (g), 0.05 % gel (gram), 0.1 % cream (g))                                                       | 1    |                           |    |
| tretinoin microspheres                                                                                                                                                           | 1    |                           |    |
| VELTIN                                                                                                                                                                           | 3    |                           |    |
| WINLEVI                                                                                                                                                                          | 3    | QL                        | PA |

| PRODUCT DESCRIPTION                                                                                                                                      | TIER | LIMITS/RESTRICTIONS/NOTES |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|----|
| zenatane                                                                                                                                                 | 1    |                           |    |
| ZIANA                                                                                                                                                    | 3    |                           |    |
| DERMATITIS AND PRURITUS AGENTS                                                                                                                           |      |                           |    |
| ala-cort                                                                                                                                                 | 1    |                           |    |
| alclometasone dipropionate                                                                                                                               | 1    |                           |    |
| amcinonide (0.1 % cream (g), 0.1 % lotion, 0.1 % oint. (g))                                                                                              | 1    |                           |    |
| ammonium lactate                                                                                                                                         | 1    |                           |    |
| APEXICON E                                                                                                                                               | 3    |                           |    |
| betamethasone dipropionate (0.05 % cream (g), 0.05 % gel (gram), 0.05 % lotion)                                                                          | 1    |                           |    |
| betamethasone dipropionate/propylene glycol (betamethasone/propylene 0.05 % lotion, betamethasone/propylene 0.05 % oint. (g))                            | 1    |                           |    |
| betamethasone valerate (0.1 % cream (g), 0.1 % lotion, 0.1 % oint. (g), 0.12 % foam)                                                                     | 1    |                           |    |
| BRYHALI                                                                                                                                                  | 3    | QL                        | ST |
| CAPEX SHAMPOO                                                                                                                                            | 3    |                           |    |
| clobetasol propionate (0.05 % cream (g), 0.05 % foam, 0.05 % gel (gram), 0.05 % lotion, 0.05 % oint. (g), 0.05 % shampoo, 0.05 % solution, 0.05 % spray) | 1    |                           |    |
| clobetasol propionate/emollient base                                                                                                                     | 1    |                           |    |
| CLOBEX                                                                                                                                                   | 3    |                           |    |
| clocortolone pivalate 0.1 % cream(g)                                                                                                                     | 1    | ST                        |    |
| clodan 0.05% shampoo                                                                                                                                     | 1    |                           |    |
| CLODERM                                                                                                                                                  | 3    | ST                        |    |
| CORDRAN 4 MCG/SQ CM TAPE LARGE                                                                                                                           | 3    | QL                        |    |
| CUTIVATE (CREAM, LOTION)                                                                                                                                 | 3    |                           |    |
| DESONATE                                                                                                                                                 | 3    |                           |    |
| desonide (0.05 % cream (g), 0.05 % lotion, 0.05 % oint. (g))                                                                                             | 1    |                           |    |
| desonide 0.05 % gel (gram)                                                                                                                               | 1    | ST                        |    |
| DESOWEN (CREAM, LOTION)                                                                                                                                  | 3    |                           |    |
| desoximetasone (0.05 % cream (g), 0.05 % gel (gram), 0.05 % oint. (g), 0.25 % cream (g), 0.25 % oint. (g), 0.25 % spray)                                 | 1    |                           |    |
| doxepin hcl 5 % cream (g)                                                                                                                                | 1    | QL                        | PA |
| ELIDEL                                                                                                                                                   | 3    | QL                        |    |
| ELOCON                                                                                                                                                   | 3    |                           |    |
| EUCRISA                                                                                                                                                  | 2    | QL                        | ST |

| PRODUCT DESCRIPTION                                                                                                                    | TIER | LIMITS/RESTRICTIONS/NOTES |
|----------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| <i>fluocinolone acetonide (0.01 % cream (g), 0.01 % oil, 0.01 % solution, 0.025 % oint. (g))</i>                                       | 1    |                           |
| <i>fluocinolone acetonide/shower cap</i>                                                                                               | 1    |                           |
| <i>fluocinonide (0.05 % gel (gram), 0.05 % oint. (g), 0.05 % solution, 0.1 % cream (g))</i>                                            | 1    |                           |
| <i>fluocinonide/emollient base</i>                                                                                                     | 1    |                           |
| <i>flurandrenolide (0.05 % cream (g), 0.05 % lotion, 0.05 % oint. (g))</i>                                                             | 1    |                           |
| <i>fluticasone propionate (0.005 % oint. (g), 0.05 % cream (g), 0.05 % lotion)</i>                                                     | 1    |                           |
| <i>halcinonide</i>                                                                                                                     | 1    | ST                        |
| <i>halobetasol propionate (0.05 % cream (g), 0.05 % oint. (g))</i>                                                                     | 1    |                           |
| <i>halobetasol propionate 0.05 % foam</i>                                                                                              | 1    | QL ST                     |
| HALOG (CREAM, OINTMENT)                                                                                                                | 3    | ST                        |
| <i>hydrocortisone (1 % cream (g), 1 % crm/pe app, 1 % oint. (g), 2.5 % cream (g), 2.5 % crm/pe app, 2.5 % lotion, 2.5 % oint. (g))</i> | 1    |                           |
| <i>hydrocortisone butyrate (0.1 % cream (g), 0.1 % lotion, 0.1 % oint. (g), 0.1 % solution)</i>                                        | 1    |                           |
| <i>hydrocortisone butyrate/emoll 0.1 % cream (g)</i>                                                                                   | 1    |                           |
| <i>hydrocortisone valerate</i>                                                                                                         | 1    |                           |
| IMPOYZ                                                                                                                                 | 3    | ST                        |
| KENALOG                                                                                                                                | 3    | QL                        |
| LEXETTE                                                                                                                                | 3    | QL ST                     |
| LOCOID 0.1% LOTION                                                                                                                     | 3    |                           |
| LOCOID LIPOCREAM                                                                                                                       | 3    |                           |
| LUXIQ                                                                                                                                  | 3    |                           |
| <i>mometasone furoate (0.1 % cream (g), 0.1 % oint. (g), 0.1 % solution)</i>                                                           | 1    |                           |
| <i>nolix 0.05% cream</i>                                                                                                               | 1    |                           |
| OLUX                                                                                                                                   | 3    |                           |
| OLUX-E                                                                                                                                 | 3    | ST                        |
| PANDEL                                                                                                                                 | 3    | ST                        |
| <i>pimecrolimus</i>                                                                                                                    | 1    | QL                        |
| <i>prednicarbate</i>                                                                                                                   | 1    |                           |
| <i>procto-med hc</i>                                                                                                                   | 1    |                           |
| <i>procto-pak</i>                                                                                                                      | 1    |                           |
| <i>proctosol-hc</i>                                                                                                                    | 1    |                           |

| PRODUCT DESCRIPTION                                                                                                                                                     | TIER | LIMITS/RESTRICTIONS/NOTES |    |   |    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|----|---|----|
| <i>proctozone-hc</i>                                                                                                                                                    | 1    |                           |    |   |    |
| PROTOPIC                                                                                                                                                                | 3    | QL                        |    |   |    |
| PRUDOXIN                                                                                                                                                                | 3    |                           |    |   |    |
| PSORCON                                                                                                                                                                 | 3    |                           |    |   |    |
| <i>selenium sulfide 2.5 % lotion</i>                                                                                                                                    | 1    |                           |    |   |    |
| SYNALAR 0.025% CREAM                                                                                                                                                    | 3    |                           |    |   |    |
| <i>tacrolimus (0.03 % oint. (g), 0.1 % oint. (g))</i>                                                                                                                   | 1    | QL                        |    |   |    |
| TEXACORT                                                                                                                                                                | 3    |                           |    |   |    |
| TOPICORT (0.05% CREAM, 0.05% GEL, 0.05% OINTMENT, 0.25% CREAM, 0.25% OINTMENT, 0.25% SPRAY)                                                                             | 3    |                           |    |   |    |
| <i>triamcinolone acetonide (0.025 % cream (g), 0.025 % lotion, 0.025 % oint. (g), 0.1 % cream (g), 0.1 % lotion, 0.1 % oint. (g), 0.5 % cream (g), 0.5 % oint. (g))</i> | 1    |                           |    |   |    |
| <i>triamcinolone acetonide 0.05 % oint. (g)</i>                                                                                                                         | 1    | QL                        | PA |   |    |
| <i>triamcinolone acetonide 0.147mg/g aerosol</i>                                                                                                                        | 1    | QL                        |    |   |    |
| <i>trianex</i>                                                                                                                                                          | 1    | QL                        | PA |   |    |
| <i>triderm</i>                                                                                                                                                          | 1    |                           |    |   |    |
| TRIDESILON                                                                                                                                                              | 3    |                           |    |   |    |
| ULTRAVATE (CREAM, OINTMENT)                                                                                                                                             | 3    |                           |    |   |    |
| ULTRAVATE 0.05% LOTION                                                                                                                                                  | 3    | QL                        | ST |   |    |
| VANOS                                                                                                                                                                   | 3    |                           |    |   |    |
| VTAMA                                                                                                                                                                   | 3    | QL                        | PA |   |    |
| ZONALON                                                                                                                                                                 | 3    | QL                        | PA |   |    |
| SKYRIZI 150 MG/ML SYRINGE                                                                                                                                               | 2    | QL                        | PA | S | MS |
| SKYRIZI PEN                                                                                                                                                             | 2    | QL                        | PA | S | MS |
| DERMATOLOGICAL AGENTS, OTHER                                                                                                                                            |      |                           |    |   |    |
| ABSORICA LD                                                                                                                                                             | 3    | PA                        |    |   |    |
| ALDARA                                                                                                                                                                  | 3    |                           |    |   |    |
| AMELUZ                                                                                                                                                                  | 3    |                           |    |   |    |
| ANA-LEX                                                                                                                                                                 | 3    |                           |    |   |    |
| ANALPRAM HC (1% CREAM, 2.5%-1% LOTION)                                                                                                                                  | 3    |                           |    |   |    |
| ATRAPRO DERMAL SPRAY                                                                                                                                                    | 3    |                           |    |   |    |
| <i>benzoyl peroxide microspheres</i>                                                                                                                                    | 1    |                           |    |   |    |

| PRODUCT DESCRIPTION                                                                                                                                                                     | TIER | LIMITS/RESTRICTIONS/NOTES |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| <i>calcipotriene (0.005 % cream (g), 0.005 % oint. (g), 0.005 % solution)</i>                                                                                                           | 1    | QL                        |
| CALCIPOTRIENE 0.005 % FOAM                                                                                                                                                              | 3    | QL PA                     |
| <i>calcipotriene/betamethasone dipropionate</i>                                                                                                                                         | 1    | QL                        |
| <i>calcitriol 3 mcg/g oint. (g)</i>                                                                                                                                                     | 1    | QL                        |
| CARAC                                                                                                                                                                                   | 3    | PA                        |
| <i>clotrimazole/betamethasone dipropionate (clotrimazole/betamethasone 1 % cream (g), clotrimazole/betamethasone 1 % lotion)</i>                                                        | 1    |                           |
| CONDYLOX                                                                                                                                                                                | 3    |                           |
| <i>diclofenac sodium 3 % gel (gram)</i>                                                                                                                                                 | 1    | QL PA                     |
| DOVONEX                                                                                                                                                                                 | 3    | QL                        |
| DRITHOCREME HP                                                                                                                                                                          | 3    |                           |
| DRYSOL                                                                                                                                                                                  | 3    |                           |
| DUOBRII                                                                                                                                                                                 | 3    | QL PA                     |
| EFUDEX                                                                                                                                                                                  | 3    |                           |
| ENSTILAR                                                                                                                                                                                | 3    | QL PA                     |
| EPIDUO 0.1-2.5% GEL                                                                                                                                                                     | 3    | QL                        |
| EPIFOAM                                                                                                                                                                                 | 3    |                           |
| EPSOLAY                                                                                                                                                                                 | 3    | QL PA                     |
| FLUOROPLEX                                                                                                                                                                              | 3    |                           |
| <i>fluorouracil (2 % solution, 5 % cream (g), 5 % solution)</i>                                                                                                                         | 1    |                           |
| <i>fluorouracil 0.5% cream</i>                                                                                                                                                          | 3    | PA                        |
| <i>hydrocortisone acetate/lidocaine hcl/aloe vera (hydrocortisone/lidocaine/aloe 0.55%-2.8% gel w/appl, hydrocortisone/lidocaine/aloe 2.5-3%(7g) kit)</i>                               | 1    |                           |
| <i>hydrocortisone acetate/pramoxine hcl (hydrocortisone/pramoxine 1 %-1 % cream/appl, hydrocortisone/pramoxine 2.5 %-1 % cream (g), hydrocortisone/pramoxine 2.5-1%(4g) cream/appl)</i> | 1    |                           |
| <i>imiquimod (3.75 % cream pack, 3.75 % crm md pmp)</i>                                                                                                                                 | 1    | ST                        |
| <i>imiquimod 5 % cream pack</i>                                                                                                                                                         | 1    |                           |
| IMPEKLO                                                                                                                                                                                 | 3    | ST                        |
| KLISYRI                                                                                                                                                                                 | 3    | QL PA                     |

| PRODUCT DESCRIPTION                                                                                                                                                                                                                                                        | TIER | LIMITS/RESTRICTIONS/NOTES |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| <i>lidocaine hcl/hydrocortisone acetate (lidocaine/hydrocortisone 3 %-0.5 % cream (g), lidocaine/hydrocortisone 3 %-0.5 % cream/appl, lidocaine/hydrocortisone 3 %-0.5 % kit, lidocaine/hydrocortisone 3%-1%(7 g) kit, lidocaine/hydrocortisone 3-2.5%(7g) gel w/appl)</i> | 1    |                           |
| LITFULO                                                                                                                                                                                                                                                                    | 3    | QL PA S                   |
| LOTRISONE                                                                                                                                                                                                                                                                  | 3    |                           |
| <i>methoxsalen 10 mg cap lq rap</i>                                                                                                                                                                                                                                        | 1    |                           |
| MICROCYN                                                                                                                                                                                                                                                                   | 3    |                           |
| MICROCYN HYDROGEL                                                                                                                                                                                                                                                          | 3    |                           |
| NEO-SYNALAR 0.5%-0.025% CREAM                                                                                                                                                                                                                                              | 3    |                           |
| NOVACORT                                                                                                                                                                                                                                                                   | 3    |                           |
| <i>nystatin/triamcinolone acetonide</i>                                                                                                                                                                                                                                    | 1    |                           |
| OTEZLA 30 MG TABLET                                                                                                                                                                                                                                                        | 2    | QL PA S MS                |
| OVACE PLUS 10% CREAM                                                                                                                                                                                                                                                       | 3    |                           |
| OXSORALEN-ULTRA                                                                                                                                                                                                                                                            | 3    |                           |
| PACNEX                                                                                                                                                                                                                                                                     | 3    |                           |
| PACNEX HP                                                                                                                                                                                                                                                                  | 3    |                           |
| PACNEX LP                                                                                                                                                                                                                                                                  | 3    |                           |
| PLEXION 9.8-4.8% LOTION                                                                                                                                                                                                                                                    | 3    |                           |
| <i>podofilox (0.5 % gel (gram), 0.5 % solution)</i>                                                                                                                                                                                                                        | 1    |                           |
| PRAMOSONE (1% LOTION, 1%-1% CREAM, 1%-1% OINTMENT, 2.5%-1% CREAM, 2.5%-1% LOTION, 2.5%-1% OINTMENT)                                                                                                                                                                        | 3    |                           |
| PROCORT                                                                                                                                                                                                                                                                    | 3    |                           |
| PROCTOFOAM-HC                                                                                                                                                                                                                                                              | 3    |                           |
| QBREXZA                                                                                                                                                                                                                                                                    | 3    | QL                        |
| REGRANEX                                                                                                                                                                                                                                                                   | 3    | QL                        |
| <i>rosadan (cream, gel)</i>                                                                                                                                                                                                                                                | 1    |                           |
| SANTYL                                                                                                                                                                                                                                                                     | 3    | QL                        |
| <i>selenium sulfide (2.25 % shampoo, 2.3 % shampoo)</i>                                                                                                                                                                                                                    | 1    |                           |
| SILVADENE                                                                                                                                                                                                                                                                  | 3    |                           |
| <i>silver nitrate applicator 75 %-25 % stick (ea)</i>                                                                                                                                                                                                                      | 1    |                           |
| <i>silver sulfadiazine</i>                                                                                                                                                                                                                                                 | 1    |                           |
| SKYRIZI 75 MG/0.83 ML SYRINGE                                                                                                                                                                                                                                              | 2    | QL PA S MS                |
| SOLARAZE                                                                                                                                                                                                                                                                   | 3    | QL PA                     |

| PRODUCT DESCRIPTION                                      | TIER | LIMITS/RESTRICTIONS/NOTES |    |
|----------------------------------------------------------|------|---------------------------|----|
| SORILUX                                                  | 3    | QL                        | PA |
| <i>spinosad</i>                                          | 3    |                           |    |
| <i>ssd</i>                                               | 1    |                           |    |
| TACLONEX                                                 | 3    | QL                        |    |
| TOLAK                                                    | 2    |                           |    |
| <i>tretinoin/emollient base</i>                          | 1    | PA                        |    |
| <i>tri-chlor</i>                                         | 1    |                           |    |
| TWYNEO                                                   | 3    | QL                        |    |
| ULESFIA                                                  | 3    |                           |    |
| VECTICAL                                                 | 3    | QL                        |    |
| VEREGEN                                                  | 3    |                           |    |
| WYNZORA                                                  | 3    | QL                        | PA |
| XERESE                                                   | 3    | QL                        | ST |
| ZYCLARA (2.5% CREAM PUMP, 3.75% CREAM, 3.75% CREAM PUMP) | 3    | ST                        |    |
| ZYPRAM                                                   | 3    |                           |    |
| PEDICULICIDES/SCABICIDES                                 |      |                           |    |
| <i>crotan</i>                                            | 1    | QL                        |    |
| ELIMITE                                                  | 3    |                           |    |
| EURAX                                                    | 3    | QL                        |    |
| <i>lindane</i>                                           | 1    | QL                        |    |
| <i>malathion</i>                                         | 1    |                           |    |
| NATROBA                                                  | 3    |                           |    |
| OVIDE                                                    | 3    |                           |    |
| <i>permethrin</i>                                        | 1    |                           |    |
| SOOLANTRA                                                | 3    | QL                        |    |
| TOPICAL ANTI-INFECTIVES                                  |      |                           |    |
| <i>acyclovir 5 % cream (g)</i>                           | 1    | QL                        | ST |
| <i>acyclovir 5 % oint. (g)</i>                           | 1    | QL                        |    |
| ACZONE 5% GEL                                            | 3    | QL                        |    |
| ACZONE 7.5% GEL PUMP                                     | 3    | QL                        | ST |

| PRODUCT DESCRIPTION                                                      | TIER | LIMITS/RESTRICTIONS/NOTES |    |    |
|--------------------------------------------------------------------------|------|---------------------------|----|----|
| ALTABAX                                                                  | 3    |                           |    |    |
| <i>ciclodan 0.77% cream</i>                                              | 1    |                           |    |    |
| <i>ciclodan 8% solution</i>                                              | 1    | QL                        |    |    |
| <i>ciclopirox (0.77 % gel (gram), 1 % shampoo)</i>                       | 1    |                           |    |    |
| <i>ciclopirox olamine (0.77 % cream (g), 0.77 % suspension)</i>          | 1    |                           |    |    |
| CLEOCIN T (T GEL, T LOTION)                                              | 3    |                           |    |    |
| CLINDAGEL                                                                | 3    | ST                        |    |    |
| <i>clindamycin phosphate (1 % foam, 1 % lotion, 1 % solution)</i>        | 1    |                           |    |    |
| <i>clindamycin phosphate 1 % gel daily</i>                               | 1    | ST                        |    |    |
| <i>dapsone 5 % gel (gram)</i>                                            | 1    | QL                        |    |    |
| <i>dapsone 7.5 % gel w/pump</i>                                          | 1    | QL                        | ST |    |
| DENAVIR                                                                  | 3    | QL                        | ST |    |
| <i>ery</i>                                                               | 1    |                           |    |    |
| <i>erythromycin base in ethanol (in 2 % gel (gram), in 2 % solution)</i> | 1    |                           |    |    |
| EVOCLIN                                                                  | 3    |                           |    |    |
| KERYDIN                                                                  | 3    | QL                        | PA |    |
| LOPROX (0.77% CREAM, 0.77% TOPICAL SUSP, 1% SHAMPOO)                     | 3    |                           |    |    |
| <i>mupirocin calcium</i>                                                 | 1    |                           |    |    |
| <i>penciclovir</i>                                                       | 1    | QL                        | ST |    |
| PENLAC                                                                   | 3    | QL                        |    |    |
| SULFAMYLON (8.5% CREAM, POWDER PACKET)                                   | 3    |                           |    |    |
| <i>tavaborole</i>                                                        | 1    | QL                        | PA |    |
| XEPI                                                                     | 3    | QL                        |    |    |
| ZOVIRAX 5% CREAM                                                         | 3    | QL                        | ST |    |
| ZOVIRAX 5% OINTMENT                                                      | 3    | QL                        |    |    |
| ELECTROLYTES/MINERALS/METALS/VITAMINS                                    |      |                           |    |    |
| ELECTROLYTE/MINERAL REPLACEMENT                                          |      |                           |    |    |
| ACCRUFER                                                                 | 3    | QL                        | PA |    |
| CARBAGLU                                                                 | 3    | PA                        | S  | MS |
| <i>carglumic acid</i>                                                    | 1    | PA                        | S  |    |

| PRODUCT DESCRIPTION                                                                                                                                                                                                         | TIER | LIMITS/RESTRICTIONS/NOTES |                                  |   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|----------------------------------|---|
| fluoride (sodium) (0.25(0.55) tab chew, 0.5 mg/ml drops, 0.5(1.1)mg tab chew, 1mg(2.2mg) tab chew)                                                                                                                          | 1    | C                         | Covered in full age 16 and under |   |
| JUVEN                                                                                                                                                                                                                       | 3    | PA                        |                                  |   |
| K-TAB ER                                                                                                                                                                                                                    | 3    |                           |                                  |   |
| klor-con                                                                                                                                                                                                                    | 1    |                           |                                  |   |
| klor-con 10                                                                                                                                                                                                                 | 1    |                           |                                  |   |
| klor-con 8                                                                                                                                                                                                                  | 1    |                           |                                  |   |
| klor-con m10                                                                                                                                                                                                                | 1    |                           |                                  |   |
| klor-con m15                                                                                                                                                                                                                | 1    |                           |                                  |   |
| klor-con m20                                                                                                                                                                                                                | 1    |                           |                                  |   |
| klor-con sprinkle er 8 meq cap                                                                                                                                                                                              | 1    |                           |                                  |   |
| levocarnitine 330 mg tablet                                                                                                                                                                                                 | 1    |                           |                                  |   |
| ludent fluoride                                                                                                                                                                                                             | 1    | C                         | Covered in full age 16 and under |   |
| PEDIASURE HARVEST                                                                                                                                                                                                           | 3    | PA                        |                                  |   |
| POKONZA                                                                                                                                                                                                                     | 3    | QL                        | PA                               |   |
| potassium chloride (8 meq capsule er, 8 meq tablet er, 10 meq capsule er, 10 meq tab er prt, 10 meq tablet er, 15 meq tab er prt, 20 meq packet, 20 meq tab er prt, 20 meq tablet er, 20meq/15ml liquid, 40meq/15ml liquid) | 1    |                           |                                  |   |
| potassium citrate (5 tablet er, 10 tablet er, 15 tablet er)                                                                                                                                                                 | 1    |                           |                                  |   |
| UROCIT-K                                                                                                                                                                                                                    | 3    |                           |                                  |   |
| ELECTROLYTE/MINERAL/METAL MODIFIERS                                                                                                                                                                                         |      |                           |                                  |   |
| CHEMET                                                                                                                                                                                                                      | 3    |                           |                                  |   |
| CUVRIOR                                                                                                                                                                                                                     | 3    | QL                        | PA                               | S |
| deferasirox                                                                                                                                                                                                                 | 1    | S                         | MS                               |   |
| deferiprone 1000 mg tablet                                                                                                                                                                                                  | 1    | S                         | MS                               |   |
| deferiprone 500 mg tablet                                                                                                                                                                                                   | 1    |                           |                                  |   |
| EXJADE                                                                                                                                                                                                                      | 3    | S                         | MS                               |   |
| FERRIPROX (100 MG/ML SOLUTION, 500 MG TABLET, 1,000 MG TABLET)                                                                                                                                                              | 3    | S                         |                                  |   |
| FERRIPROX (3 TIMES A DAY)                                                                                                                                                                                                   | 3    | S                         |                                  |   |
| JADENU                                                                                                                                                                                                                      | 3    | S                         | MS                               |   |
| JYNARQUE (15 MG TABLET, 15 MG-15 MG TABLET, 30 MG TABLET, 30 MG-15 MG TABLET, 45 MG-15 MG TABLET, 60 MG-30 MG TABLET, 90 MG-30 MG TABLET)                                                                                   | 3    | QL                        | PA                               | S |

| PRODUCT DESCRIPTION                                                                                     | TIER | LIMITS/RESTRICTIONS/NOTES |
|---------------------------------------------------------------------------------------------------------|------|---------------------------|
| SAMSCA                                                                                                  | 3    | QL S MS                   |
| SYPRINE                                                                                                 | 3    | PA                        |
| <i>tolvaptan</i>                                                                                        | 1    | QL S MS                   |
| <i>trientine hcl 250 mg capsule</i>                                                                     | 1    | PA                        |
| PHOSPHATE BINDERS                                                                                       |      |                           |
| AURYXIA                                                                                                 | 3    | QL                        |
| <i>calcium acetate</i>                                                                                  | 1    |                           |
| FOSRENOL (500 MG TABLET CHEW, 750 MG TABLET CHEW, 1,000 MG TABLET CHEW)                                 | 3    | QL                        |
| FOSRENOL (750 MG POWDER PACKET, 1,000 MG POWDER PACK)                                                   | 3    |                           |
| <i>lanthanum carbonate (500 mg tab chew, 750 mg tab chew, 1000 mg tab chew)</i>                         | 1    | QL                        |
| PHOSLYRA                                                                                                | 3    |                           |
| RENAGEL                                                                                                 | 3    |                           |
| REVELA                                                                                                  | 3    |                           |
| <i>sevelamer carbonate (2.4 g powd pack, 800 mg tablet)</i>                                             | 1    |                           |
| <i>sevelamer carbonate 0.8 g powd pack</i>                                                              | 1    | QL                        |
| <i>sevelamer hcl (400 mg tablet, 800 mg tablet)</i>                                                     | 1    |                           |
| VELPHORO                                                                                                | 3    | QL                        |
| POTASSIUM BINDERS                                                                                       |      |                           |
| <i>kionex</i>                                                                                           | 1    |                           |
| LOKELMA (5 POWDER PACKET, 10 POWDER PACKET)                                                             | 2    | QL                        |
| <i>sodium polystyrene sulfonate</i>                                                                     | 1    |                           |
| <i>sps</i>                                                                                              | 1    |                           |
| VELTASSA                                                                                                | 2    |                           |
| VITAMINS                                                                                                |      |                           |
| ACERFLEX                                                                                                | 3    | PA                        |
| ALFAMINO INFANT                                                                                         | 3    | PA                        |
| ALFAMINO JUNIOR                                                                                         | 3    | PA                        |
| AMINO ACIDS/WHEY PROTEIN CONCENTRATE AND ISOLATE (AC/WHEY 20G-140/39 POWDER, AC/WHEY 26G-150/39 POWDER) | 3    | PA                        |
| BABY'S ONLY ORG LACTORELIEF                                                                             | 3    | PA                        |
| BABY'S ONLY ORGANIC DAIRY                                                                               | 3    | PA                        |

| PRODUCT DESCRIPTION                           | TIER | LIMITS/RESTRICTIONS/NOTES |
|-----------------------------------------------|------|---------------------------|
| BABY'S ONLY ORGANIC DAIRY DHA                 | 3    | PA                        |
| BABY'S ONLY ORGANIC SOY                       | 3    | PA                        |
| <i>bal-care dha</i>                           | 1    |                           |
| BAL-CARE DHA ESSENTIAL                        | 3    |                           |
| BCAD 1                                        | 3    | PA                        |
| BENECALORIE                                   | 3    | PA                        |
| BENEPROTEIN (POWDER, POWDER PACKET)           | 3    | PA                        |
| BOOST (LIQUID, PUDDING)                       | 3    | PA                        |
| BOOST BREEZE                                  | 3    | PA                        |
| BOOST GLUCOSE CONTROL                         | 3    | PA                        |
| BOOST HIGH PROTEIN (ENERGY DRNK, LIQUID)      | 3    | PA                        |
| BOOST KID ESSENTIALS                          | 3    | PA                        |
| BOOST KID ESSENTIALS-FIBER                    | 3    | PA                        |
| BOOST PLUS                                    | 3    | PA                        |
| BOOST SOOTHE                                  | 3    | PA                        |
| BOOST VHC                                     | 3    | PA                        |
| BRIGHT BEGINNINGS SOY                         | 3    | PA                        |
| <i>c-nate dha</i>                             | 1    |                           |
| CADEAU DHA                                    | 3    |                           |
| CALCILO XD                                    | 3    | PA                        |
| CARNITOR (100 MG/ML ORAL SOLN, 330 MG TABLET) | 3    |                           |
| CARNITOR SF                                   | 3    |                           |
| CHILDREN'S DIARESQ                            | 3    | PA                        |
| CITRANATAL B-CALM                             | 3    |                           |
| CITRANATAL MEDLEY                             | 3    |                           |
| CITRULLINE POWDER                             | 3    | PA                        |
| CITRULLINE 1000                               | 3    | PA                        |
| CITRULLINE 200                                | 3    | PA                        |
| COMPLEAT                                      | 3    | PA                        |

| PRODUCT DESCRIPTION                                                      | TIER | LIMITS/RESTRICTIONS/NOTES |
|--------------------------------------------------------------------------|------|---------------------------|
| COMPLEAT ORGANIC BLEND CHICKEN                                           | 3    | PA                        |
| COMPLEAT ORGANIC BLENDS PLANT                                            | 3    | PA                        |
| COMPLEAT PED ORG BLEND CHICKEN                                           | 3    | PA                        |
| COMPLEAT PED ORG BLENDS PLANT                                            | 3    | PA                        |
| COMPLEAT PEDIATRIC 1 CAL LIQ                                             | 3    | PA                        |
| COMPLEAT PEDIATRIC REDUCED CAL                                           | 3    | PA                        |
| COMPLETE AMINO ACID MIX                                                  | 3    | PA                        |
| <i>complete natal dha</i>                                                | 1    |                           |
| <i>completenate</i>                                                      | 1    |                           |
| COMPLEX JUNIOR MSD                                                       | 3    | PA                        |
| COMPLEX MSD                                                              | 3    | PA                        |
| COMPLEX MSD ESSENTIAL                                                    | 3    | PA                        |
| CONCEPT DHA                                                              | 3    |                           |
| CONCEPT OB                                                               | 3    |                           |
| CREATINE MONOHYDRATE                                                     | 3    | PA                        |
| <i>cyanocobalamin (vitamin b-12) (500mcg/spr spray, 1000mcg/ml vial)</i> | 1    |                           |
| CYCLINEX-1                                                               | 3    | PA                        |
| CYCLINEX-2                                                               | 3    | PA                        |
| CYSTINE                                                                  | 3    | PA                        |
| CYTO CARN                                                                | 3    | PA                        |
| CYTO RALA                                                                | 3    | PA                        |
| CYTO-Q MAX                                                               | 3    | PA                        |
| CYTO-Q T-F                                                               | 3    | PA                        |
| CYTOLLINE                                                                | 3    | PA                        |
| CYTOTINE 1.5 G/15 ML LIQUID                                              | 3    | PA                        |
| DIABETISOURCE AC                                                         | 3    | PA                        |
| DIARESQ                                                                  | 3    | PA                        |

| PRODUCT DESCRIPTION                                         | TIER | LIMITS/RESTRICTIONS/NOTES |    |   |    |
|-------------------------------------------------------------|------|---------------------------|----|---|----|
| DOJOLVI                                                     | 3    | QL                        | PA | S | MS |
| DUET DHA 400                                                | 3    |                           |    |   |    |
| DUET DHA BALANCED                                           | 3    |                           |    |   |    |
| DUOCAL                                                      | 3    | PA                        |    |   |    |
| EAA                                                         | 3    | PA                        |    |   |    |
| EFFER-K (10 TABLET EFF, 20 TABLET EFF)                      | 3    |                           |    |   |    |
| <i>effe-r-k 25 meq tablet eff</i>                           | 1    |                           |    |   |    |
| EGG-PRO                                                     | 3    | PA                        |    |   |    |
| ELECARE                                                     | 3    | PA                        |    |   |    |
| ELECARE JR                                                  | 3    | PA                        |    |   |    |
| ENFAGROW NEUROPRO TODDLR NOGMO                              | 3    | PA                        |    |   |    |
| ENFAGROW TODDLER NEXT STEP                                  | 3    | PA                        |    |   |    |
| ENFAGROW TODDLER TRANSITIONS                                | 3    | PA                        |    |   |    |
| ENFAGROW TODLR NXT STP NON-GMO                              | 3    | PA                        |    |   |    |
| ENFAMIL 24                                                  | 3    | PA                        |    |   |    |
| ENFAMIL 5% GLUCOSE IN WATER                                 | 3    |                           |    |   |    |
| ENFAMIL A.R. (LIQUID, POWDER)                               | 3    | PA                        |    |   |    |
| ENFAMIL ENFACARE (LIQUID, POWDER)                           | 3    | PA                        |    |   |    |
| ENFAMIL ENSPIRE INFANT FORMULA                              | 3    | PA                        |    |   |    |
| ENFAMIL FOR SUPPLEMENTING (FOR LIQ, NURSETTE, POWDER)       | 3    | PA                        |    |   |    |
| ENFAMIL GENTLEASE (LIQUID, POWDER)                          | 3    | PA                        |    |   |    |
| ENFAMIL GENTLEASE NON-GMO                                   | 3    | PA                        |    |   |    |
| ENFAMIL HUMAN MILK FORTIFIER (LIQ VL, PWD PK)               | 3    | PA                        |    |   |    |
| ENFAMIL INFANT (LIQUID, LIQUID CONC, POWDER, POWDER PACKET) | 3    | PA                        |    |   |    |
| ENFAMIL INFANT NON-GMO                                      | 3    | PA                        |    |   |    |
| ENFAMIL NEURO GENTLEASE NONGMO                              | 3    | PA                        |    |   |    |
| ENFAMIL NEUROPRO NON-GMO LIQ                                | 3    | PA                        |    |   |    |
| ENFAMIL NEWBORN (LIQUID, POWDER)                            | 3    | PA                        |    |   |    |

| PRODUCT DESCRIPTION                                                                    | TIER | LIMITS/RESTRICTIONS/NOTES |
|----------------------------------------------------------------------------------------|------|---------------------------|
| ENFAMIL NEWBORN NON-GMO                                                                | 3    | PA                        |
| ENFAMIL PREMATURE                                                                      | 3    | PA                        |
| ENFAMIL PROSOBEE (LIQUID, POWDER)                                                      | 3    | PA                        |
| ENFAMIL PROSOBEE LIPIL                                                                 | 3    | PA                        |
| ENFAMIL REGULINE (LIQUID, POWDER)                                                      | 3    | PA                        |
| ENFAPORT                                                                               | 3    | PA                        |
| ENSURE                                                                                 | 3    | PA                        |
| ENSURE ACTIVE HEART HEALTH                                                             | 3    | PA                        |
| ENSURE ACTIVE HIGH PROTEIN                                                             | 3    | PA                        |
| ENSURE ACTIVE LIGHT                                                                    | 3    | PA                        |
| ENSURE ACTIVE MUSCLE HEALTH                                                            | 3    | PA                        |
| ENSURE ACTIVE PROTEIN-MUSCLE                                                           | 3    | PA                        |
| ENSURE CLEAR                                                                           | 3    | PA                        |
| ENSURE CLEAR THERAPEUTIC                                                               | 3    | PA                        |
| ENSURE COMPACT                                                                         | 3    | PA                        |
| ENSURE ENLIVE                                                                          | 3    | PA                        |
| ENSURE HIGH PROTEIN (LIQUID, POWDER)                                                   | 3    | PA                        |
| ENSURE LIQUID                                                                          | 3    | PA                        |
| ENSURE MAX PROTEIN                                                                     | 3    | PA                        |
| ENSURE MUSCLE HEALTH                                                                   | 3    | PA                        |
| ENSURE ORIGINAL (LIQUID, POWDER)                                                       | 3    | PA                        |
| ENSURE PLUS                                                                            | 3    | PA                        |
| ENSURE POWDER                                                                          | 3    | PA                        |
| ENSURE PRE-SURGERY                                                                     | 3    | PA                        |
| ENSURE SURGERY SHAKE                                                                   | 3    | PA                        |
| ENTERAL FORMULA REQUIRES PRIOR AUTHORIZATION. BRANDS ARE TIER 3 & GENERICS ARE TIER 1. | 3    | PA                        |
| EO28 SPLASH                                                                            | 3    | PA                        |

| PRODUCT DESCRIPTION                              | TIER | LIMITS/RESTRICTIONS/NOTES          |
|--------------------------------------------------|------|------------------------------------|
| ESSENTIAL AMINO ACID MIX                         | 3    | PA                                 |
| FIBERSOURCE HN                                   | 3    | PA                                 |
| FLORIVA 0.25 MG/ML DROPS                         | 3    | C Covered in full age 16 and under |
| <i>fluocinolone acetonide 0.025 % cream (g)</i>  | 1    |                                    |
| <i>folic acid (0.4 mg tablet, 0.8 mg tablet)</i> | 1    | QL<br>C Covered in full age 11+    |
| <i>folic acid 1 mg tablet</i>                    | 1    |                                    |
| <i>folivane-ob</i>                               | 1    |                                    |
| FRUITIVITS                                       | 3    | PA                                 |
| G-PREPROTEIN                                     | 3    | PA                                 |
| GA                                               | 3    | PA                                 |
| GA EXPRESS 15                                    | 3    | PA                                 |
| GA GEL                                           | 3    | PA                                 |
| GA-1 ANAMIX EARLY YEARS                          | 3    | PA                                 |
| GALZIN                                           | 3    |                                    |
| GERBER EXTENSIVE HA                              | 3    | PA                                 |
| GERBER GOOD START GENTLEPRO LQ                   | 3    | PA                                 |
| GERBER GOOD START GROW NON-GMO                   | 3    | PA                                 |
| GERBER GOOD START SOY (LIQUID, POWDER)           | 3    | PA                                 |
| GERBER GOOD START SOY 2 NONGMO                   | 3    | PA                                 |
| GERBER GOOD START SOY NO-GMO                     | 3    | PA                                 |
| GLUCERNA (, SNACK)                               | 3    | PA                                 |
| GLUCERNA 1 CAL                                   | 3    | PA                                 |
| GLUCERNA 1.2 CAL                                 | 3    | PA                                 |
| GLUCERNA 1.5 CAL                                 | 3    | PA                                 |
| GLUCERNA ADVANCE                                 | 3    | PA                                 |
| GLUCERNA HUNGER SMART                            | 3    | PA                                 |
| GLUCERNA THERAPEUTIC NUTRITION                   | 3    | PA                                 |

| PRODUCT DESCRIPTION                           | TIER | LIMITS/RESTRICTIONS/NOTES |
|-----------------------------------------------|------|---------------------------|
| GLUCO BURST DIABETIC DRINK                    | 3    | PA                        |
| GLUTAMENT                                     | 3    | PA                        |
| GLUTARADE GA-1                                | 3    | PA                        |
| GLUTARADE JUNIOR GA-1                         | 3    | PA                        |
| GLUTAREX-1                                    | 3    | PA                        |
| GLUTAREX-2                                    | 3    | PA                        |
| GLUTASOLVE                                    | 3    | PA                        |
| GLUTOL                                        | 3    |                           |
| GLYCOSADE (60 G POWDER PACKET, POWDER PACKET) | 3    | PA                        |
| GLYTACTIN 20PE BETTERMILK LITE                | 3    | PA                        |
| GLYTACTIN RESTORE 10 PE                       | 3    | PA                        |
| GLYTACTIN RESTORE 10 PE LITE                  | 3    | PA                        |
| GLYTACTIN RESTORE 5 PE                        | 3    | PA                        |
| GLYTACTIN RTD 10 PE                           | 3    | PA                        |
| GLYTACTIN RTD 15 PE                           | 3    | PA                        |
| GLYTACTIN RTD LITE 15                         | 3    | PA                        |
| GLYTACTIN SWIRL 15 PE                         | 3    | PA                        |
| GLYTROL                                       | 3    | PA                        |
| HCU ANAMIX EARLY YEARS                        | 3    | PA                        |
| HCU ANAMIX NEXT                               | 3    | PA                        |
| HCU COOLER                                    | 3    | PA                        |
| HCU EASY                                      | 3    | PA                        |
| HCU EXPRESS POWDER                            | 3    | PA                        |
| HCU EXPRESS20                                 | 3    | PA                        |
| HCU GEL                                       | 3    | PA                        |
| HCU LOPHLEX                                   | 3    | PA                        |
| HCU MAXAMUM                                   | 3    | PA                        |

| PRODUCT DESCRIPTION                                                                       | TIER | LIMITS/RESTRICTIONS/NOTES |
|-------------------------------------------------------------------------------------------|------|---------------------------|
| HCY 1                                                                                     | 3    | PA                        |
| HEPAMENT                                                                                  | 3    | PA                        |
| HI-CAL LIQUID                                                                             | 3    | PA                        |
| HIGH-PROTEIN NUTRITIONAL SHAKE                                                            | 3    | PA                        |
| HOMINEX-1                                                                                 | 3    | PA                        |
| I-VALEX-1                                                                                 | 3    | PA                        |
| I-VALEX-2                                                                                 | 3    | PA                        |
| ICAR-C PLUS                                                                               | 3    |                           |
| IMMULIFE                                                                                  | 3    | PA                        |
| IMPACT 1 CAL                                                                              | 3    | PA                        |
| IMPACT ADVANCED RECOVERY                                                                  | 3    | PA                        |
| IMPACT PEPTIDE 1.5 CAL                                                                    | 3    | PA                        |
| INFANT FORMULA WITH IRON                                                                  | 3    | PA                        |
| ISOLEUCINE SUPPLEMENT IN CARBOHYDRATE BASE (IN 1 G/4 G POWD PACK, IN 50 MG/4 G POWD PACK) | 3    | PA                        |
| ISOMIL                                                                                    | 3    | PA                        |
| ISOMIL ADVANCE                                                                            | 3    | PA                        |
| ISOMIL DF                                                                                 | 3    | PA                        |
| ISOSOURCE 1.5 CAL                                                                         | 3    | PA                        |
| ISOSOURCE 1.5 CAL TUBE FEED                                                               | 3    | PA                        |
| ISOSOURCE HN                                                                              | 3    | PA                        |
| IVA ANAMIX EARLY YEARS                                                                    | 3    | PA                        |
| IVA ANAMIX NEXT                                                                           | 3    | PA                        |
| IVA MAXAMUM                                                                               | 3    | PA                        |
| JEVITY 1 CAL                                                                              | 3    | PA                        |
| JEVITY 1.2 CAL                                                                            | 3    | PA                        |
| JEVITY 1.5 CAL                                                                            | 3    | PA                        |
| K-PAX                                                                                     | 3    | PA                        |

| PRODUCT DESCRIPTION                                  | TIER | LIMITS/RESTRICTIONS/NOTES |
|------------------------------------------------------|------|---------------------------|
| K-PAX IMMUNE BOOSTER                                 | 3    | PA                        |
| KETOCAL 2.5:1                                        | 3    | PA                        |
| KETOCAL 3:1                                          | 3    | PA                        |
| KETOCAL 4:1 (LIQUID, MULTI FIBER LIQUID, POWDER)     | 3    | PA                        |
| KETONEX-1                                            | 3    | PA                        |
| KETONEX-2                                            | 3    | PA                        |
| KETOVIE 3:1                                          | 3    | PA                        |
| KETOVOLVE                                            | 3    | PA                        |
| <i>klor-con sprinkle er 10 meq cp</i>                | 1    |                           |
| <i>klor-con-ef</i>                                   | 1    |                           |
| KOSHER PRENATAL PLUS IRON                            | 3    |                           |
| LANAFLEX                                             | 3    | PA                        |
| LEUCINE 0.1G-15/4G POWD PACK                         | 3    | PA                        |
| <i>levocarnitine (with sugar) 100 mg/ml solution</i> | 1    |                           |
| <i>levocarnitine 100 mg/ml solution</i>              | 1    |                           |
| LIPISTART                                            | 3    | PA                        |
| LIQUACEL LIQUID PROTEIN                              | 3    | PA                        |
| LIQUID PROTEIN FORTIFIER                             | 3    | PA                        |
| LMD                                                  | 3    | PA                        |
| LOPHLEX                                              | 3    | PA                        |
| LPS 15-30                                            | 3    | PA                        |
| LPS CRITICAL CARE                                    | 3    | PA                        |
| LPS NEUTRAL FLAVOR                                   | 3    | PA                        |
| m-natal plus                                         | 1    |                           |
| MARNATAL-F                                           | 3    |                           |
| MCT PRO-CAL                                          | 3    | PA                        |
| METHIONAID                                           | 3    | PA                        |
| METHIONINE SUPPLEMENT IN CARBOHYDRATE BASE           | 3    | PA                        |

| PRODUCT DESCRIPTION            | TIER | LIMITS/RESTRICTIONS/NOTES |
|--------------------------------|------|---------------------------|
| MMA-PA ANAMIX EARLY YEARS      | 3    | PA                        |
| MMA-PA ANAMIX NEXT             | 3    | PA                        |
| MMA-PA COOLER15                | 3    | PA                        |
| MMA-PA MAXAMUM                 | 3    | PA                        |
| MMA/PA GEL                     | 3    | PA                        |
| MONOGEN                        | 3    | PA                        |
| MSUD AID                       | 3    | PA                        |
| MSUD ANALOG                    | 3    | PA                        |
| MSUD ANAMIX EARLY YEARS        | 3    | PA                        |
| MSUD COOLER                    | 3    | PA                        |
| MSUD EXPRESS COOLER            | 3    | PA                        |
| MSUD EXPRESS15                 | 3    | PA                        |
| MSUD EXPRESS20                 | 3    | PA                        |
| MSUD GEL                       | 3    | PA                        |
| MSUD LOPHLEX                   | 3    | PA                        |
| MSUD MAXAMAID                  | 3    | PA                        |
| MSUD MAXAMUM                   | 3    | PA                        |
| <i>mynatal</i>                 | 1    |                           |
| <i>mynatal plus</i>            | 1    |                           |
| <i>mynatal-z</i>               | 1    |                           |
| NASCOBAL                       | 3    |                           |
| NATACHEW                       | 3    |                           |
| NEOCATE JUNIOR                 | 3    | PA                        |
| NEOCATE JUNIOR WITH PREBIOTICS | 3    | PA                        |
| NEOCATE NUTRA                  | 3    | PA                        |
| NEOCATE SPLASH                 | 3    | PA                        |
| NEOCATE SYNEO INFANT           | 3    | PA                        |
| NEOKE ALCAR                    | 3    | PA                        |

| PRODUCT DESCRIPTION            | TIER | LIMITS/RESTRICTIONS/NOTES |
|--------------------------------|------|---------------------------|
| NEONATAL-DHA                   | 3    |                           |
| NEPRO CARB STEADY              | 3    | PA                        |
| NESTABS                        | 3    |                           |
| NESTABS ABC                    | 3    |                           |
| NESTABS DHA                    | 3    |                           |
| <i>newgen</i>                  | 1    |                           |
| NOVASOURCE RENAL 2 CAL         | 3    | PA                        |
| NUTRA-PRO                      | 3    | PA                        |
| NUTRAFIT                       | 3    | PA                        |
| NUTRAFIT PLUS                  | 3    | PA                        |
| NUTRAMIGEN DHA-ARA             | 3    | PA                        |
| NUTRAMIGEN ENFLORA-LGG         | 3    | PA                        |
| NUTRAMIGEN TODDLER ENFLORA-LGG | 3    | PA                        |
| NUTRAMINE                      | 3    | PA                        |
| NUTRASENTIALS                  | 3    | PA                        |
| NUTREN 1.0                     | 3    | PA                        |
| NUTREN 1.5                     | 3    | PA                        |
| NUTREN 2.0                     | 3    | PA                        |
| NUTREN FIBER 1 CAL             | 3    | PA                        |
| NUTREN JUNIOR                  | 3    | PA                        |
| NUTREN JUNIOR FIBER            | 3    | PA                        |
| NUTREN PULMONARY               | 3    | PA                        |
| NUTRI-DRINK                    | 3    | PA                        |
| NUTRIHEP                       | 3    | PA                        |
| NUTRITIONAL DRINK              | 3    | PA                        |
| NUTRITIONAL DRINK MIX          | 3    | PA                        |
| NUTRITIONAL DRINK PLUS         | 3    | PA                        |
| NUTRITIONAL SHAKE              | 3    | PA                        |

| PRODUCT DESCRIPTION                                         | TIER | LIMITS/RESTRICTIONS/NOTES          |
|-------------------------------------------------------------|------|------------------------------------|
| NUTRITIONAL SHAKE PLUS                                      | 3    | PA                                 |
| OA 1                                                        | 3    | PA                                 |
| OA2                                                         | 3    | PA                                 |
| OB COMPLETE ONE                                             | 3    |                                    |
| OB COMPLETE PETITE                                          | 3    |                                    |
| OB COMPLETE PREMIER                                         | 3    |                                    |
| OB COMPLETE WITH DHA                                        | 3    |                                    |
| OPTISOURCE LIQUID                                           | 3    | PA                                 |
| OSMOLITE 1 CAL                                              | 3    | PA                                 |
| OSMOLITE 1.2 CAL                                            | 3    | PA                                 |
| OSMOLITE 1.5 CAL                                            | 3    | PA                                 |
| OVASITOL                                                    | 3    | PA                                 |
| OXEPA                                                       | 3    | PA                                 |
| PEDIASMART ORGANIC DAIRY                                    | 3    | PA                                 |
| PEDIASMART ORGANIC SOY                                      | 3    | PA                                 |
| PEDIASURE (LIQUID, SHAKE MIX POWDER)                        | 3    | PA                                 |
| PEDIASURE 1.5                                               | 3    | PA                                 |
| PEDIASURE 1.5 WITH FIBER                                    | 3    | PA                                 |
| PEDIASURE ENTERAL                                           | 3    | PA                                 |
| PEDIASURE ENTERAL WITH FIBER                                | 3    | PA                                 |
| PEDIASURE GROW-GAIN LIQUID                                  | 3    | PA                                 |
| PEDIASURE PEPTIDE 1.0 CAL                                   | 3    | PA                                 |
| PEDIASURE PEPTIDE 1.5 CAL                                   | 3    | PA                                 |
| PEDIASURE SIDEKICKS (CLEAR LIQ, LIQUID)                     | 3    | PA                                 |
| PEDIASURE WITH FIBER                                        | 3    | PA                                 |
| PEDIATRIC BALANCED NUTRITION                                | 3    | PA                                 |
| PEDIATRIC DRINK WITH FIBER                                  | 3    | PA                                 |
| <i>pediatric multivit with a,c,d3 no.21/sodium fluoride</i> | 1    | C Covered in full age 16 and under |

| PRODUCT DESCRIPTION                        | TIER | LIMITS/RESTRICTIONS/NOTES |
|--------------------------------------------|------|---------------------------|
| PEPTAMEN                                   | 3    | PA                        |
| PEPTAMEN 1.5                               | 3    | PA                        |
| PEPTAMEN 1.5 CAL WITH PREBIO1              | 3    | PA                        |
| PEPTAMEN AF                                | 3    | PA                        |
| PEPTAMEN INTENSE VHP                       | 3    | PA                        |
| PEPTAMEN JUNIOR                            | 3    | PA                        |
| PEPTAMEN JUNIOR 1.5                        | 3    | PA                        |
| PEPTAMEN JUNIOR FIBER                      | 3    | PA                        |
| PEPTAMEN JUNIOR HP                         | 3    | PA                        |
| PEPTAMEN JUNIOR WITH PREBIO1               | 3    | PA                        |
| PEPTAMEN-PREBIO1                           | 3    | PA                        |
| PERATIVE                                   | 3    | PA                        |
| PERIFLEX ADVANCE                           | 3    | PA                        |
| PERIFLEX INFANT                            | 3    | PA                        |
| PERIFLEX JUNIOR                            | 3    | PA                        |
| PERIFLEX LQ PKU                            | 3    | PA                        |
| PFD 2                                      | 3    | PA                        |
| PFD TODDLER                                | 3    | PA                        |
| PHENEX-1                                   | 3    | PA                        |
| PHENEX-2                                   | 3    | PA                        |
| PHENYL-FREE 1                              | 3    | PA                        |
| PHENYL-FREE 2                              | 3    | PA                        |
| PHENYL-FREE 2HP                            | 3    | PA                        |
| PHENYLADE                                  | 3    | PA                        |
| PHENYLADE ESSENTIAL (DRINK POWD, POWD PKT) | 3    | PA                        |
| PHENYLADE GMP (POWDER, POWDER PKT)         | 3    | PA                        |
| PHENYLADE GMP MIX-IN (POWDER, POWDR PKT)   | 3    | PA                        |

| PRODUCT DESCRIPTION                               | TIER | LIMITS/RESTRICTIONS/NOTES |
|---------------------------------------------------|------|---------------------------|
| PHENYLADE GMP READY                               | 3    | PA                        |
| PHENYLADE MTE                                     | 3    | PA                        |
| PHENYLADE PHEBLOC POWDER PKT                      | 3    | PA                        |
| PHENYLADE40                                       | 3    | PA                        |
| PHENYLADE60 (DRINK MIX POWDER, POWDER PACKET)     | 3    | PA                        |
| PHENYLALANINE                                     | 3    | PA                        |
| PHLEXY-10 DRINK MIX POWDER                        | 3    | PA                        |
| PIVOT 1.5 CAL                                     | 3    | PA                        |
| PKU AIR20                                         | 3    | PA                        |
| PKU COOLER 10                                     | 3    | PA                        |
| PKU COOLER 15                                     | 3    | PA                        |
| PKU COOLER 20                                     | 3    | PA                        |
| PKU EXPRESS15                                     | 3    | PA                        |
| PKU EXPRESS20                                     | 3    | PA                        |
| PKU GEL                                           | 3    | PA                        |
| PKU LOPHLEX                                       | 3    | PA                        |
| PKU MAXAMUM                                       | 3    | PA                        |
| PKU PERIFLEX EARLY YEARS                          | 3    | PA                        |
| PKU PERIFLEX JUNIOR PLUS                          | 3    | PA                        |
| PKU SPHERE20 POWDER PACKET                        | 3    | PA                        |
| PKU TRIO                                          | 3    | PA                        |
| PNV NO.72/FERROUS FUMARATE/FOLIC ACID/OMEGA-3/DHA | 3    | QL                        |
| <i>pnv-select</i>                                 | 1    |                           |
| POLYCAL                                           | 3    | PA                        |
| PORTAGEN                                          | 3    | PA                        |
| POTABA                                            | 3    |                           |
| <i>pr natal 400</i>                               | 1    |                           |
| <i>pr natal 400 ec</i>                            | 1    |                           |

| PRODUCT DESCRIPTION                                                 | TIER | LIMITS/RESTRICTIONS/NOTES |
|---------------------------------------------------------------------|------|---------------------------|
| <i>pr natal 430</i>                                                 | 1    |                           |
| <i>pr natal 430 ec</i>                                              | 1    |                           |
| PRE PROTEIN 20                                                      | 3    | PA                        |
| PRE-PROTEIN                                                         | 3    | PA                        |
| PREGESTIMIL (LIQUID, POWDER)                                        | 3    | PA                        |
| PREGNITUDE                                                          | 3    | PA                        |
| PREMIUM INFANT FORMULA                                              | 3    | PA                        |
| <i>prena1 chew</i>                                                  | 1    |                           |
| PRENATA                                                             | 3    |                           |
| <i>prenatabs fa</i>                                                 | 1    |                           |
| <i>prenatabs rx</i>                                                 | 1    |                           |
| PRENATAL VITS WITH CALCIUM NO.115/IRON FUMARATE/FOLIC ACID          | 3    |                           |
| <i>prenatal vits with calcium no.72/ferrous fumarate/folic acid</i> | 1    |                           |
| <i>prenatal vits with calcium no.72/iron,carbonyl/folic acid</i>    | 1    |                           |
| PRENATE ELITE                                                       | 3    |                           |
| PRENATE PIXIE                                                       | 3    |                           |
| PRENATE STAR                                                        | 3    |                           |
| PREOP                                                               | 3    | PA                        |
| <i>preplus</i>                                                      | 1    |                           |
| PRO-PHREE                                                           | 3    | PA                        |
| PRO-STAT AWC                                                        | 3    | PA                        |
| PRO-STAT MAX LIQUID                                                 | 3    | PA                        |
| PRO-STAT RENAL CARE                                                 | 3    | PA                        |
| PRO-STAT SUGAR FREE                                                 | 3    | PA                        |
| PROCEL (PROTEIN POWDER, SINGLES 5 G POWDER PACK)                    | 3    | PA                        |
| PRODUCT 3232A                                                       | 3    | PA                        |
| PROMOD                                                              | 3    | PA                        |
| PROMOTE                                                             | 3    | PA                        |
| PROMOTE WITH FIBER                                                  | 3    | PA                        |

| PRODUCT DESCRIPTION                     | TIER | LIMITS/RESTRICTIONS/NOTES |
|-----------------------------------------|------|---------------------------|
| PROPIMEX-1                              | 3    | PA                        |
| PROPIMEX-2                              | 3    | PA                        |
| PROSOURCE (LIQUID, POWDER, POWDER PACK) | 3    | PA                        |
| PROSOURCE NO CARB                       | 3    | PA                        |
| PROSOURCE PLUS                          | 3    | PA                        |
| PROSOURCE TF                            | 3    | PA                        |
| PROSYNMINIC                             | 3    | PA                        |
| PROTEIN SUPPLEMENT POWDER               | 3    | PA                        |
| PROTEINEX                               | 3    | PA                        |
| PROTEINEX-18                            | 3    | PA                        |
| PROVIDA OB                              | 3    |                           |
| PROVIDE GOLD REGULAR                    | 3    | PA                        |
| PROVIDE GOLD SUGAR FREE                 | 3    | PA                        |
| PULMOCARE                               | 3    | PA                        |
| PURAMINO DHA-ARA                        | 3    | PA                        |
| PURAMINO TODDLER                        | 3    | PA                        |
| PURE BLISS NON-GMO                      | 3    | PA                        |
| Q-UP                                    | 3    | PA                        |
| QH                                      | 3    | PA                        |
| R-NATAL OB                              | 3    |                           |
| RADIOGARDASE                            | 3    |                           |
| RCF SOY FORMULA                         | 3    | PA                        |
| RE-GEN                                  | 3    | PA                        |
| RE:IMMUNE                               | 3    | PA                        |
| RENA START                              | 3    | PA                        |
| RENALCAL                                | 3    | PA                        |
| RENAMENT POWDER                         | 3    | PA                        |
| RENASTART                               | 3    | PA                        |

| PRODUCT DESCRIPTION                                            | TIER | LIMITS/RESTRICTIONS/NOTES |
|----------------------------------------------------------------|------|---------------------------|
| REPLETE                                                        | 3    | PA                        |
| REPLETE WITH FIBER                                             | 3    | PA                        |
| RESOURCE 2.0                                                   | 3    | PA                        |
| RESURGEX SELECT                                                | 3    | PA                        |
| S.O.S. 20                                                      | 3    | PA                        |
| S.O.S. 25                                                      | 3    | PA                        |
| <i>se-natal 19</i>                                             | 1    |                           |
| SELECT-OB                                                      | 3    |                           |
| SELECT-OB + DHA                                                | 3    |                           |
| SIMILAC                                                        | 3    | PA                        |
| SIMILAC ADVANCE (LIQ CONC, LIQUID, POWDER PKT, WITH IRON POWD) | 3    | PA                        |
| SIMILAC ADVANCE NON-GMO                                        | 3    | PA                        |
| SIMILAC ADVANCE ORGANIC (LIQUID, POWDER)                       | 3    | PA                        |
| SIMILAC ALIMENTUM                                              | 3    | PA                        |
| SIMILAC EXPERT CARE 24CAL IRON                                 | 3    | PA                        |
| SIMILAC EXPERT CARE ALIMENTUM                                  | 3    | PA                        |
| SIMILAC EXPERT CARE DIARRHEA                                   | 3    | PA                        |
| SIMILAC FOR SPIT-UP (LIQUID, POWDER)                           | 3    | PA                        |
| SIMILAC GO-GROW                                                | 3    | PA                        |
| SIMILAC GO-GROW NON-GMO                                        | 3    | PA                        |
| SIMILAC GO-GROW SENSITIVE                                      | 3    | PA                        |
| SIMILAC GO-GROW SENSTV NON-GMO                                 | 3    | PA                        |
| SIMILAC GO-GROW SOY                                            | 3    | PA                        |
| SIMILAC HUMAN MILK FORTIFIER (LIQ PK, PWD PK)                  | 3    | PA                        |
| SIMILAC NEOSURE (LIQUID, POWDER)                               | 3    | PA                        |
| SIMILAC PM 60-40                                               | 3    | PA                        |
| SIMILAC PRO-ADVANCE NON-GMO (LIQ, PWD)                         | 3    | PA                        |
| SIMILAC PRO-SENSITIVE NON-GMO (LIQ, PWD)                       | 3    | PA                        |

| PRODUCT DESCRIPTION                          | TIER | LIMITS/RESTRICTIONS/NOTES          |
|----------------------------------------------|------|------------------------------------|
| SIMILAC PRO-TOTAL CMFT NON-GMO               | 3    | PA                                 |
| SIMILAC SENSITIVE                            | 3    | PA                                 |
| SIMILAC SENSITIVE FUSS & GAS (CON, LIQ, PWD) | 3    | PA                                 |
| SIMILAC SENSITIVE ISOMIL SOY                 | 3    | PA                                 |
| SIMILAC SOY ISOMIL (LIQUID, POWDER)          | 3    | PA                                 |
| SIMILAC SPECIAL CARE 24                      | 3    | PA                                 |
| SIMILAC SPECIAL CARE 30                      | 3    | PA                                 |
| SIMILAC SUPPLEMENTATION (LIQUID, POWDER)     | 3    | PA                                 |
| SIMILAC TOTAL COMFORT                        | 3    | PA                                 |
| SIMILAC TOTAL COMFORT NON-GMO                | 3    | PA                                 |
| SIMILAC WITH IRON                            | 3    | PA                                 |
| SOD ANAMIX EARLY YEARS                       | 3    | PA                                 |
| SOL CARB                                     | 3    | PA                                 |
| SUPLENA CARB STEADY                          | 3    | PA                                 |
| <i>taron-c dha</i>                           | 1    |                                    |
| THERAMINE PLUS                               | 3    | PA                                 |
| THRIVITE RX                                  | 3    |                                    |
| TOLEREX                                      | 3    | PA                                 |
| <i>tri-vite with fluoride</i>                | 1    | C Covered in full age 16 and under |
| TRICARE                                      | 3    |                                    |
| <i>trinatal rx 1</i>                         | 1    |                                    |
| <i>trinate</i>                               | 1    |                                    |
| TWOCAL HN                                    | 3    | PA                                 |
| TYLACTIN RESTORE 10 PE                       | 3    | PA                                 |
| TYLACTIN RESTORE 5 PE                        | 3    | PA                                 |
| TYLACTIN RTD 15 PE                           | 3    | PA                                 |
| TYR ANAMIX EARLY YEARS                       | 3    | PA                                 |
| TYR ANAMIX NEXT                              | 3    | PA                                 |

| PRODUCT DESCRIPTION        | TIER | LIMITS/RESTRICTIONS/NOTES |
|----------------------------|------|---------------------------|
| TYR COOLER                 | 3    | PA                        |
| TYR EASY                   | 3    | PA                        |
| TYR EXPRESS                | 3    | PA                        |
| TYR EXPRESS20              | 3    | PA                        |
| TYR GEL                    | 3    | PA                        |
| TYR LOPHLEX                | 3    | PA                        |
| TYR LOPHLEX GMP MIX-IN     | 3    | PA                        |
| TYREX-1                    | 3    | PA                        |
| TYREX-2                    | 3    | PA                        |
| TYROS 1                    | 3    | PA                        |
| TYROS 2                    | 3    | PA                        |
| TYROSINE 1 G-15/4 G PACKET | 3    | PA                        |
| UCD ANAMIX JUNIOR          | 3    | PA                        |
| UCD TRIO                   | 3    | PA                        |
| ULTRAMINO                  | 3    | PA                        |
| ULTRIENT 1.5 WITH ENFIT    | 3    | PA                        |
| UNJURY POWDER              | 3    | PA                        |
| VALINE 1000                | 3    | PA                        |
| VALINE PACKET              | 3    | PA                        |
| VILACTIN AA PLUS 20 PE     | 3    | PA                        |
| <i>virt-c dha</i>          | 1    |                           |
| <i>virt-nate dha</i>       | 1    |                           |
| VITAFOL FE PLUS            | 3    |                           |
| VITAFOL GUMMIES            | 3    |                           |
| VITAFOL NANO               | 3    |                           |
| VITAFOL ULTRA              | 3    |                           |
| <i>vitafol-ob</i>          | 1    |                           |
| VITAFOL-OB+DHA             | 3    |                           |
| VITAFOL-ONE                | 3    |                           |

| PRODUCT DESCRIPTION      | TIER | LIMITS/RESTRICTIONS/NOTES |
|--------------------------|------|---------------------------|
| VITAL 1.0 CAL            | 3    | PA                        |
| VITAL 1.5 CAL            | 3    | PA                        |
| VITAL AF 1.2 CAL         | 3    | PA                        |
| VITAL HIGH PROTEIN       | 3    | PA                        |
| VITAL PEPTIDE 1.5 CAL    | 3    | PA                        |
| VITAMEDMD ONE RX         | 3    |                           |
| VITAMEDMD REDICHEW RX    | 3    |                           |
| VIVONEX                  | 3    | PA                        |
| VIVONEX PLUS             | 3    | PA                        |
| VIVONEX RTF              | 3    | PA                        |
| VIVONEX T.E.N            | 3    | PA                        |
| VP-PNV-DHA               | 3    |                           |
| <i>westgel dha</i>       | 1    |                           |
| WHEY PROTEIN CONCENTRATE | 3    | PA                        |
| XLEU ANALOG              | 3    | PA                        |
| XLEU MAXAMAID            | 3    | PA                        |
| XLYS, XTRP ANALOG        | 3    | PA                        |
| XLYS, XTRP MAXAMAID      | 3    | PA                        |
| XLYS, XTRP MAXAMUM       | 3    | PA                        |
| XMET ANALOG              | 3    | PA                        |
| XMET MAXAMAID            | 3    | PA                        |
| XMTVI ANALOG             | 3    | PA                        |
| XMTVI MAXAMAID           | 3    | PA                        |
| XPHE MAXAMAID            | 3    | PA                        |
| XPHE MAXAMUM             | 3    | PA                        |
| XPHE, XTYR ANALOG        | 3    | PA                        |
| XPHE, XTYR MAXAMAID      | 3    | PA                        |
| XPTM ANALOG              | 3    | PA                        |

| PRODUCT DESCRIPTION                                                                                                                           | TIER | LIMITS/RESTRICTIONS/NOTES |                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|-------------------------------------------------|
| XTRACAL PLUS                                                                                                                                  | 3    | PA                        |                                                 |
| zingiber                                                                                                                                      | 1    |                           |                                                 |
| GASTROINTESTINAL AGENTS                                                                                                                       |      |                           |                                                 |
| ANTI-CONSTIPATION AGENTS                                                                                                                      |      |                           |                                                 |
| AMITIZA                                                                                                                                       | 3    | QL                        | ST                                              |
| bisacodyl 5 mg tablet dr                                                                                                                      | 1    | C                         | Covered in full age 45-75 (limit 2 Rx per year) |
| citroma                                                                                                                                       | 1    | C                         | Covered in full age 45-75 (limit 2 Rx per year) |
| clearlax (eq powder, eql powder, ft powder, gnp powder, hm powder, powder, sm powder, sw powder)                                              | 1    | C                         | Covered in full age 45-75 (limit 2 Rx per year) |
| CLENPIQ 160 ML SOLUTION                                                                                                                       | 2    | C                         | Covered in full age 45-75 (limit 2 Rx per year) |
| CLENPIQ 175 ML SOLUTION                                                                                                                       | 2    | C                         | Covered in Full 45-75 (limit 2 Rx/year)         |
| constulose                                                                                                                                    | 1    |                           |                                                 |
| cvs purelax powder                                                                                                                            | 1    | C                         | Covered in full age 45-75 (limit 2 Rx per year) |
| enulose                                                                                                                                       | 1    |                           |                                                 |
| gavilax                                                                                                                                       | 1    | C                         | Covered in full age 45-75 (limit 2 Rx per year) |
| generlac                                                                                                                                      | 1    |                           |                                                 |
| gentle laxative (5 mg tablet, cvs ec 5 mg tb, ec 5 mg tablet, eq dr 5 mg tab, eql ec 5 mg tb, gnp ec 5 mg tb, kro ec 5 mg tb, sm ec 5 mg tab) | 1    | C                         | Covered in full age 45-75 (limit 2 Rx per year) |
| healthylax                                                                                                                                    | 1    | C                         | Covered in full age 45-75 (limit 2 Rx per year) |
| KRISTALOSE                                                                                                                                    | 3    | PA                        |                                                 |
| kro gentlelax 17 gram powder                                                                                                                  | 1    | C                         | Covered in full age 45-75 (limit 2 Rx per year) |
| lactulose (10 g/15 ml solution, 20 g/30 ml solution)                                                                                          | 1    |                           |                                                 |
| lactulose 10 g packet                                                                                                                         | 1    | QL                        | PA                                              |
| laxaclear                                                                                                                                     | 1    | C                         | Covered in full age 45-75 (limit 2 Rx per year) |
| laxative (ec 5 mg tablet, ft 5 mg tablet, ft ec 5 mg tablet, gnp ec 5 mg tablet, hm ec 5 mg tablet, pub ec 5 mg tablet, ra ec 5 mg tablet)    | 1    | C                         | Covered in full age 45-75 (limit 2 Rx per year) |
| LINZESS                                                                                                                                       | 2    | QL                        |                                                 |
| lubiprostone 8 mcg capsule                                                                                                                    | 1    | QL                        |                                                 |
| magnesium citrate solution                                                                                                                    | 1    | C                         | Covered in full age 45-75 (limit 2 Rx per year) |
| magnesium hydroxide (400 mg/5ml oral susp, 2400 mg/10 oral susp)                                                                              | 1    | C                         | Covered in full age 45-75 (limit 2 Rx per year) |

| PRODUCT DESCRIPTION                                                                                        | TIER | LIMITS/RESTRICTIONS/NOTES |                                                 |
|------------------------------------------------------------------------------------------------------------|------|---------------------------|-------------------------------------------------|
| <i>miralax powder packet</i>                                                                               | 1    | C                         | Covered in full age 45-75 (limit 2 Rx per year) |
| MOTEGRITY                                                                                                  | 3    | QL                        | ST                                              |
| MOVANTI                                                                                                    | 2    | QL                        |                                                 |
| <i>natura-lax</i>                                                                                          | 1    | C                         | Covered in full age 45-75 (limit 2 Rx per year) |
| <i>oral saline laxative</i>                                                                                | 1    | C                         | Covered in full age 45-75 (limit 2 Rx per year) |
| OSMOPREP                                                                                                   | 3    | C                         | Covered in full age 45-75 (limit 2 Rx per year) |
| <i>phosphate laxative</i>                                                                                  | 1    | C                         | Covered in full age 45-75 (limit 2 Rx per year) |
| <i>polyethylene glycol 3350 (3350 17 g powd pack, 3350 17 g/dose powder)</i>                               | 1    | C                         | Covered in full age 45-75 (limit 2 Rx per year) |
| <i>powderlax</i>                                                                                           | 1    | C                         | Covered in full age 45-75 (limit 2 Rx per year) |
| PREPOIK                                                                                                    | 2    | C                         | Covered in full age 45-75 (limit 2 Rx per year) |
| RELISTOR (8 MG/0.4 ML SYRINGE, 12 MG/0.6 ML SYRINGE, 12 MG/0.6 ML VIAL)                                    | 3    |                           |                                                 |
| RELISTOR 150 MG TABLET                                                                                     | 3    | ST                        |                                                 |
| <i>smoothlax (powder, powder packet)</i>                                                                   | 1    | C                         | Covered in full age 45-75 (limit 2 Rx per year) |
| SYMPROIC                                                                                                   | 3    | QL                        | ST                                              |
| TRULANCE                                                                                                   | 2    | QL                        |                                                 |
| <i>women's gentle laxative</i>                                                                             | 1    | C                         | Covered in full age 45-75 (limit 2 Rx per year) |
| <i>women's laxative (eq women's 5 mg tab, womans tablet)</i>                                               | 1    | C                         | Covered in full age 45-75 (limit 2 Rx per year) |
| ZELNORM                                                                                                    | 3    | QL                        | PA                                              |
| ANTI-DIARRHEAL AGENTS                                                                                      |      |                           |                                                 |
| AEMCOLO                                                                                                    | 3    |                           |                                                 |
| <i>alosetron hcl</i>                                                                                       | 1    | QL                        |                                                 |
| <i>diphenoxylate hcl/atropine sulfate (hcl/atropine 2.5-.025/5 liquid, hcl/atropine 2.5-.025mg tablet)</i> | 1    |                           |                                                 |
| LOMOTIL                                                                                                    | 3    |                           |                                                 |
| <i>loperamide hcl 2 mg capsule</i>                                                                         | 1    |                           |                                                 |
| LOTRONEX                                                                                                   | 3    | QL                        |                                                 |
| MYTESI                                                                                                     | 3    | QL                        | PA                                              |
| VIBERZI                                                                                                    | 3    |                           |                                                 |

| PRODUCT DESCRIPTION                                                                                                                            | TIER | LIMITS/RESTRICTIONS/NOTES |    |   |
|------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|----|---|
| XERMELO                                                                                                                                        | 3    | QL                        | PA | S |
| XIFAXAN 200 MG TABLET                                                                                                                          | 2    |                           |    |   |
| XIFAXAN 550 MG TABLET                                                                                                                          | 2    | QL                        |    |   |
| ANTISPASMODICS, GASTROINTESTINAL                                                                                                               |      |                           |    |   |
| ANASPAZ                                                                                                                                        | 3    |                           |    |   |
| BENTYL 10 MG CAPSULE                                                                                                                           | 3    |                           |    |   |
| <i>chlordiazepoxide/clidinium bromide</i>                                                                                                      | 1    |                           |    |   |
| CUVPOSA                                                                                                                                        | 3    | QL                        | PA |   |
| DARTISLA                                                                                                                                       | 3    | QL                        | PA |   |
| <i>dicyclomine hcl (10 mg capsule, 10 mg/5 ml solution, 20 mg tablet)</i>                                                                      | 1    |                           |    |   |
| <i>ed-spaz</i>                                                                                                                                 | 1    |                           |    |   |
| GLYCATE                                                                                                                                        | 3    | QL                        | PA |   |
| <i>glycopyrrolate (1 mg tablet, 2 mg tablet)</i>                                                                                               | 1    |                           |    |   |
| <i>glycopyrrolate (1 mg/5 ml solution, 1.5 mg tablet)</i>                                                                                      | 1    | QL                        | PA |   |
| <i>hyoscyamine sulfate (0.125 mg tab rapdis, 0.125 mg tab subl, 0.125 mg tablet, 0.125mg/ml drops, 0.375 mg tab er 12h, 125mcg/5ml elixir)</i> | 1    |                           |    |   |
| <i>hyosyne</i>                                                                                                                                 | 1    |                           |    |   |
| LEVBIID                                                                                                                                        | 3    |                           |    |   |
| LEVSIN 0.125 MG TABLET                                                                                                                         | 3    |                           |    |   |
| LEVSIN-SL                                                                                                                                      | 3    |                           |    |   |
| LIBRAX                                                                                                                                         | 3    |                           |    |   |
| <i>methscopolamine bromide</i>                                                                                                                 | 1    |                           |    |   |
| <i>nulev</i>                                                                                                                                   | 1    |                           |    |   |
| <i>oscimin</i>                                                                                                                                 | 1    |                           |    |   |
| <i>oscimin sl</i>                                                                                                                              | 1    |                           |    |   |
| ROBINUL                                                                                                                                        | 3    |                           |    |   |
| ROBINUL FORTE                                                                                                                                  | 3    |                           |    |   |
| <i>symax</i>                                                                                                                                   | 1    |                           |    |   |
| SYMAX DUOTAB                                                                                                                                   | 3    |                           |    |   |
| <i>symax-sl</i>                                                                                                                                | 1    |                           |    |   |
| <i>symax-sr</i>                                                                                                                                | 1    |                           |    |   |

| PRODUCT DESCRIPTION                                                 | TIER | LIMITS/RESTRICTIONS/NOTES                            |
|---------------------------------------------------------------------|------|------------------------------------------------------|
| GASTROINTESTINAL AGENTS, OTHER                                      |      |                                                      |
| ACTIGALL                                                            | 3    |                                                      |
| <i>bismuth/metronid/tetracycline 125-125 mg capsule</i>             | 1    |                                                      |
| CHENODAL                                                            | 3    | S                                                    |
| COLYTE WITH FLAVOR PACKETS                                          | 3    |                                                      |
| ENTEREG                                                             | 3    |                                                      |
| GATTEX (5 MG 30-VIAL KIT, 5 MG ONE-VIAL KIT)                        | 3    | QL PA S MS                                           |
| GATTEX 5 MG VIAL                                                    | 3    | QL PA                                                |
| <i>gavilyte-c</i>                                                   | 1    | C Covered in full age 45-75 (limit 2 Rx per year)    |
| <i>gavilyte-g</i>                                                   | 1    | C Covered in full age 45-75 (limit 2 Rx per year)    |
| <i>gavilyte-n</i>                                                   | 1    | C Covered in full age 45-75 (limit 2 Rx per year)    |
| GOLYTELY                                                            | 3    | C Covered in full age 50-75 (limit 2 rx per year)    |
| HELIDAC                                                             | 3    |                                                      |
| IBSRELA                                                             | 3    | QL ST                                                |
| IMCIVREE                                                            | 3    | QL PA                                                |
| <i>lansoprazole/amoxicillin trihydrate/clarithromycin</i>           | 1    |                                                      |
| MOTOFEN                                                             | 3    |                                                      |
| MOVIPREP                                                            | 3    | QL                                                   |
| MYALEPT                                                             | 3    | QL PA S MS                                           |
| NULYTELY WITH FLAVOR PACKS                                          | 3    |                                                      |
| OICALIVA                                                            | 3    | QL PA S MS                                           |
| OMECLAMOX-PAK                                                       | 3    |                                                      |
| <i>opium tincture</i>                                               | 1    |                                                      |
| ORLISTAT                                                            | 3    | QL PA                                                |
| <i>peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride</i> | 1    | C Covered in full age 45-75 (limit 2 Rx per year)    |
| <i>peg 3350/sodium sulfate/sod chloride/kcl/ascorbate sod/vit c</i> | 1    | QL C Covered in full age 45-75 (limit 2 Rx per year) |
| <i>peg-prep</i>                                                     | 1    | C Covered in full age 45-75 (limit 2 Rx per year)    |
| PLENVU                                                              | 3    | C Covered in full age 45-75 (limit 2 Rx per year)    |

| PRODUCT DESCRIPTION                                                                     | TIER | LIMITS/RESTRICTIONS/NOTES |                                                 |
|-----------------------------------------------------------------------------------------|------|---------------------------|-------------------------------------------------|
| PYLERA                                                                                  | 3    |                           |                                                 |
| RELTONE                                                                                 | 3    | QL                        | PA                                              |
| <i>sodium chloride/sodium bicarbonate/potassium chloride/peg</i>                        | 1    | C                         | Covered in full age 45-75 (limit 2 Rx per year) |
| <i>sodium sulfate/potassium sulfate/magnesium sulfate</i>                               | 1    | C                         | Covered in full age 50-75 (limit 2 Rx per year) |
| SUFLAVE                                                                                 | 3    | C                         | Covered in Full 45-75 (limit 2 Rx/year)         |
| SUPREP                                                                                  | 3    |                           |                                                 |
| SUTAB                                                                                   | 3    | QL                        | C                                               |
|                                                                                         |      |                           | Covered in full age 45-75 (limit 2 Rx per year) |
| TALICIA                                                                                 | 3    |                           |                                                 |
| <i>trilyte with flavor packets</i>                                                      | 1    | C                         | Covered in full age 45-75 (limit 2 Rx per year) |
| URSO                                                                                    | 3    |                           |                                                 |
| URSO FORTE                                                                              | 3    |                           |                                                 |
| <i>ursodiol (200 mg capsule, 400 mg capsule)</i>                                        | 1    | QL                        | PA                                              |
| <i>ursodiol (250 mg tablet, 300 mg capsule, 500 mg tablet)</i>                          | 1    |                           |                                                 |
| VOQUEZNA                                                                                | 3    | QL                        | PA                                              |
| VOQUEZNA DUAL PAK                                                                       | 3    |                           |                                                 |
| VOQUEZNA TRIPLE PAK                                                                     | 3    |                           |                                                 |
| XENICAL                                                                                 | 3    | PA                        |                                                 |
| XPHOZAH                                                                                 | 3    | QL                        | PA                                              |
| HISTAMINE2 (H2) RECEPTOR ANTAGONISTS                                                    |      |                           |                                                 |
| <i>cimetidine</i>                                                                       | 1    |                           |                                                 |
| <i>cimetidine hcl 300 mg/5ml solution</i>                                               | 1    |                           |                                                 |
| <i>famotidine (20 mg tablet, 40 mg tablet, 40mg/5ml oral susp, 40mg/5ml susp recon)</i> | 1    |                           |                                                 |
| <i>nizatidine (150 mg capsule, 150mg/10ml solution, 300 mg capsule)</i>                 | 1    |                           |                                                 |
| PEPCID 40 MG TABLET                                                                     | 3    |                           |                                                 |
| PROTECTANTS                                                                             |      |                           |                                                 |
| CARAFATE (1 GM TABLET, 1 GM/10 ML SUSP)                                                 | 3    |                           |                                                 |
| CYTOTEC                                                                                 | 3    |                           |                                                 |
| <i>misoprostol</i>                                                                      | 1    |                           |                                                 |
| <i>sucralfate (1 g tablet, 1 g/10 ml oral susp)</i>                                     | 1    |                           |                                                 |

| PRODUCT DESCRIPTION                                                                                      | TIER | LIMITS/RESTRICTIONS/NOTES |    |   |    |
|----------------------------------------------------------------------------------------------------------|------|---------------------------|----|---|----|
| PROTON PUMP INHIBITORS                                                                                   |      |                           |    |   |    |
| ACIPHEX                                                                                                  | 3    | QL                        |    |   |    |
| ACIPHEX SPRINKLE                                                                                         | 3    | QL                        | PA |   |    |
| DEXILANT                                                                                                 | 3    | QL                        |    |   |    |
| dexlansoprazole (30 mg cap dr bp, 60 mg cap dr bp)                                                       | 1    | QL                        |    |   |    |
| esomeprazole magnesium 40 mg capsule dr                                                                  | 1    | QL                        |    |   |    |
| esomeprazole strontium                                                                                   | 1    | QL                        | PA |   |    |
| KONVOMEF                                                                                                 | 3    | QL                        |    |   |    |
| lansoprazole                                                                                             | 1    | QL                        |    |   |    |
| NEXIUM                                                                                                   | 3    | QL                        |    |   |    |
| omeprazole (10 mg capsule dr, 20 mg capsule dr, 40 mg capsule dr)                                        | 1    | QL                        |    |   |    |
| omeprazole/sodium bicarbonate (omeprazole/sodium 20-1680mg packet, omeprazole/sodium 40-1680mg packet)   | 1    | QL                        | ST |   |    |
| omeprazole/sodium bicarbonate (omeprazole/sodium 20mg-1.1g capsule, omeprazole/sodium 40mg-1.1g capsule) | 1    | QL                        |    |   |    |
| pantoprazole sodium (20 mg tablet dr, 40 mg granpkt dr, 40 mg tablet dr)                                 | 1    | QL                        |    |   |    |
| PREVACID                                                                                                 | 3    | QL                        |    |   |    |
| PRILOSEC                                                                                                 | 3    | QL                        |    |   |    |
| PROTONIX                                                                                                 | 3    | QL                        |    |   |    |
| rabeprazole sodium 20 mg tablet dr                                                                       | 1    | QL                        |    |   |    |
| ZEGERID (20 MG PACKET, 40 MG PACKET)                                                                     | 3    | QL                        | ST |   |    |
| ZEGERID 40 MG CAPSULE                                                                                    | 3    | QL                        |    |   |    |
| null                                                                                                     |      |                           |    |   |    |
| esomeprazole magnesium 20 mg capsule dr                                                                  | 1    | QL                        |    |   |    |
| GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT                                 |      |                           |    |   |    |
| betaine                                                                                                  | 1    | S                         | MS |   |    |
| BUPHENYL (500 MG TABLET, POWDER)                                                                         | 3    |                           |    |   |    |
| BYLVAY                                                                                                   | 3    | QL                        | PA | S | MS |

| PRODUCT DESCRIPTION                                                          | TIER | LIMITS/RESTRICTIONS/NOTES |    |    |    |
|------------------------------------------------------------------------------|------|---------------------------|----|----|----|
| CERDELGA                                                                     | 3    | QL                        | PA | S  | MS |
| CHOLBAM (50 MG CAPSULE, 250 MG CAPSULE)                                      | 3    | QL                        | PA | S  |    |
| CREON                                                                        | 2    |                           |    |    |    |
| <i>cromolyn sodium 20 mg/ml oral conc</i>                                    | 1    |                           |    |    |    |
| CYSTADANE                                                                    | 3    | S                         |    |    |    |
| CYSTADROPS                                                                   | 3    | QL                        | PA | S  |    |
| CYSTAGON                                                                     | 2    | S                         |    |    |    |
| CYSTARAN                                                                     | 3    | QL                        | PA | S  |    |
| DAYBUE                                                                       | 3    | QL                        | PA | S  |    |
| <i>dichlorphenamide</i>                                                      | 1    | QL                        | PA |    |    |
| ENDARI                                                                       | 3    | QL                        | PA |    |    |
| FABRAZYME                                                                    | 3    | PA                        | S  | MS |    |
| GALAFOLD                                                                     | 3    | QL                        | PA | S  | MS |
| GASTROCROM                                                                   | 3    |                           |    |    |    |
| <i>javygtor (100 mg powder packet, 100 mg tablet, 500 mg powder packet)</i>  | 1    | PA                        | S  | MS |    |
| JOENJA                                                                       | 3    | QL                        | PA | S  |    |
| KEVEYIS                                                                      | 3    | PA                        | S  |    |    |
| KUVAN                                                                        | 3    | PA                        | S  | MS |    |
| LIVMARLI                                                                     | 3    | QL                        | PA | S  |    |
| <i>miglustat</i>                                                             | 1    | QL                        | PA | S  | MS |
| <i>nitisinone (2 mg capsule, 5 mg capsule, 10 mg capsule, 20 mg capsule)</i> | 1    | PA                        | S  | MS |    |
| NITYR                                                                        | 3    | PA                        | S  |    |    |

| PRODUCT DESCRIPTION                                                                                                                                                                                                                                                                  | TIER | LIMITS/RESTRICTIONS/NOTES |    |    |    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|----|----|----|
| OLPRUVA (2 GRAM DOSE ENVELOPE, 2 GRAM DOSE KIT, 2 GRAM PACKET, 3 GRAM DOSE ENVELOPE, 3 GRAM DOSE KIT, 3 GRAM PACKET, 4 GRAM DOSE ENVELOPE, 4 GRAM DOSE KIT, 5 GRAM DOSE ENVELOPE, 5 GRAM DOSE KIT, 6 GRAM DOSE ENVELOPE, 6 GRAM DOSE KIT, 6.67 GM DOSE ENVELOPE, 6.67 GRAM DOSE KIT) | 3    | QL                        | PA | S  |    |
| OPFOLDA                                                                                                                                                                                                                                                                              | 3    | QL                        | S  | MS |    |
| ORFADIN (2 MG CAPSULE, 4 MG/ML SUSPENSION, 5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE)                                                                                                                                                                                               | 3    | PA                        | S  |    |    |
| <i>ormalvi</i>                                                                                                                                                                                                                                                                       | 1    | QL                        | PA | S  |    |
| PALYNZIQ                                                                                                                                                                                                                                                                             | 3    | QL                        | PA | S  | MS |
| PANCREAZE                                                                                                                                                                                                                                                                            | 3    | ST                        |    |    |    |
| PERTZYE                                                                                                                                                                                                                                                                              | 3    | ST                        |    |    |    |
| PHEBURANE                                                                                                                                                                                                                                                                            | 3    | ST                        | S  | MS |    |
| PROCYSBI (DR 25 MG CAPSULE, DR 75 MG CAPSULE, DR 75 MG GRANULE PKT, DR 300 MG GRANULE PKT)                                                                                                                                                                                           | 3    | QL                        | PA | S  | MS |
| RAVICTI                                                                                                                                                                                                                                                                              | 3    | QL                        | PA | S  | MS |
| REVCOVI                                                                                                                                                                                                                                                                              | 3    | PA                        |    |    |    |
| RYPLAZIM                                                                                                                                                                                                                                                                             | 3    | QL                        | PA | S  |    |
| <i>sapropterin dihydrochloride</i>                                                                                                                                                                                                                                                   | 1    | PA                        | S  | MS |    |
| SKYCLARYS                                                                                                                                                                                                                                                                            | 3    | QL                        | PA |    |    |
| <i>sodium phenylbutyrate (0.94 g/g powder, 500 mg tablet)</i>                                                                                                                                                                                                                        | 1    |                           |    |    |    |
| SOHONOS (1 MG CAPSULE, 1.5 MG CAPSULE, 2.5 MG CAPSULE, 5 MG CAPSULE, 10 MG CAPSULE)                                                                                                                                                                                                  | 3    | QL                        | PA |    |    |
| STRENSIQ (18 MG/0.45 ML VIAL, 28 MG/0.7 ML VIAL, 40 MG/ML VIAL, 80 MG/0.8 ML VIAL)                                                                                                                                                                                                   | 3    | QL                        | PA | S  |    |
| SUCRAID                                                                                                                                                                                                                                                                              | 3    | PA                        | S  |    |    |
| TEGSEDI                                                                                                                                                                                                                                                                              | 3    | QL                        | PA | S  | MS |
| VIOKACE                                                                                                                                                                                                                                                                              | 3    |                           |    |    |    |
| VOXZOGO                                                                                                                                                                                                                                                                              | 3    | QL                        | PA | S  | MS |
| VYNDAQEL                                                                                                                                                                                                                                                                             | 3    | QL                        | PA | S  | MS |
| XURIDEN                                                                                                                                                                                                                                                                              | 3    | QL                        | PA | S  |    |
| <i>yargesa</i>                                                                                                                                                                                                                                                                       | 1    | QL                        | PA |    |    |
| ZAVESCA                                                                                                                                                                                                                                                                              | 3    | QL                        | PA | S  | MS |

| PRODUCT DESCRIPTION                                                                                                                        | TIER | LIMITS/RESTRICTIONS/NOTES |
|--------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| ZENPEP (DR 3,000 CAPSULE, DR 5,000 CAPSULE, DR 10,000 CAPSULE, DR 15,000 CAPSULE, DR 20,000 CAPSULE, DR 25,000 CAPSULE, DR 40,000 CAPSULE) | 2    |                           |
| ZOKINVY                                                                                                                                    | 3    | QL PA S                   |
| GENITOURINARY AGENTS                                                                                                                       |      |                           |
| ANTISPASMODICS, URINARY                                                                                                                    |      |                           |
| <i>darifenacin hydrobromide</i>                                                                                                            | 1    | QL                        |
| DETROL                                                                                                                                     | 3    | QL                        |
| DETROL LA                                                                                                                                  | 3    | QL                        |
| DITROPAN XL                                                                                                                                | 3    |                           |
| ENABLEX                                                                                                                                    | 3    | QL                        |
| <i>fesoterodine fumarate</i>                                                                                                               | 1    | QL                        |
| <i>flavoxate hcl</i>                                                                                                                       | 1    |                           |
| GELNIQUE                                                                                                                                   | 3    | QL ST                     |
| GEMTESA                                                                                                                                    | 2    | QL                        |
| <i>mirabegron</i>                                                                                                                          | 1    | QL                        |
| MYRBETRIQ (ER 8 MG/ML SUSP, ER 25 MG TABLET, ER 50 MG TABLET)                                                                              | 2    | QL                        |
| <i>oxybutynin chloride (5 mg tab er 24, 5 mg tablet, 5 mg/5 ml syrup, 10 mg tab er 24, 15 mg tab er 24)</i>                                | 1    |                           |
| OXYBUTYNIN CHLORIDE 2.5 MG TABLET                                                                                                          | 3    |                           |
| OXYTROL                                                                                                                                    | 3    | ST                        |
| <i>solifenacin succinate</i>                                                                                                               | 1    | QL                        |
| <i>tolterodine tartrate (1 mg tablet, 2 mg cap er 24h, 2 mg tablet, 4 mg cap er 24h)</i>                                                   | 1    | QL                        |
| TOVIAZ                                                                                                                                     | 3    | QL                        |
| <i>tropium chloride (20 mg tablet, 60 mg cap er 24h)</i>                                                                                   | 1    | QL                        |
| VESICARE                                                                                                                                   | 3    | QL                        |
| VESICARE LS                                                                                                                                | 3    | QL PA                     |
| BENIGN PROSTATIC HYPERTROPHY AGENTS                                                                                                        |      |                           |
| <i>alfuzosin hcl</i>                                                                                                                       | 1    | QL                        |
| AVODART                                                                                                                                    | 3    | QL                        |
| CIALIS (2.5 MG TABLET, 5 MG TABLET)                                                                                                        | 3    | QL                        |

| PRODUCT DESCRIPTION                                                                                                                                                     | TIER | LIMITS/RESTRICTIONS/NOTES |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| <i>dutasteride</i>                                                                                                                                                      | 1    | QL                        |
| <i>dutasteride/tamsulosin hcl</i>                                                                                                                                       | 1    | QL                        |
| ENTADFI                                                                                                                                                                 | 3    | QL                        |
| <i>finasteride 5 mg tablet</i>                                                                                                                                          | 1    |                           |
| FLOMAX                                                                                                                                                                  | 3    | QL                        |
| JALYN                                                                                                                                                                   | 3    | QL                        |
| PROSCAR                                                                                                                                                                 | 3    |                           |
| RAPAFLO                                                                                                                                                                 | 3    | QL                        |
| <i>silodosin</i>                                                                                                                                                        | 1    | QL                        |
| <i>tadalafil (2.5 mg tablet, 5 mg tablet)</i>                                                                                                                           | 1    | QL                        |
| <i>tamsulosin hcl</i>                                                                                                                                                   | 1    | QL                        |
| UROXATRAL                                                                                                                                                               | 3    | QL                        |
| GENITOURINARY AGENTS, OTHER                                                                                                                                             |      |                           |
| ADDYI                                                                                                                                                                   | 3    | PA                        |
| <i>alyq</i>                                                                                                                                                             | 1    | QL PA                     |
| <i>bethanechol chloride</i>                                                                                                                                             | 1    |                           |
| CAVERJECT                                                                                                                                                               | 3    | QL                        |
| CIALIS (10 MG TABLET, 20 MG TABLET)                                                                                                                                     | 3    | QL                        |
| <i>citric acid/sodium citrate 334-500mg solution</i>                                                                                                                    | 1    |                           |
| <i>citric acid/sodium citrate 640-490mg solution</i>                                                                                                                    | 1    |                           |
| CUPRIMINE                                                                                                                                                               | 3    | QL PA                     |
| DEPEN                                                                                                                                                                   | 3    |                           |
| EDEX (10 MCG CARTRIDGE 2-PK KIT, 10 MCG CARTRIDGE 6-PK KIT, 20 MCG CARTRIDGE 2-PK KIT, 20 MCG CARTRIDGE 6-PK KIT, 40 MCG CARTRIDGE 2-PK KIT, 40 MCG CARTRIDGE 6-PK KIT) | 3    | QL                        |
| ELMIRON                                                                                                                                                                 | 3    |                           |
| FEM PH                                                                                                                                                                  | 3    |                           |
| FILSPARI (200 MG TABLET, 400 MG TABLET)                                                                                                                                 | 3    | QL PA S MS                |
| K-PHOS NEUTRAL                                                                                                                                                          | 3    |                           |
| K-PHOS NO.2                                                                                                                                                             | 3    |                           |
| K-PHOS ORIGINAL                                                                                                                                                         | 3    |                           |

| PRODUCT DESCRIPTION                                                   | TIER | LIMITS/RESTRICTIONS/NOTES |
|-----------------------------------------------------------------------|------|---------------------------|
| LEVITRA                                                               | 3    | QL                        |
| LITHOSTAT                                                             | 3    |                           |
| MUSE                                                                  | 3    | QL                        |
| ORACIT                                                                | 3    |                           |
| <i>penicillamine 250 mg capsule (generic for cuprimine)</i>           | 1    | QL PA                     |
| <i>penicillamine 250 mg tablet (generic for depen)</i>                | 1    |                           |
| <i>phenazopyridine hcl (100 mg tablet, 200 mg tablet)</i>             | 1    |                           |
| PHEXXI                                                                | 3    | C Covered in full         |
| <i>potassium citrate/citric acid</i>                                  | 1    |                           |
| PYRIDIUM                                                              | 3    |                           |
| RELAGARD                                                              | 3    |                           |
| RIMSO-50                                                              | 3    |                           |
| <i>sildenafil citrate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i> | 1    | QL                        |
| <i>sodium/potassium/potassium citrate/sodium citrate/cit ac</i>       | 1    |                           |
| STAXYN                                                                | 3    | QL                        |
| STENDRA                                                               | 3    | QL                        |
| <i>tadalafil (10 mg tablet, 20 mg tablet)</i>                         | 1    | QL                        |
| <i>tadalafil 20 mg tablet (generic version of adcirca)</i>            | 1    | QL PA S MS                |
| THIOLA                                                                | 3    | QL PA S                   |
| THIOLA EC (EC 100 MG TABLET, EC 300 MG TABLET)                        | 3    | QL PA S                   |
| <i>tiopronin (100 mg tablet dr, 300 mg tablet dr)</i>                 | 1    | QL PA S                   |
| <i>tiopronin 100 mg tablet</i>                                        | 1    | QL PA S MS                |
| <i>tricitrates</i>                                                    | 1    |                           |
| URECHOLINE                                                            | 3    |                           |
| UROQID-ACID NO.2                                                      | 3    |                           |
| <i>varденаfil hcl</i>                                                 | 1    | QL                        |
| <i>vcf (film, gel)</i>                                                | 0    | C Covered in full         |
| VIAGRA                                                                | 3    | QL                        |
| VYLEESI                                                               | 3    | QL PA                     |

| PRODUCT DESCRIPTION                                                                                                                                      | TIER | LIMITS/RESTRICTIONS/NOTES |    |   |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|----|---|----|
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)                                                                                               |      |                           |    |   |    |
| ACTHAR                                                                                                                                                   | 3    | QL                        | PA | S | MS |
| ALA-SCALP                                                                                                                                                | 3    |                           |    |   |    |
| betamethasone dipropionate 0.05 % oint. (g)                                                                                                              | 1    |                           |    |   |    |
| betamethasone/propylene glyc 0.05 % cream (g)                                                                                                            | 1    |                           |    |   |    |
| CORDRAN (0.025% CREAM, 0.05% CREAM, 0.05% LOTION, 0.05% OINTMENT)                                                                                        | 3    | ST                        |    |   |    |
| cormax                                                                                                                                                   | 1    |                           |    |   |    |
| cortisone acetate                                                                                                                                        | 1    |                           |    |   |    |
| CORTROPHIN                                                                                                                                               | 3    | QL                        | PA | S | MS |
| deflazacort (6 mg tablet, 18 mg tablet, 30 mg tablet, 36 mg tablet)                                                                                      | 1    | QL                        | PA | S | MS |
| deltasone                                                                                                                                                | 1    |                           |    |   |    |
| DERMA-SMOOTH-FS (BODY OIL, SCALP OIL)                                                                                                                    | 3    |                           |    |   |    |
| dexamethasone (0.5 mg tablet, 0.5 mg/5ml elixir, 0.5 mg/5ml solution, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet, 2 mg tablet, 4 mg tablet, 6 mg tablet) | 1    |                           |    |   |    |
| DEXAMETHASONE INTENSOL                                                                                                                                   | 3    |                           |    |   |    |
| DIPROLENE (LOTION, OINTMENT)                                                                                                                             | 3    |                           |    |   |    |
| DIPROLENE AF                                                                                                                                             | 3    |                           |    |   |    |
| EMFLAZA (6 MG TABLET, 18 MG TABLET, 22.75 MG/ML ORAL SUSP, 30 MG TABLET, 36 MG TABLET)                                                                   | 3    | QL                        | PA | S | MS |
| fludrocortisone acetate                                                                                                                                  | 1    |                           |    |   |    |
| fluocinonide 0.05 % cream (g)                                                                                                                            | 1    |                           |    |   |    |
| HEMADY                                                                                                                                                   | 3    | PA                        |    |   |    |
| hemmorex-hc                                                                                                                                              | 1    |                           |    |   |    |
| ISTURISA (1 MG TABLET, 5 MG TABLET, 10 MG TABLET)                                                                                                        | 3    | QL                        | PA | S |    |
| KORLYM                                                                                                                                                   | 3    | QL                        | PA | S |    |
| MEDROL                                                                                                                                                   | 3    |                           |    |   |    |
| methylprednisolone                                                                                                                                       | 1    |                           |    |   |    |
| methylprednisolone acetate (40 mg/ml vial, 80 mg/ml vial)                                                                                                | 1    |                           |    |   |    |
| mifepristone 200 mg tablet                                                                                                                               | 1    |                           |    |   |    |
| mifepristone 300 mg tablet                                                                                                                               | 1    | QL                        | PA | S |    |
| MILLIPRED (5 MG TABLET, 10 MG/5 ML SOLUTION)                                                                                                             | 3    |                           |    |   |    |
| MILLIPRED DP                                                                                                                                             | 3    |                           |    |   |    |
| NUCORT                                                                                                                                                   | 3    |                           |    |   |    |

| PRODUCT DESCRIPTION                                                                                                                                                                                 | TIER | LIMITS/RESTRICTIONS/NOTES |    |    |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|----|----|----|
| ORAPRED ODT                                                                                                                                                                                         | 3    |                           |    |    |    |
| PEDIAPRED                                                                                                                                                                                           | 3    |                           |    |    |    |
| <i>prednisolone</i>                                                                                                                                                                                 | 1    |                           |    |    |    |
| <i>prednisolone sodium phosphate (5 mg/5 ml solution, 10 mg tab rapdis, 10 mg/5 ml solution, 15 mg tab rapdis, 15 mg/5 ml solution, 20 mg/5 ml solution, 25 mg/5 ml solution, 30 mg tab rapdis)</i> | 1    |                           |    |    |    |
| <i>prednisone (1 mg tablet, 2.5 mg tablet, 5 mg tab ds pk, 5 mg tablet, 5 mg/5 ml solution, 10 mg tab ds pk, 10 mg tablet, 20 mg tablet, 50 mg tablet)</i>                                          | 1    |                           |    |    |    |
| <i>prednisone intensol</i>                                                                                                                                                                          | 1    |                           |    |    |    |
| PROCTOCORT (1% CREAM, 30 MG SUPPOSITORY)                                                                                                                                                            | 3    |                           |    |    |    |
| RAYOS                                                                                                                                                                                               | 3    | QL                        | PA |    |    |
| RECORLEV                                                                                                                                                                                            | 3    | QL                        | PA | S  |    |
| <i>scalacort</i>                                                                                                                                                                                    | 1    |                           |    |    |    |
| SERNIVO                                                                                                                                                                                             | 3    | QL                        | ST |    |    |
| SYNALAR (0.01% SOLUTION, 0.025% OINTMENT)                                                                                                                                                           | 3    |                           |    |    |    |
| TEMOVATE                                                                                                                                                                                            | 3    |                           |    |    |    |
| VERDESO                                                                                                                                                                                             | 3    | ST                        |    |    |    |
| VERIPRED 20                                                                                                                                                                                         | 3    |                           |    |    |    |
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)                                                                                                                                        |      |                           |    |    |    |
| CHORIONIC GONADOTROPIN, HUMAN 10000 UNIT VIAL                                                                                                                                                       | 3    | QL                        | PA | S  | MS |
| DDAVP (0.1 MG TABLET, 0.2 MG TABLET, 10 MCG/0.1 ML SOLUTION)                                                                                                                                        | 3    |                           |    |    |    |
| DDAVP (4 MCG/ML AMPUL, 40 MCG/10 ML VIAL)                                                                                                                                                           | 3    | S                         | MS |    |    |
| DDAVP 0.01% NASAL SPRAY                                                                                                                                                                             | 3    |                           |    |    |    |
| <i>desmopressin acetate (0.1 mg tablet, 0.2 mg tablet, 10/spray spray/pump)</i>                                                                                                                     | 1    |                           |    |    |    |
| <i>desmopressin acetate (4 mcg/ml ampul, 4 mcg/ml vial)</i>                                                                                                                                         | 1    | S                         | MS |    |    |
| <i>desmopressin acetate (non-refrigerated)</i>                                                                                                                                                      | 1    |                           |    |    |    |
| EGRIFTA                                                                                                                                                                                             | 3    | QL                        | PA | S  | MS |
| EGRIFTA SV                                                                                                                                                                                          | 3    | QL                        | PA | S  | MS |
| FOLLISTIM AQ                                                                                                                                                                                        | 3    | QL                        | PA | ST | S  |
|                                                                                                                                                                                                     |      | MS                        |    |    |    |
| GENOTROPIN                                                                                                                                                                                          | 3    | PA                        | ST | S  | MS |

| PRODUCT DESCRIPTION                                                                                                                                     | TIER | LIMITS/RESTRICTIONS/NOTES |    |    |    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|----|----|----|
| GONAL-F                                                                                                                                                 | 2    | QL                        | PA | S  | MS |
| HUMATROPE                                                                                                                                               | 3    | PA                        | ST | S  | MS |
| INCRELEX                                                                                                                                                | 3    | PA                        | S  | MS |    |
| MENOPUR                                                                                                                                                 | 3    | PA                        | S  | MS |    |
| MYFEMBREE                                                                                                                                               | 3    | QL                        | PA |    |    |
| NGENLA                                                                                                                                                  | 3    | QL                        | PA | S  | MS |
| NOC DURNA                                                                                                                                               | 3    | QL                        |    |    |    |
| NOCTIVA                                                                                                                                                 | 3    | QL                        | S  |    |    |
| NORDITROPIN FLEXP                                                                                                                                       | 3    | PA                        | ST | S  | MS |
| NOVAREL 10,000 UNIT VIAL                                                                                                                                | 2    | QL                        | PA | S  | MS |
| OMNITROPE (5 MG/1.5 ML CRTG, 5.8 MG VIAL, 10 MG/1.5 ML CRTG)                                                                                            | 2    | PA                        | S  | MS |    |
| ORIAHNN                                                                                                                                                 | 3    | QL                        | PA |    |    |
| OVIDREL                                                                                                                                                 | 3    | PA                        | S  | MS |    |
| PREGNYL                                                                                                                                                 | 2    | QL                        | PA | S  | MS |
| SEROSTIM                                                                                                                                                | 3    | QL                        | PA | S  | MS |
| SKYTROFA (3 MG CARTRIDGE, 3.6 MG CARTRIDGE, 4.3 MG CARTRIDGE, 6.3 MG CARTRIDGE, 7.6 MG CARTRIDGE, 9.1 MG CARTRIDGE, 11 MG CARTRIDGE, 13.3 MG CARTRIDGE) | 3    | QL                        | PA | S  | MS |
| SKYTROFA 5.2 MG CARTRIDGE                                                                                                                               | 3    | PA                        | S  | MS |    |
| SOGROYA                                                                                                                                                 | 3    | QL                        | PA | S  | MS |
| ZOMACTON                                                                                                                                                | 3    | QL                        | PA | S  | MS |
| ZORBTIVE                                                                                                                                                | 3    | QL                        | PA | S  | MS |
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)                                                                               |      |                           |    |    |    |
| ANABOLIC STEROIDS                                                                                                                                       |      |                           |    |    |    |
| OXANDRIN                                                                                                                                                | 3    |                           |    |    |    |
| oxandrolone                                                                                                                                             | 1    |                           |    |    |    |
| ANDROGENS                                                                                                                                               |      |                           |    |    |    |
| ANDRODERM                                                                                                                                               | 3    |                           |    |    |    |
| ANDROGEL                                                                                                                                                | 3    |                           |    |    |    |
| ANDROID                                                                                                                                                 | 3    |                           |    |    |    |

| PRODUCT DESCRIPTION                                                                                                                   | TIER | LIMITS/RESTRICTIONS/NOTES |
|---------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| AXIRON                                                                                                                                | 3    |                           |
| <i>danazol (50 mg capsule, 100 mg capsule, 200 mg capsule)</i>                                                                        | 1    |                           |
| DEPO-TESTOSTERONE                                                                                                                     | 3    |                           |
| FORTESTA                                                                                                                              | 3    |                           |
| JATENZO (158 MG CAPSULE, 198 MG CAPSULE, 237 MG CAPSULE)                                                                              | 3    | QL                        |
| KYZATREX (100 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE)                                                                             | 3    | QL                        |
| <i>methitest</i>                                                                                                                      | 1    |                           |
| <i>methyltestosterone</i>                                                                                                             | 1    |                           |
| NATESTO                                                                                                                               | 3    | QL                        |
| TESTIM                                                                                                                                | 3    |                           |
| <i>testosterone (1.25g-1.62 gel packet, 2.5g-1.62% gel packet, 20.25/1.25 gel md pmp, 25mg(1%) gel packet, 30mg/1.5ml sol md pmp)</i> | 1    |                           |
| <i>testosterone (10 mg (2%) gel md pmp, 12.5/1.25g gel md pmp, 50 mg (1%) gel (gram)</i>                                              | 1    |                           |
| <i>testosterone (50 mg (1%) gel packet and 12.5/1.25g pump). some manufacturers are t3 and others t1</i>                              | 1    |                           |
| <i>testosterone cypionate (100 mg/ml vial, 200 mg/ml vial)</i>                                                                        | 1    |                           |
| <i>testosterone enanthate 200 mg/ml vial</i>                                                                                          | 1    |                           |
| TESTRED                                                                                                                               | 3    |                           |
| TLANDO 112.5 MG CAPSULE                                                                                                               | 3    | QL                        |
| VOGELXO                                                                                                                               | 3    |                           |
| XYOSTED                                                                                                                               | 3    | QL                        |
| ESTROGENS                                                                                                                             |      |                           |
| ACTIVELLA 0.5-0.1 MG TABLET                                                                                                           | 3    |                           |
| <i>afirmelle</i>                                                                                                                      | 0    | C Covered in full         |
| ALORA                                                                                                                                 | 3    |                           |
| <i>altavera</i>                                                                                                                       | 0    | C Covered in full         |
| <i>alyacen</i>                                                                                                                        | 0    | C Covered in full         |
| <i>amethia</i>                                                                                                                        | 0    | C Covered in full         |
| <i>amethia lo</i>                                                                                                                     | 0    | C Covered in full         |
| <i>amethyst</i>                                                                                                                       | 0    | C Covered in full         |
| ANGELIQ                                                                                                                               | 3    |                           |
| ANNOVERA                                                                                                                              | 0    | C Covered in full         |

| PRODUCT DESCRIPTION    | TIER | LIMITS/RESTRICTIONS/NOTES |
|------------------------|------|---------------------------|
| <i>apri</i>            | 0    | C Covered in full         |
| <i>aranelle</i>        | 0    | C Covered in full         |
| <i>ashlyna</i>         | 0    | C Covered in full         |
| <i>aubra</i>           | 0    | C Covered in full         |
| <i>aubra eq</i>        | 0    | C Covered in full         |
| <i>aurovela</i>        | 0    | C Covered in full         |
| <i>aurovela 24 fe</i>  | 0    | C Covered in full         |
| <i>aurovela fe</i>     | 0    | C Covered in full         |
| <i>aviane</i>          | 0    | C Covered in full         |
| <i>ayuna</i>           | 0    | C Covered in full         |
| <i>azurette</i>        | 0    | C Covered in full         |
| <i>balcoltra</i>       | 0    | C Covered in full         |
| <i>balziva</i>         | 0    | C Covered in full         |
| <i>bekyree</i>         | 0    | C Covered in full         |
| <i>beyaz</i>           | 0    | C Covered in full         |
| <i>blisovi 24 fe</i>   | 0    | C Covered in full         |
| <i>blisovi fe</i>      | 0    | C Covered in full         |
| <i>briellyn</i>        | 0    | C Covered in full         |
| <i>camrese</i>         | 0    | C Covered in full         |
| <i>camrese lo</i>      | 0    | C Covered in full         |
| <i>caziant</i>         | 0    | C Covered in full         |
| <i>charlotte 24 fe</i> | 0    | C Covered in full         |
| <i>chateal</i>         | 0    | C Covered in full         |
| <i>chateal eq</i>      | 0    | C Covered in full         |
| CLIMARA                | 3    | QL                        |
| <i>covaryx</i>         | 1    |                           |
| <i>covaryx h.s.</i>    | 1    |                           |
| <i>cryselle</i>        | 0    | C Covered in full         |

| PRODUCT DESCRIPTION                                                                                      | TIER | LIMITS/RESTRICTIONS/NOTES |
|----------------------------------------------------------------------------------------------------------|------|---------------------------|
| <i>cyred</i>                                                                                             | 0    | C Covered in full         |
| <i>cyred eq</i>                                                                                          | 0    | C Covered in full         |
| <i>dasetta</i>                                                                                           | 0    | C Covered in full         |
| <i>daysee</i>                                                                                            | 0    | C Covered in full         |
| DELESTROGEN                                                                                              | 3    |                           |
| <i>delyla</i>                                                                                            | 0    | C Covered in full         |
| DEPO-ESTRADIOL                                                                                           | 3    |                           |
| <i>desogestrel-ethinyl estradiol 0.15-0.03 tablet</i>                                                    | 0    | C Covered in full         |
| <i>desogestrel-ethinyl estradiol/ethinyl estradiol</i>                                                   | 0    | C Covered in full         |
| DIVIGEL (0.25 MG GEL PACKET, 0.5 MG GEL PACKET, 0.75 MG GEL PACKET, 1 MG GEL PACKET, 1.25 MG GEL PACKET) | 3    | QL                        |
| <i>dolishale</i>                                                                                         | 1    | C Covered in full         |
| <i>dotti</i>                                                                                             | 1    |                           |
| <i>drospirenone/ethinyl estradiol/levomefolate calcium</i>                                               | 0    | C Covered in full         |
| <i>eemt</i>                                                                                              | 1    |                           |
| <i>eemt h.s.</i>                                                                                         | 1    |                           |
| ELESTRIN                                                                                                 | 3    |                           |
| <i>elinest</i>                                                                                           | 0    | C Covered in full         |
| <i>eluryng</i>                                                                                           | 0    | C Covered in full         |
| <i>emoquette</i>                                                                                         | 0    | C Covered in full         |
| <i>enpresse</i>                                                                                          | 0    | C Covered in full         |
| <i>enskyce</i>                                                                                           | 0    | C Covered in full         |
| <i>estarylla</i>                                                                                         | 0    | C Covered in full         |
| ESTRACE (0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET)                                                        | 3    |                           |
| ESTRACE 0.01% CREAM                                                                                      | 2    |                           |

| PRODUCT DESCRIPTION                                                                                                                                                                                                                                    | TIER | LIMITS/RESTRICTIONS/NOTES |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| <i>estradiol (.025mg/24h patch tdwk, .0375mg/24 patch tdwk, 0.05mg/24h patch tdwk, 0.06mg/24h patch tdwk, .075mg/24h patch tdwk, 0.1mg/24hr patch tdwk, 0.5mg/0.5g gel packet, 0.75/0.75g gel packet, 1 mg/gram gel packet, 1.25/1.25g gel packet)</i> | 1    | QL                        |
| <i>estradiol (0.01 % cream/appl, .025mg/24h patch tdsw, .0375mg/24 patch tdsw, 0.05mg/24h patch tdsw, .075mg/24h patch tdsw, 0.1mg/24hr patch tdsw, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 10 mcg tablet)</i>                                        | 1    |                           |
| <i>estradiol 0.25/0.25g gel packet</i>                                                                                                                                                                                                                 | 1    | QL MS                     |
| <i>estradiol valerate</i>                                                                                                                                                                                                                              | 1    |                           |
| ESTRING 2 MG VAGINAL RING                                                                                                                                                                                                                              | 3    | ST                        |
| ESTRING 7.5 MCG/DAY (2MG) RING                                                                                                                                                                                                                         | 3    | ST                        |
| ESTROGEL                                                                                                                                                                                                                                               | 3    |                           |
| <i>estrogens,esterified/methyltestosterone</i>                                                                                                                                                                                                         | 1    |                           |
| <i>ethinyl estradiol/drospirenone</i>                                                                                                                                                                                                                  | 0    | C Covered in full         |
| <i>ethynodiol diacetate-ethinyl estradiol</i>                                                                                                                                                                                                          | 0    | C Covered in full         |
| <i>etonogestrel/ethinyl estradiol .12-.015mg vag ring</i>                                                                                                                                                                                              | 0    | C Covered in full         |
| EVAMIST                                                                                                                                                                                                                                                | 3    |                           |
| <i>falmina</i>                                                                                                                                                                                                                                         | 0    | C Covered in full         |
| <i>fayosim</i>                                                                                                                                                                                                                                         | 0    | C Covered in full         |
| FEMRING                                                                                                                                                                                                                                                | 3    |                           |
| <i>femynor</i>                                                                                                                                                                                                                                         | 0    | C Covered in full         |
| <i>finzala</i>                                                                                                                                                                                                                                         | 1    | C Covered in full         |
| <i>fyavolv</i>                                                                                                                                                                                                                                         | 1    |                           |
| <i>gemmily</i>                                                                                                                                                                                                                                         | 0    | C Covered in full         |
| <i>generess fe</i>                                                                                                                                                                                                                                     | 0    | C Covered in full         |
| <i>gianvi</i>                                                                                                                                                                                                                                          | 0    | C Covered in full         |
| <i>gildagia</i>                                                                                                                                                                                                                                        | 0    | C Covered in full         |
| <i>hailey</i>                                                                                                                                                                                                                                          | 0    | C Covered in full         |
| <i>hailey 24 fe</i>                                                                                                                                                                                                                                    | 0    | C Covered in full         |
| <i>hailey fe</i>                                                                                                                                                                                                                                       | 0    | C Covered in full         |
| <i>haloette</i>                                                                                                                                                                                                                                        | 1    | C Covered in full         |
| IMVEXXY                                                                                                                                                                                                                                                | 3    |                           |

| PRODUCT DESCRIPTION                                           | TIER | LIMITS/RESTRICTIONS/NOTES |
|---------------------------------------------------------------|------|---------------------------|
| <i>introvale</i>                                              | 0    | C Covered in full         |
| <i>isibloom</i>                                               | 0    | C Covered in full         |
| <i>jaimiess</i>                                               | 0    | C Covered in full         |
| <i>jasmiel</i>                                                | 0    | C Covered in full         |
| <i>jevantique lo</i>                                          | 1    |                           |
| <i>jinteli</i>                                                | 1    |                           |
| <i>jolessa</i>                                                | 0    | C Covered in full         |
| <i>joyeaux</i>                                                | 1    | C Covered in full         |
| <i>juleber</i>                                                | 0    | C Covered in full         |
| <i>junel</i>                                                  | 0    | C Covered in full         |
| <i>junel fe</i>                                               | 0    | C Covered in full         |
| <i>junel fe 24</i>                                            | 0    | C Covered in full         |
| <i>kaitlib fe</i>                                             | 0    | C Covered in full         |
| <i>kalliga</i>                                                | 0    | C Covered in full         |
| <i>kariva</i>                                                 | 0    | C Covered in full         |
| <i>kelnor 1-35</i>                                            | 0    | C Covered in full         |
| <i>kelnor 1-50</i>                                            | 0    | C Covered in full         |
| <i>kurvelo</i>                                                | 0    | C Covered in full         |
| <i>larin</i>                                                  | 0    | C Covered in full         |
| <i>larin 24 fe</i>                                            | 0    | C Covered in full         |
| <i>larin fe</i>                                               | 0    | C Covered in full         |
| <i>larissia</i>                                               | 0    | C Covered in full         |
| <i>layolis fe</i>                                             | 0    | C Covered in full         |
| <i>leena</i>                                                  | 0    | C Covered in full         |
| <i>lessina</i>                                                | 0    | C Covered in full         |
| <i>levonest</i>                                               | 0    | C Covered in full         |
| <i>levonorgestrel/ethinyl estradiol</i>                       | 0    | C Covered in full         |
| <i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i> | 0    | C Covered in full         |

| PRODUCT DESCRIPTION                          | TIER | LIMITS/RESTRICTIONS/NOTES |
|----------------------------------------------|------|---------------------------|
| <i>levonorgestrel/ethinyl estradiol/iron</i> | 1    | C Covered in full         |
| <i>levora-28</i>                             | 0    | C Covered in full         |
| <i>lillow</i>                                | 0    | C Covered in full         |
| <i>lo loestrin fe</i>                        | 0    | C Covered in full         |
| <i>lo-zumandimine</i>                        | 0    | C Covered in full         |
| <i>loestrin</i>                              | 0    | C Covered in full         |
| <i>loestrin fe</i>                           | 0    | C Covered in full         |
| <i>lojaimiess</i>                            | 0    | C Covered in full         |
| <i>lomedica 24 fe</i>                        | 0    | C Covered in full         |
| <i>lopreeza 0.5 mg-0.1 mg tablet</i>         | 1    |                           |
| <i>loryna</i>                                | 0    | C Covered in full         |
| <i>loseasonique</i>                          | 0    | C Covered in full         |
| <i>low-ogestrel</i>                          | 0    | C Covered in full         |
| <i>lutra</i>                                 | 0    | C Covered in full         |
| <i>marlissa</i>                              | 0    | C Covered in full         |
| <i>melodetta 24 fe</i>                       | 0    | C Covered in full         |
| MENEST                                       | 3    |                           |
| MENOSTAR                                     | 3    | QL                        |
| <i>mibelas 24 fe</i>                         | 0    | C Covered in full         |
| <i>microgestin</i>                           | 0    | C Covered in full         |
| <i>microgestin 24 fe</i>                     | 0    | C Covered in full         |
| <i>microgestin fe</i>                        | 0    | C Covered in full         |
| <i>mili</i>                                  | 0    | C Covered in full         |
| <i>minastrin 24 fe</i>                       | 0    | C Covered in full         |
| MINIVELLE                                    | 3    |                           |
| <i>mircette</i>                              | 0    | C Covered in full         |
| <i>mono-lynyah</i>                           | 0    | C Covered in full         |
| <i>natazia</i>                               | 0    | C Covered in full         |

| PRODUCT DESCRIPTION                                                                                                                         | TIER | LIMITS/RESTRICTIONS/NOTES |
|---------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| <i>necon</i>                                                                                                                                | 0    | C Covered in full         |
| <i>nextstellis</i>                                                                                                                          | 0    | C Covered in full         |
| <i>nikki</i>                                                                                                                                | 0    | C Covered in full         |
| <i>norelgestromin/ethinyl estradiol</i>                                                                                                     | 1    | C Covered in full         |
| <i>norethindrone acetate-ethinyl estradiol (0.5mg-2.5 tablet, 1mg-5mcg tablet)</i>                                                          | 1    |                           |
| <i>norethindrone acetate-ethinyl estradiol (1mg-20mcg tablet, 1.5-0.03mg tablet)</i>                                                        | 0    | C Covered in full         |
| <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate (1mg-20(21) tablet, 1mg-20(24) tab chew, 1mg-20(24) tablet, 5-7-9-7 tablet)</i> | 0    | C Covered in full         |
| <i>norethindrone-e.estradiol-iron 1.5-30(21) tablet</i>                                                                                     | 0    | C Covered in full         |
| <i>norethindrone-e.estradiol-iron 1mg-20(24) capsule</i>                                                                                    | 1    | C Covered in full         |
| <i>norethindrone-ethinyl estradiol/ferrous fumarate</i>                                                                                     | 0    | C Covered in full         |
| <i>norgestimate-ethinyl estradiol (0.25-0.035 tablet, 7daysx3 28 tablet, 7daysx3 lo tablet)</i>                                             | 0    | C Covered in full         |
| <i>nortrel</i>                                                                                                                              | 0    | C Covered in full         |
| <i>nuvaring</i>                                                                                                                             | 0    | C Covered in full         |
| <i>nylia</i>                                                                                                                                | 0    | C Covered in full         |
| <i>ocella</i>                                                                                                                               | 0    | C Covered in full         |
| <i>orsythia</i>                                                                                                                             | 0    | C Covered in full         |
| <i>ortho tri-cyclen</i>                                                                                                                     | 0    | C Covered in full         |
| <i>ortho tri-cyclen lo</i>                                                                                                                  | 0    | C Covered in full         |
| <i>ortho-novum</i>                                                                                                                          | 0    | C Covered in full         |
| <i>philith</i>                                                                                                                              | 0    | C Covered in full         |
| <i>pimtrea</i>                                                                                                                              | 0    | C Covered in full         |
| <i>pirmella</i>                                                                                                                             | 0    | C Covered in full         |
| <i>portia</i>                                                                                                                               | 0    | C Covered in full         |
| PREMARIN (0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET, VAGINAL CREAM-APPL)                                | 2    |                           |
| PREMPHASE                                                                                                                                   | 2    |                           |
| PREMPRO                                                                                                                                     | 2    |                           |
| <i>previfem</i>                                                                                                                             | 0    | C Covered in full         |
| <i>quartette</i>                                                                                                                            | 0    | C Covered in full         |

| PRODUCT DESCRIPTION      | TIER | LIMITS/RESTRICTIONS/NOTES |
|--------------------------|------|---------------------------|
| <i>rajani</i>            | 0    | C Covered in full         |
| <i>reclipsen</i>         | 0    | C Covered in full         |
| <i>rivelsa</i>           | 0    | C Covered in full         |
| <i>safyral</i>           | 0    | C Covered in full         |
| <i>seasonique</i>        | 0    | C Covered in full         |
| <i>setlakin</i>          | 0    | C Covered in full         |
| <i>simliya</i>           | 0    | C Covered in full         |
| <i>simpesse</i>          | 0    | C Covered in full         |
| <i>sprintec</i>          | 0    | C Covered in full         |
| <i>sronyx</i>            | 0    | C Covered in full         |
| <i>syeda</i>             | 0    | C Covered in full         |
| <i>tarina 24 fe</i>      | 0    | C Covered in full         |
| <i>tarina fe</i>         | 0    | C Covered in full         |
| <i>tarina fe 1-20 eq</i> | 0    | C Covered in full         |
| <i>taytulla</i>          | 0    | C Covered in full         |
| <i>tilia fe</i>          | 0    | C Covered in full         |
| <i>tri femynor</i>       | 0    | C Covered in full         |
| <i>tri-estarylla</i>     | 0    | C Covered in full         |
| <i>tri-legest fe</i>     | 0    | C Covered in full         |
| <i>tri-linyah</i>        | 0    | C Covered in full         |
| <i>tri-lo-estarylla</i>  | 0    | C Covered in full         |
| <i>tri-lo-marzia</i>     | 0    | C Covered in full         |
| <i>tri-lo-mili</i>       | 0    | C Covered in full         |
| <i>tri-lo-sprintec</i>   | 0    | C Covered in full         |
| <i>tri-mili</i>          | 0    | C Covered in full         |
| <i>tri-previfem</i>      | 0    | C Covered in full         |
| <i>tri-sprintec</i>      | 0    | C Covered in full         |

| PRODUCT DESCRIPTION   | TIER | LIMITS/RESTRICTIONS/NOTES |
|-----------------------|------|---------------------------|
| <i>tri-vylibra</i>    | 0    | C Covered in full         |
| <i>tri-vylibra lo</i> | 0    | C Covered in full         |
| <i>trivora-28</i>     | 0    | C Covered in full         |
| <i>turqoz</i>         | 1    | C Covered in full         |
| <i>twirla</i>         | 0    | C Covered in full         |
| TYBLUME               | 3    | C Covered in full         |
| <i>tydemy</i>         | 0    | C Covered in full         |
| VAGIFEM               | 3    |                           |
| <i>velivet</i>        | 0    | C Covered in full         |
| <i>vestura</i>        | 0    | C Covered in full         |
| <i>vienva</i>         | 0    | C Covered in full         |
| <i>viorele</i>        | 0    | C Covered in full         |
| VIVELLE-DOT           | 3    |                           |
| <i>volnea</i>         | 1    | C Covered in full         |
| <i>vyfemla</i>        | 0    | C Covered in full         |
| <i>vylibra</i>        | 0    | C Covered in full         |
| <i>wera</i>           | 0    | C Covered in full         |
| <i>wymzya fe</i>      | 0    | C Covered in full         |
| <i>xulane</i>         | 0    | C Covered in full         |
| <i>yasmin 28</i>      | 0    | C Covered in full         |
| <i>yaz</i>            | 0    | C Covered in full         |
| <i>yuvaferm</i>       | 1    |                           |
| <i>zafemy</i>         | 1    | C Covered in full         |
| <i>zarah</i>          | 0    | C Covered in full         |
| <i>zenchent</i>       | 0    | C Covered in full         |
| <i>zovia 1-35</i>     | 0    | C Covered in full         |
| <i>zumandimine</i>    | 0    | C Covered in full         |

| PRODUCT DESCRIPTION                                                              | TIER | LIMITS/RESTRICTIONS/NOTES |                 |
|----------------------------------------------------------------------------------|------|---------------------------|-----------------|
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS), OTHER |      |                           |                 |
| ACTIVELLA 1 MG-0.5 MG TABLET                                                     | 3    |                           |                 |
| amabelz                                                                          | 1    |                           |                 |
| BIJUVA                                                                           | 3    |                           |                 |
| CLIMARA PRO                                                                      | 2    |                           |                 |
| COMBIPATCH                                                                       | 3    |                           |                 |
| estradiol/norethindrone acetate                                                  | 1    |                           |                 |
| lopreeza 1 mg-0.5 mg tablet                                                      | 1    |                           |                 |
| mimvey                                                                           | 1    |                           |                 |
| mimvey lo                                                                        | 1    |                           |                 |
| PREFEST                                                                          | 3    |                           |                 |
| PROGESTINS                                                                       |      |                           |                 |
| after pill                                                                       | 1    | C                         | Covered in full |
| aftera                                                                           | 0    | C                         | Covered in full |
| AYGESTIN                                                                         | 3    |                           |                 |
| camila                                                                           | 0    | C                         | Covered in full |
| CRINONE 4% GEL                                                                   | 3    |                           |                 |
| CRINONE 8% GEL                                                                   | 3    | S                         |                 |
| curae                                                                            | 1    | C                         | Covered in full |
| deblitane                                                                        | 0    | C                         | Covered in full |
| depo-subq provera 104                                                            | 0    | C                         | Covered in full |
| econtra ez                                                                       | 0    | C                         | Covered in full |
| econtra one-step                                                                 | 0    | C                         | Covered in full |
| ella                                                                             | 0    | C                         | Covered in full |
| emzahh                                                                           | 1    | C                         | Covered in full |
| ENDOMETRIN                                                                       | 2    | PA                        | S               |
| errin                                                                            | 0    | C                         | Covered in full |
| heather                                                                          | 0    | C                         | Covered in full |
| her style                                                                        | 1    | C                         | Covered in full |
| incassia                                                                         | 0    | C                         | Covered in full |

| PRODUCT DESCRIPTION                                                           | TIER | LIMITS/RESTRICTIONS/NOTES |                                                |
|-------------------------------------------------------------------------------|------|---------------------------|------------------------------------------------|
| <i>jencycla</i>                                                               | 0    | C                         | Covered in full                                |
| <i>kyleena</i>                                                                | 0    | C                         | Covered in full                                |
| <i>levonorgestrel</i>                                                         | 0    | C                         | Covered in full                                |
| <i>liletta</i>                                                                | 0    | C                         | Covered in full as medical benefit             |
| <i>lyza</i>                                                                   | 0    | C                         | Covered in full                                |
| <i>medroxyprogesterone acetate (150 mg/ml syringe, 150 mg/ml vial)</i>        | 0    | C                         | Covered in full                                |
| <i>medroxyprogesterone acetate (2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i> | 1    |                           |                                                |
| MEGACE ES                                                                     | 3    |                           |                                                |
| <i>megestrol acetate (20 mg tablet, 40 mg tablet)</i>                         | 1    |                           |                                                |
| <i>megestrol acetate (400mg/10ml oral susp, 625mg/5ml oral susp)</i>          | 1    |                           |                                                |
| <i>mirena</i>                                                                 | 0    | C                         | Covered in full                                |
| <i>my choice</i>                                                              | 0    | C                         | Covered in full                                |
| <i>my way</i>                                                                 | 0    | C                         | Covered in full                                |
| <i>new day</i>                                                                | 0    | C                         | Covered in full                                |
| <i>nexplanon</i>                                                              | 0    | C                         | Covered in full as medical or pharmacy benefit |
| <i>nora-be</i>                                                                | 0    | C                         | Covered in full                                |
| <i>norethindrone</i>                                                          | 0    | C                         | Covered in full                                |
| <i>norethindrone acetate</i>                                                  | 1    |                           |                                                |
| <i>norlyda</i>                                                                | 0    | C                         | Covered in full                                |
| <i>norlyroc</i>                                                               | 0    | C                         | Covered in full                                |
| <i>opcicon one-step</i>                                                       | 0    | C                         | Covered in full                                |
| <i>option 2</i>                                                               | 0    | C                         | Covered in full                                |
| <i>ortho micronor</i>                                                         | 0    | C                         | Covered in full                                |
| <i>plan b one-step</i>                                                        | 0    | C                         | Covered in full                                |
| <i>progesterone</i>                                                           | 1    | S                         | MS                                             |
| <i>progesterone, micronized</i>                                               | 1    |                           |                                                |
| PROMETRIUM                                                                    | 3    |                           |                                                |
| PROVERA                                                                       | 3    |                           |                                                |

| PRODUCT DESCRIPTION                                                                                                                                                                                                          | TIER | LIMITS/RESTRICTIONS/NOTES            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------------------|
| <i>sharobel</i>                                                                                                                                                                                                              | 0    | C Covered in full                    |
| <i>skyla</i>                                                                                                                                                                                                                 | 0    | C Covered in full as medical benefit |
| <i>slynd</i>                                                                                                                                                                                                                 | 0    | C Covered in full                    |
| <i>take action</i>                                                                                                                                                                                                           | 0    | C Covered in full                    |
| <i>tulana</i>                                                                                                                                                                                                                | 0    | C Covered in full                    |
| SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS                                                                                                                                                                                 |      |                                      |
| <i>clomid</i>                                                                                                                                                                                                                | 1    |                                      |
| <i>clomiphene citrate</i>                                                                                                                                                                                                    | 1    |                                      |
| DUAVEE                                                                                                                                                                                                                       | 2    |                                      |
| EVISTA                                                                                                                                                                                                                       | 3    |                                      |
| OSPHEA                                                                                                                                                                                                                       | 3    | ST                                   |
| <i>raloxifene hcl</i>                                                                                                                                                                                                        | 1    | C Covered in full                    |
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)                                                                                                                                                                   |      |                                      |
| <i>adthyza (15 mg tablet, 30 mg tablet, 60 mg tablet, 90 mg tablet, 120 mg tablet)</i>                                                                                                                                       | 1    |                                      |
| ADTHYZA (16.25 MG TABLET, 32.5 MG TABLET, 65 MG TABLET, 97.5 MG TABLET, 130 MG TABLET)                                                                                                                                       | 3    |                                      |
| ARMOUR THYROID                                                                                                                                                                                                               | 3    |                                      |
| CYTOMEL                                                                                                                                                                                                                      | 3    |                                      |
| ERMEZA                                                                                                                                                                                                                       | 3    |                                      |
| <i>euthyrox</i>                                                                                                                                                                                                              | 1    |                                      |
| <i>levo-t</i>                                                                                                                                                                                                                | 1    |                                      |
| LEVOTHYROXINE SODIUM (13 MCG CAPSULE, 25 MCG CAPSULE, 50 MCG CAPSULE, 75 MCG CAPSULE, 88 MCG CAPSULE, 100 MCG CAPSULE, 112 MCG CAPSULE, 125 MCG CAPSULE, 137 MCG CAPSULE, 150 MCG CAPSULE, 175 MCG CAPSULE, 200 MCG CAPSULE) | 3    |                                      |
| <i>levothyroxine sodium (25 mcg tablet, 50 mcg tablet, 75 mcg tablet, 88 mcg tablet, 100 mcg tablet, 112 mcg tablet, 125 mcg tablet, 137 mcg tablet, 150 mcg tablet, 175 mcg tablet, 200 mcg tablet, 300 mcg tablet)</i>     | 1    |                                      |
| <i>levoxyl</i>                                                                                                                                                                                                               | 1    |                                      |
| <i>liothyronine sodium (5 mcg tablet, 25 mcg tablet, 50 mcg tablet)</i>                                                                                                                                                      | 1    |                                      |
| <i>np thyroid</i>                                                                                                                                                                                                            | 1    |                                      |
| SYNTHROID                                                                                                                                                                                                                    | 3    |                                      |
| THYQUIDITY                                                                                                                                                                                                                   | 3    |                                      |
| TIROSINT                                                                                                                                                                                                                     | 3    |                                      |
| TIROSINT-SOL                                                                                                                                                                                                                 | 3    |                                      |

| PRODUCT DESCRIPTION                                                                                                                                                                                                            | TIER | LIMITS/RESTRICTIONS/NOTES |    |    |    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|----|----|----|
| <i>unithroid</i>                                                                                                                                                                                                               | 1    |                           |    |    |    |
| HORMONAL AGENTS, SUPPRESSANT (ADRENAL)                                                                                                                                                                                         |      |                           |    |    |    |
| LYSODREN                                                                                                                                                                                                                       | 2    |                           |    |    |    |
| HORMONAL AGENTS, SUPPRESSANT (PITUITARY)                                                                                                                                                                                       |      |                           |    |    |    |
| BYNFEZIA                                                                                                                                                                                                                       | 3    | S                         | MS |    |    |
| <i>cabergoline</i>                                                                                                                                                                                                             | 1    |                           |    |    |    |
| <i>cetrorelix acetate</i>                                                                                                                                                                                                      | 1    | PA                        | S  | MS |    |
| CETROTIDE                                                                                                                                                                                                                      | 3    | PA                        | S  | MS |    |
| <i>fyremadel</i>                                                                                                                                                                                                               | 1    | PA                        | MS |    |    |
| <i>ganirelix acetate</i>                                                                                                                                                                                                       | 1    | PA                        | S  | MS |    |
| <i>ganirelix acetate (mfr: ferring labs)</i>                                                                                                                                                                                   | 1    | PA                        | S  | MS |    |
| GANIRELIX ACETATE (MFR: ORGANON PHARMACEUTICALS)                                                                                                                                                                               | 3    | PA                        | S  | MS |    |
| LANREOTIDE ACETATE                                                                                                                                                                                                             | 3    | QL                        | PA | S  |    |
| <i>leuprolide acetate 1 mg/0.2ml kit</i>                                                                                                                                                                                       | 1    | PA                        | S  |    |    |
| LUPANETA PACK                                                                                                                                                                                                                  | 3    | S                         | MS |    |    |
| MYCAPSSA                                                                                                                                                                                                                       | 3    | QL                        | PA |    |    |
| <i>octreotide acetate (50 mcg/ml ampul, 50 mcg/ml syringe, 50 mcg/ml vial, 100 mcg/ml ampul, 100 mcg/ml syringe, 100 mcg/ml vial, 200 mcg/ml vial, 500 mcg/ml ampul, 500 mcg/ml syringe, 500 mcg/ml vial, 1000mcg/ml vial)</i> | 1    | S                         | MS |    |    |
| ORGOVYX                                                                                                                                                                                                                        | 3    | QL                        | PA | S  |    |
| ORILISSA (150 MG TABLET, 200 MG TABLET)                                                                                                                                                                                        | 3    | QL                        | PA |    |    |
| SANDOSTATIN                                                                                                                                                                                                                    | 3    | S                         | MS |    |    |
| SANDOSTATIN LAR DEPOT                                                                                                                                                                                                          | 3    | QL                        | PA | S  | MS |
| SIGNIFOR                                                                                                                                                                                                                       | 3    | PA                        | S  |    |    |
| SOMATULINE DEPOT                                                                                                                                                                                                               | 2    | QL                        | S  | MS |    |
| SOMAVERT (15 MG VIAL, 20 MG VIAL, 25 MG VIAL, 30 MG VIAL)                                                                                                                                                                      | 3    | PA                        | S  | MS |    |
| SOMAVERT 10 MG VIAL                                                                                                                                                                                                            | 3    | QL                        | PA | S  | MS |
| SYNAREL                                                                                                                                                                                                                        | 3    | QL                        | PA |    |    |

| PRODUCT DESCRIPTION                                                                                                                                                           | TIER | LIMITS/RESTRICTIONS/NOTES |    |    |    |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|----|----|----|--|--|
| HORMONAL AGENTS, SUPPRESSANT (THYROID)                                                                                                                                        |      |                           |    |    |    |  |  |
| ANTITHYROID AGENTS                                                                                                                                                            |      |                           |    |    |    |  |  |
| methimazole                                                                                                                                                                   | 1    |                           |    |    |    |  |  |
| potassium iodide 1 g/ml solution                                                                                                                                              | 1    |                           |    |    |    |  |  |
| propylthiouracil                                                                                                                                                              | 1    |                           |    |    |    |  |  |
| SSKI                                                                                                                                                                          | 3    |                           |    |    |    |  |  |
| TAPAZOLE                                                                                                                                                                      | 3    |                           |    |    |    |  |  |
| IMMUNOLOGICAL AGENTS                                                                                                                                                          |      |                           |    |    |    |  |  |
| ANGIOEDEMA AGENTS                                                                                                                                                             |      |                           |    |    |    |  |  |
| BERINERT 500 UNIT KIT                                                                                                                                                         | 3    | QL                        | PA | S  | MS |  |  |
| CINRYZE                                                                                                                                                                       | 3    | QL                        | PA | S  | MS |  |  |
| FIRAZYR                                                                                                                                                                       | 3    | QL                        | PA | S  |    |  |  |
| HAEGARDA                                                                                                                                                                      | 2    | QL                        | PA | S  | MS |  |  |
| icatibant acetate                                                                                                                                                             | 1    | QL                        | PA | S  | MS |  |  |
| ORLADEYO                                                                                                                                                                      | 3    | QL                        | PA |    |    |  |  |
| RUCONEST                                                                                                                                                                      | 3    | QL                        | PA | S  | MS |  |  |
| sajazir                                                                                                                                                                       | 1    | QL                        | PA | S  | MS |  |  |
| TAKHZYRO (150 MG/ML SYRINGE, 300 MG/2 ML SYRINGE, 300 MG/2 ML VIAL)                                                                                                           | 2    | QL                        | PA | S  | MS |  |  |
| IMMUNE SUPPRESSANTS                                                                                                                                                           |      |                           |    |    |    |  |  |
| REZUROCK                                                                                                                                                                      | 3    | QL                        | PA | S  | MS |  |  |
| IMMUNOGLOBULINS                                                                                                                                                               |      |                           |    |    |    |  |  |
| GAMMAGARD LIQUID                                                                                                                                                              | 3    | PA                        | S  | MS |    |  |  |
| GAMMAGARD S-D (5 G SOLN, 10 G SOL)                                                                                                                                            | 3    | PA                        | S  | MS |    |  |  |
| GAMUNEX-C                                                                                                                                                                     | 3    | PA                        | S  | MS |    |  |  |
| HIZENTRA (1 GRAM/5 ML SYRINGE, 1 GRAM/5 ML VIAL, 2 GRAM/10 ML SYRINGE, 2 GRAM/10 ML VIAL, 4 GRAM/20 ML SYRINGE, 4 GRAM/20 ML VIAL, 10 GRAM/50 ML SYRINGE, 10 GRAM/50 ML VIAL) | 3    | PA                        | S  | MS |    |  |  |
| PRIVIGEN                                                                                                                                                                      | 3    | PA                        | S  | MS |    |  |  |

| PRODUCT DESCRIPTION                                                                  | TIER | LIMITS/RESTRICTIONS/NOTES |    |    |    |
|--------------------------------------------------------------------------------------|------|---------------------------|----|----|----|
| IMMUNOLOGICAL AGENTS, OTHER                                                          |      |                           |    |    |    |
| ACTEMRA 162 MG/0.9 ML SYRINGE                                                        | 2    | QL                        | PA | S  | MS |
| ACTEMRA ACTPEN                                                                       | 2    | QL                        | PA | S  | MS |
| ARCALYST                                                                             | 3    | QL                        | PA | S  | MS |
| BENLYSTA (120 MG VIAL, 400 MG VIAL)                                                  | 3    | S                         | MS |    |    |
| BENLYSTA (200 MG/ML AUTOINJECT, 200 MG/ML SYRINGE)                                   | 3    | QL                        | S  | MS |    |
| BIMZELX                                                                              | 3    | QL                        | PA | S  | MS |
| BIMZELX AUTOINJECTOR                                                                 | 3    | QL                        | PA | S  | MS |
| CIBINQO                                                                              | 3    | QL                        | PA | S  |    |
| COSENTYX                                                                             | 2    | QL                        | PA | S  | MS |
| DUPIXENT PEN (200 MG/1.14 ML PEN, 300 MG/2 ML PEN)                                   | 2    | QL                        | PA | S  | MS |
| DUPIXENT SYRINGE (100 MG/0.67 ML SYRING, 200 MG/1.14 ML SYRING, 300 MG/2 ML SYRINGE) | 2    | QL                        | PA | S  | MS |
| EMPAVELI                                                                             | 3    | PA                        | S  |    |    |
| ENSPRYNG                                                                             | 3    | QL                        | PA | S  | MS |
| ENTYVIO 108 MG/0.68 ML PEN                                                           | 3    | QL                        | PA |    |    |
| KEVZARA                                                                              | 3    | QL<br>MS                  | PA | ST | S  |
| KINERET                                                                              | 3    | QL                        | PA | ST | S  |
| OLUMIANT (1 MG TABLET, 2 MG TABLET)                                                  | 3    | QL<br>MS                  | PA | ST | S  |
| OLUMIANT 4 MG TABLET                                                                 | 3    | QL                        | PA | S  | MS |
| OMVOH PEN                                                                            | 3    | QL                        | PA | S  | MS |
| ORENCIA                                                                              | 3    | QL<br>MS                  | PA | ST | S  |
| OTEZLA (28 DAY PACK, PACK)                                                           | 2    | QL                        | PA | S  | MS |

| PRODUCT DESCRIPTION                                                                                                                                                                                                              | TIER | LIMITS/RESTRICTIONS/NOTES |    |    |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|----|----|----|
| PALFORZIA (3 MG (LEVEL 1), 6 MG (LEVEL 2), 12 MG (LEVEL 3), 20 MG (LEVEL 4), 40 MG (LEVEL 5), 80 MG (LEVEL 6), 120 MG (LEVEL 7), 160 MG (LEVEL 8), 200 MG (LEVEL 9), 240 MG (LEVEL 10), 300 MG (MAINTENANCE), INITIAL DOSE PACK) | 3    | QL                        | PA | S  |    |
| PALFORZIA 300 MG (LEVEL 11)                                                                                                                                                                                                      | 3    | QL                        | PA |    |    |
| RIDAURA                                                                                                                                                                                                                          | 3    |                           |    |    |    |
| RINVOQ (ER 15 MG TABLET, ER 30 MG TABLET, ER 45 MG TABLET)                                                                                                                                                                       | 2    | QL                        | PA | S  | MS |
| SILIQ                                                                                                                                                                                                                            | 3    | QL<br>MS                  | PA | ST | S  |
| SKYRIZI (2 SYRINGES) KIT                                                                                                                                                                                                         | 2    | QL                        | PA | S  | MS |
| SKYRIZI ON-BODY (180 MG/1.2 ML, 360 MG/2.4 ML)                                                                                                                                                                                   | 2    | QL                        | PA | S  | MS |
| SOTYKTU                                                                                                                                                                                                                          | 3    | QL                        | PA | S  | MS |
| STELARA (45 MG/0.5 ML SYRINGE, 45 MG/0.5 ML VIAL, 90 MG/ML SYRINGE)                                                                                                                                                              | 2    | QL                        | PA | S  | MS |
| TALTZ                                                                                                                                                                                                                            | 3    | QL<br>MS                  | PA | ST | S  |
| TAVNEOS                                                                                                                                                                                                                          | 3    | QL                        | PA | S  |    |
| TEZSPIRE 210 MG/1.91 ML PEN                                                                                                                                                                                                      | 3    | QL                        | PA | S  | MS |
| TREMFYA                                                                                                                                                                                                                          | 2    | QL                        | PA | S  | MS |
| XELJANZ (1 MG/ML SOLUTION, 5 MG TABLET, 10 MG TABLET)                                                                                                                                                                            | 2    | QL                        | PA | S  | MS |
| XELJANZ XR (11 MG TABLET, 22 MG TABLET)                                                                                                                                                                                          | 2    | QL                        | PA | S  | MS |
| XOLAIR (75 MG/0.5 ML SYRINGE, 150 MG/1.2 ML POWDER VL, 150 MG/ML SYRINGE)                                                                                                                                                        | 3    | QL                        | PA | S  | MS |
| IMMUNOSTIMULANTS                                                                                                                                                                                                                 |      |                           |    |    |    |
| ACTIMMUNE                                                                                                                                                                                                                        | 3    | QL                        | PA | S  | MS |
| ALFERON N                                                                                                                                                                                                                        | 3    |                           |    |    |    |
| INTRON A                                                                                                                                                                                                                         | 3    | S                         | MS |    |    |
| PEGASYS (180 MCG/0.5 ML SYRINGE, 180 MCG/ML VIAL)                                                                                                                                                                                | 3    | QL                        | PA | S  | MS |
| PEGASYS PROCLICK                                                                                                                                                                                                                 | 3    | QL                        | PA | S  | MS |
| IMMUNOSUPPRESSANTS                                                                                                                                                                                                               |      |                           |    |    |    |
| ABRILADA(CF)                                                                                                                                                                                                                     | 3    | QL                        | PA | S  | MS |

| PRODUCT DESCRIPTION                                                                                          | TIER | LIMITS/RESTRICTIONS/NOTES |    |    |    |
|--------------------------------------------------------------------------------------------------------------|------|---------------------------|----|----|----|
| ABRILADA(CF) PEN                                                                                             | 3    | QL                        | PA | S  | MS |
| ADALIMUMAB-AACF                                                                                              | 3    | QL                        | PA | S  | MS |
| ADALIMUMAB-AATY (40MG/0.4ML AUTOINJKIT, 40MG/0.4ML SYRINGEKIT, 80MG/0.8ML AUTOINJKIT)                        | 3    | QL                        | PA | S  |    |
| <i>adalimumab-adaz (sandoz)</i>                                                                              | 3    | QL                        | PA | S  | MS |
| ADALIMUMAB-ADBM (10MG/0.2ML SYRINGEKIT, 20MG/0.4ML SYRINGEKIT, 40MG/0.8ML PEN IJ KIT, 40MG/0.8ML SYRINGEKIT) | 3    | QL                        | PA | S  | MS |
| ADALIMUMAB-FKJP (20MG/0.4ML SYRINGEKIT, 40MG/0.8ML PEN IJ KIT, 40MG/0.8ML SYRINGEKIT)                        | 3    | QL                        | PA | S  |    |
| AMJEVITA(CF)                                                                                                 | 3    | QL                        | PA | S  | MS |
| AMJEVITA(CF) AUTOINJECTOR (40MG/0.4ML, 40MG/0.8ML, 80MG/0.8ML)                                               | 3    | QL                        | PA | S  | MS |
| ARAVA                                                                                                        | 3    |                           |    |    |    |
| ASTAGRAF XL (0.5 MG CAPSULE, 1 MG CAPSULE, 5 MG CAPSULE)                                                     | 3    | QL                        | PA | S  |    |
| AZASAN (75 MG TABLET, 100 MG TABLET)                                                                         | 3    | QL                        | PA | S  |    |
| AZATHIOPRINE (75 MG TABLET, 100 MG TABLET)                                                                   | 3    | QL                        | PA | S  |    |
| <i>azathioprine 50 mg tablet</i>                                                                             | 1    | S                         |    |    |    |
| CELLCEPT (200 MG/ML ORAL SUSP, 250 MG CAPSULE, 500 MG TABLET)                                                | 3    | S                         |    |    |    |
| CIMZIA (MG/ML SYRINGE KIT, MG/ML(X3)START KT)                                                                | 3    | QL<br>MS                  | PA | ST | S  |
| <i>cyclosporine (25 mg capsule, 100 mg capsule)</i>                                                          | 1    | S                         |    |    |    |
| <i>cyclosporine, modified (25 mg capsule, 50 mg capsule, 100 mg capsule, 100 mg/ml solution)</i>             | 1    | S                         |    |    |    |
| CYLTEZO(CF) (10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML)                                                       | 2    | QL                        | PA | S  | MS |
| CYLTEZO(CF) PEN 40 MG/0.8 ML                                                                                 | 2    | QL                        | PA | S  | MS |
| CYLTEZO(CF) PEN CROHN'S-UC-HS                                                                                | 2    | QL                        | PA | S  | MS |
| CYLTEZO(CF) PEN PSORIASIS-UV                                                                                 | 2    | QL                        | PA | S  | MS |
| ENBREL (25 MG KIT, 25 MG/0.5 ML SYRINGE, 25 MG/0.5 ML VIAL, 50 MG/ML SYRINGE)                                | 2    | QL                        | PA | S  | MS |
| ENBREL MINI                                                                                                  | 2    | QL                        | PA | S  | MS |
| ENBREL SURECLICK                                                                                             | 2    | QL                        | PA | S  | MS |
| ENVARUSUS XR (0.75 MG TABLET, 1 MG TABLET, 4 MG TABLET)                                                      | 3    | QL                        | PA | S  |    |
| <i>everolimus (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet)</i>                                               | 1    | S                         |    |    |    |
| <i>gengraf (25 mg capsule, 100 mg capsule, 100 mg/ml solution)</i>                                           | 1    | S                         |    |    |    |

| PRODUCT DESCRIPTION                                                                | TIER | LIMITS/RESTRICTIONS/NOTES |    |   |    |
|------------------------------------------------------------------------------------|------|---------------------------|----|---|----|
| HADLIMA                                                                            | 2    | QL                        | PA | S | MS |
| HADLIMA PUSHTOUCH                                                                  | 2    | QL                        | PA | S | MS |
| HADLIMA(CF)                                                                        | 2    | QL                        | PA | S | MS |
| HADLIMA(CF) PUSHTOUCH                                                              | 2    | QL                        | PA | S | MS |
| HULIO(CF)                                                                          | 3    | QL                        | PA | S |    |
| HULIO(CF) PEN                                                                      | 3    | QL                        | PA | S |    |
| HUMIRA (ABBVIE)                                                                    | 2    | QL                        | PA | S | MS |
| HYFTOR                                                                             | 3    | QL                        | PA |   |    |
| HYRIMOZ (SANDOZ)                                                                   | 3    | QL                        | PA | S | MS |
| IDACIO(CF)                                                                         | 3    | QL                        | PA | S | MS |
| IDACIO(CF) PEN                                                                     | 3    | QL                        | PA | S | MS |
| IDACIO(CF) PEN CROHN'S-UC                                                          | 3    | QL                        | PA | S | MS |
| IDACIO(CF) PEN PSORIASIS                                                           | 3    | QL                        | PA | S | MS |
| IMURAN                                                                             | 3    | S                         |    |   |    |
| JYLAMVO                                                                            | 3    | QL                        | PA |   |    |
| <i>leflunomide</i>                                                                 | 1    |                           |    |   |    |
| LUPKYNIS                                                                           | 3    | QL                        | PA | S |    |
| <i>methotrexate sodium (2.5 mg tablet, 25 mg/ml vial)</i>                          | 1    |                           |    |   |    |
| <i>methotrexate sodium/pf (sodium/pf 1 g vial, sodium/pf 25 mg/ml vial)</i>        | 1    |                           |    |   |    |
| <i>mycophenolate mofetil (200 mg/ml susp recon, 250 mg capsule, 500 mg tablet)</i> | 1    | S                         |    |   |    |
| <i>mycophenolate sodium</i>                                                        | 1    | S                         |    |   |    |
| MYFORTIC                                                                           | 3    | S                         |    |   |    |
| NEORAL (25 MG GELATIN CAPSULE, 100 MG GELATIN CAPSULE, 100 MG/ML SOLUTION)         | 3    | S                         |    |   |    |
| OTREXUP                                                                            | 3    | QL                        | PA |   |    |
| PROGRAF (0.5 MG CAPSULE, 1 MG CAPSULE, 5 MG CAPSULE)                               | 3    | S                         |    |   |    |
| PROGRAF 0.2 MG GRANULE PACKET                                                      | 3    | ST                        |    |   |    |
| RAPAMUNE (0.5 MG TABLET, 1 MG TABLET, 1 MG/ML ORAL SOLN, 2 MG TABLET)              | 3    | S                         |    |   |    |

| PRODUCT DESCRIPTION                                                                                                                                                                       | TIER | LIMITS/RESTRICTIONS/NOTES |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| RASUVO (7.5 MG/0.15 ML, 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML)                                          | 3    | QL PA                     |
| REDITREX (7.5 MG/0.3 ML SYRINGE, 10 MG/0.4 ML SYRINGE, 12.5 MG/0.5 ML SYRING, 15 MG/0.6 ML SYRINGE, 17.5 MG/0.7 ML SYRING, 20 MG/0.8 ML SYRINGE, 22.5 MG/0.9 ML SYRING, 25 MG/ML SYRINGE) | 3    | QL PA                     |
| SANDIMMUNE (25 MG CAPSULE, 100 MG CAPSULE, 100 MG/ML SOLN)                                                                                                                                | 3    | S                         |
| SIMPONI (50 MG/0.5 ML PEN INJEC, 50 MG/0.5 ML SYRINGE, 100 MG/ML PEN INJECTOR, 100 MG/ML SYRINGE)                                                                                         | 3    | QL PA ST S<br>MS          |
| <i>sirolimus (0.5 mg tablet, 1 mg tablet, 1 mg/ml solution, 2 mg tablet)</i>                                                                                                              | 1    | S                         |
| <i>tacrolimus (0.5 mg capsule, 1 mg capsule, 5 mg capsule)</i>                                                                                                                            | 1    | S                         |
| TREXALL                                                                                                                                                                                   | 3    |                           |
| XATMEP                                                                                                                                                                                    | 3    | PA                        |
| YUFLYMA(CF) 40 MG/0.4 ML SYRNG                                                                                                                                                            | 3    | QL PA S                   |
| YUFLYMA(CF) AI CROHN'S-UC-HS                                                                                                                                                              | 3    | QL PA S                   |
| YUFLYMA(CF) AUTOINJECTOR                                                                                                                                                                  | 3    | QL PA S                   |
| YUSIMRY(CF) PEN                                                                                                                                                                           | 3    | QL PA S                   |
| ZORTRESS                                                                                                                                                                                  | 3    | S                         |
| VACCINES                                                                                                                                                                                  |      |                           |
| ABRYSVO                                                                                                                                                                                   | 3    | QL<br>C Covered in full   |
| ACTHIB                                                                                                                                                                                    | 3    | C Covered in full         |
| ADACEL TDAP                                                                                                                                                                               | 3    | C Covered in full         |
| AFLURIA QUAD 2023-2024                                                                                                                                                                    | 3    | QL<br>C Covered in full   |
| AFLURIA QUAD 2023-24 (3YR UP)                                                                                                                                                             | 3    | QL<br>C Covered in full   |
| AREXVY                                                                                                                                                                                    | 3    | QL<br>C Covered in full   |
| BEXSERO                                                                                                                                                                                   | 3    | C Covered in full         |
| BOOSTRIX TDAP                                                                                                                                                                             | 3    | C Covered in full         |
| COMIRNATY                                                                                                                                                                                 | 3    | C Covered in full         |

| PRODUCT DESCRIPTION                            | TIER | LIMITS/RESTRICTIONS/NOTES |
|------------------------------------------------|------|---------------------------|
| DAPTACEL DTAP                                  | 3    | C Covered in full         |
| ENGERIX-B ADULT                                | 3    | C Covered in full         |
| ENGERIX-B PEDIATRIC-ADOLESCENT                 | 3    | C Covered in full         |
| FLUAD QUAD 2023-2024                           | 3    | QL<br>C Covered in full   |
| FLUARIX QUAD 2023-2024                         | 3    | QL<br>C Covered in full   |
| FLUBLOK QUAD 2023-2024                         | 3    | QL<br>C Covered in full   |
| FLUCELVAX QUAD 2023-2024 (SYR, VIAL)           | 3    | QL<br>C Covered in full   |
| FLULAVAL QUAD 2023-2024                        | 3    | QL<br>C Covered in full   |
| FLUMIST QUAD 2023-2024                         | 3    | QL<br>C Covered in full   |
| FLUZONE HIGH-DOSE QUAD 2023-24                 | 3    | QL<br>C Covered in full   |
| FLUZONE QUAD 2022-2023                         | 3    | QL<br>C Covered in full   |
| GARDASIL 9                                     | 3    | C Covered in full         |
| HAVRIX                                         | 3    | C Covered in full         |
| HEPLISAV-B                                     | 3    | C Covered in full         |
| HIBERIX (VACCINE VIAL, VIAL WITH DILUENT VIAL) | 3    | C Covered in full         |
| IMOVAX RABIES VACCINE                          | 3    | C Covered in full         |
| INFANRIX DTAP                                  | 3    | C Covered in full         |
| IPOL                                           | 3    | C Covered in full         |
| JYNNEOS                                        | 3    | C Covered in full         |
| JYNNEOS (NATIONAL STOCKPILE)                   | 3    | C Covered in full         |
| KINRIX                                         | 3    | C Covered in full         |

| PRODUCT DESCRIPTION                                                    | TIER | LIMITS/RESTRICTIONS/NOTES |
|------------------------------------------------------------------------|------|---------------------------|
| M-M-R II VACCINE                                                       | 3    | C Covered in full         |
| MENQUADFI                                                              | 3    |                           |
| MENVEO A-C-Y-W-135-DIP (1 VIAL-A-C-Y-W-135-DIP, A-C-Y-W KIT (2 VIALS)) | 3    | C Covered in full         |
| MODERNA COVID BIVAL(6MO UP)EUA                                         | 3    | C Covered in full         |
| MODERNA COVID BIVAL(6MO-5Y)EUA                                         | 3    | C Covered in full         |
| MODERNA COVID-19 BOOSTER (EUA)                                         | 3    |                           |
| NOVAVAX COVID-19 VACC,ADJ(EUA)                                         | 3    | C Covered in full         |
| PEDIARIX                                                               | 3    | C Covered in full         |
| PEDVAXHIB                                                              | 3    | C Covered in full         |
| PENBRAYA                                                               | 3    | C Covered in full         |
| PENTACEL                                                               | 3    | C Covered in full         |
| PENTACEL DTAP-IPV COMPONENT                                            | 3    | C Covered in full         |
| PFIZER COVID BIVAL (12Y UP)EUA                                         | 3    | C Covered in full         |
| PFIZER COVID BIVAL (5-11YR)EUA                                         | 3    | C Covered in full         |
| PFIZER COVID BIVAL (6MO-4Y)EUA                                         | 3    | C Covered in full         |
| PNEUMOVAX 23                                                           | 3    | C Covered in full         |
| PREHEVBRIO                                                             | 3    | C Covered in full         |
| PREVNAR 20                                                             | 3    | C Covered in full         |
| PRIORIX                                                                | 3    | C Covered in full         |
| PROQUAD                                                                | 3    | C Covered in full         |
| QUADRACEL DTAP-IPV                                                     | 3    | C Covered in full         |
| RECOMBIVAX HB                                                          | 3    | C Covered in full         |
| ROTARIX                                                                | 3    | C Covered in full         |
| ROTATEQ                                                                | 3    | C Covered in full         |
| SHINGRIX                                                               | 3    | C Covered in full age 50+ |
| SPIKEVAX COVID (18Y UP) VACC                                           | 3    | C Covered in full         |
| TENIVAC                                                                | 3    | C Covered in full         |
| TETANUS AND DIPHTHERIA TOXOIDS, ADULT                                  | 3    | C Covered in full         |

| PRODUCT DESCRIPTION                                                                                                              | TIER | LIMITS/RESTRICTIONS/NOTES |                 |
|----------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|-----------------|
| TETANUS,DIPHTHERIA TOXOID PED/PF                                                                                                 | 3    | C                         | Covered in full |
| TRUMENBA                                                                                                                         | 3    | C                         | Covered in full |
| TWINRIX                                                                                                                          | 3    | C                         | Covered in full |
| VAQTA                                                                                                                            | 3    | C                         | Covered in full |
| VARIVAX VACCINE                                                                                                                  | 3    | C                         | Covered in full |
| VAXELIS                                                                                                                          | 3    | C                         | Covered in full |
| VAXNEUVANCE                                                                                                                      | 3    | C                         | Covered in full |
| INFLAMMATORY BOWEL DISEASE AGENTS                                                                                                |      |                           |                 |
| AMINOSALICYLATES                                                                                                                 |      |                           |                 |
| APRISO                                                                                                                           | 3    |                           |                 |
| ASACOL HD                                                                                                                        | 3    |                           |                 |
| AZULFIDINE                                                                                                                       | 3    |                           |                 |
| <i>balsalazide disodium</i>                                                                                                      | 1    |                           |                 |
| CANASA                                                                                                                           | 3    |                           |                 |
| COLAZAL                                                                                                                          | 3    |                           |                 |
| DELZICOL                                                                                                                         | 3    |                           |                 |
| DIPENTUM                                                                                                                         | 3    |                           |                 |
| LIALDA                                                                                                                           | 3    |                           |                 |
| <i>mesalamine (0.375g cap er 24h, 1.2 g tablet dr, 4 g/60 ml enema, 400 mg cap(drtab), 500 mg capsule er, 1000 mg supp.rect)</i> | 1    |                           |                 |
| <i>mesalamine 800 mg tablet dr</i>                                                                                               | 1    |                           |                 |
| PENTASA                                                                                                                          | 3    |                           |                 |
| SFROWASA                                                                                                                         | 3    |                           |                 |
| <i>sulfasalazine (500 mg tablet, 500 mg tablet dr)</i>                                                                           | 1    |                           |                 |
| GLUCOCORTICOIDS                                                                                                                  |      |                           |                 |
| ALKINDI SPRINKLE (0.5 MG CAP, 1 MG CAPSULE, 2 MG CAPSULE, 5 MG CAPSULE)                                                          | 3    | QL                        | PA              |
| <i>budesonide 2 mg foam/appl</i>                                                                                                 | 1    | QL                        | PA              |
| <i>budesonide 3 mg capdr - er</i>                                                                                                | 1    |                           |                 |
| <i>budesonide 9 mg tabdr - er</i>                                                                                                | 1    | QL                        |                 |
| <i>colocort</i>                                                                                                                  | 1    |                           |                 |
| CORTEF                                                                                                                           | 3    |                           |                 |

| PRODUCT DESCRIPTION                                                                             | TIER | LIMITS/RESTRICTIONS/NOTES |    |   |    |
|-------------------------------------------------------------------------------------------------|------|---------------------------|----|---|----|
| CORTENEMA                                                                                       | 3    |                           |    |   |    |
| CORTIFOAM                                                                                       | 3    |                           |    |   |    |
| ENTOCORT EC                                                                                     | 3    |                           |    |   |    |
| <i>hydrocortisone (5 mg tablet, 10 mg tablet, 20 mg tablet, 100mg/60ml enema)</i>               | 1    |                           |    |   |    |
| ORTIKOS                                                                                         | 3    | QL                        | PA |   |    |
| TARPEYO                                                                                         | 3    | QL                        | PA | S |    |
| UCERIS 2 MG RECTAL FOAM                                                                         | 3    | QL                        | PA |   |    |
| UCERIS 9 MG ER TABLET                                                                           | 3    | QL                        |    |   |    |
| METABOLIC BONE DISEASE AGENTS                                                                   |      |                           |    |   |    |
| ACTONEL (5 MG TABLET, 30 MG TABLET, 35 MG TABLET, 150 MG TABLET)                                | 3    | QL                        |    |   |    |
| <i>alendronate sodium (5 mg tablet, 10 mg tablet, 35 mg tablet, 40 mg tablet, 70 mg tablet)</i> | 1    | QL                        |    |   |    |
| <i>alendronate sodium 70 mg/75ml solution</i>                                                   | 1    |                           |    |   |    |
| ATELVIA                                                                                         | 3    | QL                        |    |   |    |
| BINOSTO 70 MG EFFERVESCENT TAB                                                                  | 3    | QL                        |    |   |    |
| BINOSTO 70 MG TABLET EFF                                                                        | 3    | QL                        |    |   |    |
| BONIVA 150 MG TABLET                                                                            | 3    | QL                        |    |   |    |
| <i>calcitonin,salmon,synthetic</i>                                                              | 1    |                           |    |   |    |
| <i>calcitriol (0.25 mcg capsule, 0.5 mcg capsule, 1 mcg/ml solution)</i>                        | 1    |                           |    |   |    |
| <i>cinacalcet hcl</i>                                                                           | 1    |                           |    |   |    |
| <i>doxercalciferol (0.5 mcg capsule, 1 mcg capsule, 2.5 mcg capsule)</i>                        | 1    |                           |    |   |    |
| DRISDOL                                                                                         | 3    |                           |    |   |    |
| <i>ergocalciferol (vitamin d2) 1250 mcg capsule</i>                                             | 1    |                           |    |   |    |
| <i>etidronate disodium</i>                                                                      | 1    |                           |    |   |    |
| FORTEO                                                                                          | 3    | QL                        | PA | S | MS |
| FOSAMAX                                                                                         | 3    | QL                        |    |   |    |
| FOSAMAX PLUS D                                                                                  | 3    | QL                        |    |   |    |
| <i>ibandronate sodium 150 mg tablet</i>                                                         | 1    | QL                        |    |   |    |
| MIACALCIN                                                                                       | 3    | QL                        | PA |   |    |

| PRODUCT DESCRIPTION                                                                                 | TIER | LIMITS/RESTRICTIONS/NOTES |                 |    |    |
|-----------------------------------------------------------------------------------------------------|------|---------------------------|-----------------|----|----|
| NATPARA                                                                                             | 3    | QL                        | PA              | S  | MS |
| <i>paricalcitol (1 mcg capsule, 2 mcg capsule, 4 mcg capsule)</i>                                   | 1    |                           |                 |    |    |
| PROLIA                                                                                              | 3    | QL                        | S               | MS |    |
| RAYALDEE                                                                                            | 3    | PA                        |                 |    |    |
| <i>risedronate sodium (5 mg tablet, 30 mg tablet, 35 mg tablet, 35 mg tablet dr, 150 mg tablet)</i> | 1    | QL                        |                 |    |    |
| ROCALTROL (0.25 MCG CAPSULE, 0.5 MCG CAPSULE, 1 MCG/ML ORAL SOLN)                                   | 3    |                           |                 |    |    |
| SENSIPAR                                                                                            | 3    |                           |                 |    |    |
| <i>teriparatide</i>                                                                                 | 1    | QL                        | PA              | S  | MS |
| TYMLOS                                                                                              | 2    | QL                        | PA              | S  | MS |
| ZEMPLAR (1 MCG CAPSULE, 2 MCG CAPSULE)                                                              | 3    |                           |                 |    |    |
| MISCELLANEOUS THERAPEUTIC AGENTS                                                                    |      |                           |                 |    |    |
| ADBRY                                                                                               | 3    | QL                        | PA              | S  | MS |
| <i>alcohol antiseptic pads med. pad</i>                                                             | 1    |                           |                 |    |    |
| BLADE LANCET, SAFETY (0.8 MMX2MM EACH, 1.2 MM EACH, 1.5 MMX2MM EACH)                                | 3    |                           |                 |    |    |
| BLOOD GLUCOSE AND KETONE CONTROL, NORMAL                                                            | 3    |                           |                 |    |    |
| BLOOD GLUCOSE CALIBRATION CONTROL SOLUTION, HIGH                                                    | 3    |                           |                 |    |    |
| BLOOD GLUCOSE CALIBRATION CONTROL SOLUTION, HIGH AND NORMAL                                         | 3    |                           |                 |    |    |
| BLOOD GLUCOSE CALIBRATION CONTROL SOLUTION, LOW                                                     | 3    |                           |                 |    |    |
| BLOOD GLUCOSE CALIBRATION CONTROL SOLUTION, NORMAL                                                  | 3    |                           |                 |    |    |
| BLOOD GLUCOSE CALIBRATION CONTROL SOLUTIONS HIGH,NORMAL,LOW                                         | 3    |                           |                 |    |    |
| BLOOD GLUCOSE METER/INSULIN DATA TRANSF ACCESSORY, BLUETOOTH                                        | 3    | QL                        | ST              |    |    |
| BLOOD KETONE GLUCOSE MONITOR EACH                                                                   | 3    | ST                        |                 |    |    |
| BLOOD KETONE GLUCOSE MONITOR KIT                                                                    | 2    |                           |                 |    |    |
| BLOOD-GLUCOSE CALIB. CONTROL                                                                        | 3    |                           |                 |    |    |
| BLUNT NEEDLE, DISPOSABLE                                                                            | 3    |                           |                 |    |    |
| BRONCHITOL                                                                                          | 3    | QL                        | PA              | S  | MS |
| <i>cervical cap</i>                                                                                 | 0    | C                         | Covered in full |    |    |
| <i>condoms, female</i>                                                                              | 0    | C                         | Covered in full |    |    |
| DATA TRANSFER ACCESSORY (INSULIN PEN), BLUETOOTH                                                    | 3    | QL                        |                 |    |    |

| PRODUCT DESCRIPTION                                                                | TIER | LIMITS/RESTRICTIONS/NOTES |                 |   |    |
|------------------------------------------------------------------------------------|------|---------------------------|-----------------|---|----|
| DEXCOM RECEIVER KIT                                                                | 2    | QL                        | PA              |   |    |
| DEXCOM SENSOR KIT                                                                  | 2    | QL                        | PA              |   |    |
| DEXCOM TRANSMITTER KIT                                                             | 2    | QL                        | PA              |   |    |
| <i>diaphragms, contoured</i>                                                       | 0    | C                         | Covered in full |   |    |
| <i>diaphragms, wide seal</i>                                                       | 0    | C                         | Covered in full |   |    |
| EVRYSDI                                                                            | 3    | QL                        | PA              | S | MS |
| FLASH GLUCOSE SENSOR/BLOOD GLUCOSE TEST STRIPS/PEN NEEDLES                         | 3    | QL                        |                 |   |    |
| <i>freestyle freedom lite meter</i>                                                | 2    |                           |                 |   |    |
| <i>freestyle insulinx glucose sys</i>                                              | 2    |                           |                 |   |    |
| <i>freestyle insulinx test strips</i>                                              | 2    | QL                        |                 |   |    |
| FREESTYLE LIBRE, LIBRE 2 & LIBRE 3 READER                                          | 2    | QL                        | PA              |   |    |
| FREESTYLE LIBRE, LIBRE 2 & LIBRE 3 SENSOR                                          | 2    | QL                        | PA              |   |    |
| <i>freestyle lite meter</i>                                                        | 2    |                           |                 |   |    |
| <i>freestyle prec neo test strips</i>                                              | 2    | QL                        |                 |   |    |
| <i>freestyle precision neo meter</i>                                               | 2    |                           |                 |   |    |
| <i>freestyle test strips</i>                                                       | 2    | QL                        |                 |   |    |
| INHALER,ASSIST DEV,SMALL MASK SPACER                                               | 3    | QL                        |                 |   |    |
| INHALER,ASSIST DEVICE,LG MASK SPACER                                               | 3    | QL                        |                 |   |    |
| INHALER,ASSIST DEVICE,MED MASK SPACER                                              | 3    | QL                        |                 |   |    |
| INSULIN PUMP CARTRIDGE                                                             | 3    |                           |                 |   |    |
| INSULIN PUMP SYRINGE, 1.8 ML                                                       | 3    |                           |                 |   |    |
| INSULIN PUMP SYRINGE, 3 ML                                                         | 3    |                           |                 |   |    |
| INSULIN PUMP/INFUSION SET/BLOOD-GLUCOSE METER                                      | 3    | ST                        |                 |   |    |
| INSULIN SYRINGE-NEEDLE,SAFETY,DISPOSAL UNIT,0.5 ML                                 | 3    |                           |                 |   |    |
| INTRAROSA                                                                          | 3    | QL                        |                 |   |    |
| INTRAVENOUS ADMINISTRATION SET                                                     | 3    |                           |                 |   |    |
| INTRAVENOUS INFUSION PUMP ACCESSORY (INFUS.SET, MISCELL)                           | 3    |                           |                 |   |    |
| ISOLEUCINE                                                                         | 3    | PA                        |                 |   |    |
| <i>isopropyl alcohol (70 % solution, 70 % spray, 91 % solution, 99 % solution)</i> | 1    |                           |                 |   |    |

| PRODUCT DESCRIPTION                                                                                                                                                                 | TIER | LIMITS/RESTRICTIONS/NOTES |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| ISOPROPYL ALCOHOL (70 % TOWELETTE, 91 % SPRAY, SOLUTION)                                                                                                                            | 3    |                           |
| LAGEVRIO (EUA)                                                                                                                                                                      | 2    | QL                        |
| LANCET WITH BLOOD GLUCOSE TEST STRIPS AND PEN NEEDLES                                                                                                                               | 3    | QL ST                     |
| LANCETS (17 GAUGE EACH, 18 GAUGE EACH, 21 GAUGE EACH, 23 GAUGE EACH, 25 GAUGE EACH, 26 GAUGE EACH, 28 GAUGE EACH, 30 GAUGE EACH, 31 GAUGE EACH, 32 GAUGE EACH, 33 GAUGE EACH, EACH) | 3    |                           |
| LANCING DEVICE EACH                                                                                                                                                                 | 3    |                           |
| LANCING DEVICE, VACUUM/LANCETS                                                                                                                                                      | 3    |                           |
| LANCING DEVICE/LANCETS                                                                                                                                                              | 3    |                           |
| LEUCINE POWDER                                                                                                                                                                      | 3    | PA                        |
| <i>methylergonovine maleate 0.2 mg tablet</i>                                                                                                                                       | 1    | QL                        |
| NEBULIZER ACCESSORIES                                                                                                                                                               | 3    |                           |
| NEEDLE CLIP AND STORAGE DEVICE EACH                                                                                                                                                 | 3    |                           |
| NEEDLES, BLOOD COLLECTION (BLOOD 20GX1 1/2" DIS NEEDLE, BLOOD 20GX1" DIS NEEDLE, BLOOD 21 G X 1" DIS NEEDLE, BLOOD 22GX1" DIS NEEDLE)                                               | 3    |                           |

| PRODUCT DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | TIER | LIMITS/RESTRICTIONS/NOTES            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------------------|
| NEEDLES, DISPOSABLE (14GX1" DIS NEEDLE, 14GX1.5" DIS NEEDLE, 14GX2" DIS NEEDLE, 15GX1.5" DIS NEEDLE, 16 G X 1" DIS NEEDLE, 16GX0.625" DIS NEEDLE, 16GX1.5" DIS NEEDLE, 16GX3/4" DIS NEEDLE, 18GX1 1/2" DIS NEEDLE, 18GX1 1/4" DIS NEEDLE, 18GX1" DIS NEEDLE, 19GX1 1/2" DIS NEEDLE, 19GX1" DIS NEEDLE, 20GX1 1/2" DIS NEEDLE, 20GX1" DIS NEEDLE, 20GX3/4" DIS NEEDLE, 21 G X 1" DIS NEEDLE, 21G X1.25" DIS NEEDLE, 21GX1 1/2" DIS NEEDLE, 21GX2" DIS NEEDLE, 22GX1 1/2" DIS NEEDLE, 22GX1" DIS NEEDLE, 22GX3/4" DIS NEEDLE, 23GX1 1/2" DIS NEEDLE, 23GX1" DIS NEEDLE, 23GX1.25" DIS NEEDLE, 23GX3/4" DIS NEEDLE, 24 GX1.25" DIS NEEDLE, 24GX1" DIS NEEDLE, 25GX0.875" DIS NEEDLE, 25GX1 1/2" DIS NEEDLE, 25GX1" DIS NEEDLE, 25GX1.25" DIS NEEDLE, 25GX2" DIS NEEDLE, 25GX3/4" DIS NEEDLE, 25GX5/8" DIS NEEDLE, 26 G X5/8" DIS NEEDLE, 26GX1.5" DIS NEEDLE, 26GX1/2" DIS NEEDLE, 26GX3/8" DIS NEEDLE, 27GX1.25" DIS NEEDLE, 27GX1.5" DIS NEEDLE, 27GX1/2" DIS NEEDLE, 30GX1" DIS NEEDLE, 30GX1/2" DIS NEEDLE, 30GX3/4" DIS NEEDLE, 31 GX5/16" DIS NEEDLE, 32 GX5/16" DIS NEEDLE, DIS NEEDLE) | 3    |                                      |
| NEEDLES, FILTER (18GX1 1/2" DIS NEEDLE, 18GX3" DIS NEEDLE, 19GX1 1/2" DIS NEEDLE, 19GX1" DIS NEEDLE, 20GX1 1/2" DIS NEEDLE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 3    |                                      |
| NEEDLES, HUBER DISPOSABLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 3    |                                      |
| NEEDLES, REUSABLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3    |                                      |
| NEEDLES, SAFETY (18GX1 1/2" DIS NEEDLE, 18GX1" DIS NEEDLE, 19GX1 1/2" DIS NEEDLE, 19GX1" DIS NEEDLE, 20GX1 1/2" DIS NEEDLE, 20GX1" DIS NEEDLE, 21 G X 1" DIS NEEDLE, 21GX1 1/2" DIS NEEDLE, 22GX1 1/2" DIS NEEDLE, 22GX1" DIS NEEDLE, 22GX3/4" DIS NEEDLE, 23GX1 1/2" DIS NEEDLE, 23GX1" DIS NEEDLE, 23GX5/8" DIS NEEDLE, 25GX1 1/2" DIS NEEDLE, 25GX1" DIS NEEDLE, 25GX5/8" DIS NEEDLE, 26GX1" DIS NEEDLE, 26GX1/2" DIS NEEDLE, 27GX1" DIS NEEDLE, 27GX1/2" DIS NEEDLE, 27GX5/8" DIS NEEDLE, 28GX1/2" DIS NEEDLE, 29 G X1/2" DIS NEEDLE, 30 GX5/16" DIS NEEDLE, 30GX1 1/2" DIS NEEDLE, 30GX1/2" DIS NEEDLE, 31 GX5/16" DIS NEEDLE)                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 3    |                                      |
| <i>needles, safety huber, disposable</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1    |                                      |
| ODACTRA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 3    | QL                                   |
| OMNIPOD 5 G6 INTRO KIT (GEN 5)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 3    | QL PA                                |
| OMNIPOD 5 G6 PODS (GEN 5) 5PK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3    | QL PA                                |
| OMNIPOD CLASSIC PODS(GEN3) 5PK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 3    | QL PA                                |
| OMNIPOD DASH INTRO KIT (GEN 4)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 3    | QL PA                                |
| OMNIPOD DASH PODS (GEN 4) 5PK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3    | QL ST                                |
| OMNIPOD GO PODS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 3    | QL ST                                |
| <i>onetouch ultra blue strips</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2    | QL                                   |
| <i>onetouch ultra test strip</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2    | QL                                   |
| <i>onetouch ultra2 glucose syst</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2    |                                      |
| <i>onetouch verio flex system kit</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2    |                                      |
| <i>onetouch verio test strip</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2    | QL                                   |
| <i>paragard t 380-a</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 0    | C Covered in full as medical benefit |

| PRODUCT DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TIER | LIMITS/RESTRICTIONS/NOTES |
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| PAXLOVID (150-100 MG PACK, 300-100 MG PACK)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2    | QL                        |
| PEAK FLOW METER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 3    |                           |
| <i>precision xtra monitor</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 2    |                           |
| <i>precision xtra test strips</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 2    | QL                        |
| RUZURGI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3    | QL PA S                   |
| SAFETY SYRINGE WITH NEEDLE, DISPOSABLE KIT-TRAY, 1 ML (1 ML 25GX1" TRAY, 1 ML 26GX3/8" TRAY, 1 ML 27GX1/2" TRAY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 3    |                           |
| SAXENDA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3    | QL PA                     |
| SPIROMETERS AND ACCESSORIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 3    | QL                        |
| SUB-Q INFUSION PUMP ACCESSORY EACH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3    |                           |
| SUBCUTANEOUS ADMINISTRATION SET (SET 6 MM X50CM INFUS.SET, SET 6 MM X70CM INFUS.SET, SET 6 MMX100CM INFUS.SET, SET 6MMX110CM INFUS.SET, SET 8 MM X50CM INFUS.SET, SET 8 MM X60CM INFUS.SET, SET 8 MM X70CM INFUS.SET, SET 8 MM X80CM INFUS.SET, SET 8 MMX100CM INFUS.SET, SET 8 MMX110CM INFUS.SET, SET 10 MMX50CM INFUS.SET, SET 10 MMX60CM INFUS.SET, SET 10 MMX70CM INFUS.SET, SET 10 MMX80CM INFUS.SET, SET 10MMX100CM INFUS.SET, SET 10MMX110CM INFUS.SET, SET 10MMX20CM EACH, SET 13 MMX60CM INFUS.SET, SET 13 MMX80CM INFUS.SET, SET 13MMX110CM INFUS.SET, SET 17 MMX60CM INFUS.SET, SET 17 MMX80CM INFUS.SET, SET 17MMX110CM INFUS.SET, SET 25GX18MM EACH, SET 70CM EACH) | 3    |                           |
| SUBCUTANEOUS BOLUS INSULIN PATCH PUMP, 200 UNIT, DISPOSABLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 3    | QL                        |
| SYRINGE W-NEEDL 0.5 ML,KIT-TRAY (SYRINGE 0.5 27GX1/2" TRAY, SYRINGE 0.5 28GX1/2" TRAY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 3    |                           |
| SYRINGE 3 ML WITH SAFETY NEEDLE,SELF-CONTAINED DISPOSAL UNIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 3    |                           |
| SYRINGE DISPOSABLE IRRIG,60 ML                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 3    |                           |
| SYRINGE DISPOSABLE IRRIGATION DISP SYRIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 3    |                           |
| SYRINGE REUSABLE, 3 ML                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 3    |                           |
| SYRINGE W-NEEDLE 0.3 ML,INSULIN,SAFETY W-SELF-CONT.DIS.UNIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 3    |                           |
| SYRINGE WITH CANNULA, DISPOSABLE, 1 ML                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 3    |                           |
| SYRINGE WITH CANNULA, DISPOSABLE, 3 ML (SYRINGE 3 ML SYRINGE, SYRINGE 3 ML 17 GAUGE DISP SYRIN, SYRINGE 3 ML 18GX1" DISP SYRIN)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 3    |                           |
| SYRINGE WITH CANNULA, DISPOSABLE, 6 ML                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 3    |                           |
| SYRINGE WITH CANNULA,DISPOSABLE 12 ML                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 3    |                           |
| SYRINGE WITH NEEDLE 1 ML, DISPOSABLE KIT-TRAY (SYRINGE 1 27GX1/2" TRAY, SYRINGE 1 28GX1/2" TRAY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 3    |                           |
| SYRINGE WITH NEEDLE 1 ML,INSULIN,SAFETY W-SELF-CON.DISP.UNIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 3    |                           |
| SYRINGE WITH NEEDLE AND CANNULA, DISPOSABLE, 10 ML                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3    |                           |

| PRODUCT DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | TIER | LIMITS/RESTRICTIONS/NOTES |
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| SYRINGE WITH NEEDLE, INSULIN, SAFETY, 0.3 ML (29 G X1/2" DISP SYRIN, 30 GX5/16" DISP SYRIN, 31 GX5/16" DISP SYRIN, 31GX15/64" DISP SYRIN)                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 3    |                           |
| SYRINGE WITH NEEDLE, INSULIN, SAFETY, 0.5 ML (29 G X1/2" DISP SYRIN, 30 GX5/16" DISP SYRIN, 31GX15/64" DISP SYRIN)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 3    |                           |
| SYRINGE WITH NEEDLE, INSULIN, SAFETY, 1 ML (29 G X1/2" DISP SYRIN, 30 GX5/16" DISP SYRIN, 30GX1/2" DISP SYRIN, 31 GX5/16" DISP SYRIN, 31GX15/64" DISP SYRIN)                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 3    |                           |
| SYRINGE WITH NEEDLE,DISPOSABLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 3    |                           |
| SYRINGE WITH NEEDLE,DISPOSABLE, 0.5 ML (SYRINGE 0.5 ML 27GX0.375" DISP SYRIN, SYRINGE 0.5 ML 27GX1/2" DISP SYRIN, SYRINGE 0.5 ML 28GX1/2" DISP SYRIN)                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 3    |                           |
| SYRINGE WITH NEEDLE,DISPOSABLE, 1 ML (SYRINGE 1 ML 20GX1" DISP SYRIN, SYRINGE 1 ML 21 G X 1" DISP SYRIN, SYRINGE 1 ML 25GX1" DISP SYRIN, SYRINGE 1 ML 25GX5/8" DISP SYRIN, SYRINGE 1 ML 26 G X5/8" DISP SYRIN, SYRINGE 1 ML 26GX1/2" DISP SYRIN, SYRINGE 1 ML 26GX3/8" DISP SYRIN, SYRINGE 1 ML 27GX0.375" DISP SYRIN, SYRINGE 1 ML 27GX1/2" DISP SYRIN, SYRINGE 1 ML 28GX1/2" DISP SYRIN)                                                                                                                                                                                                                     | 3    |                           |
| SYRINGE WITH NEEDLE,DISPOSABLE, 10 ML (SYRINGE 10 ML 20GX1 1/2" DISP SYRIN, SYRINGE 10 ML 20GX1" DISP SYRIN, SYRINGE 10 ML 21 G X 1" DISP SYRIN, SYRINGE 10 ML 21GX1 1/2" DISP SYRIN, SYRINGE 10 ML 22GX1 1/2" DISP SYRIN, SYRINGE 10 ML 22GX1" DISP SYRIN, SYRINGE 10 ML 23GX1.25" DISP SYRIN)                                                                                                                                                                                                                                                                                                                | 3    |                           |
| SYRINGE WITH NEEDLE,DISPOSABLE, 12 ML                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 3    |                           |
| SYRINGE WITH NEEDLE,DISPOSABLE, 3 ML (SYRINGE ML 18GX1 1/2" DISP SYRIN, SYRINGE ML 20GX1 1/2" DISP SYRIN, SYRINGE ML 20GX1" DISP SYRIN, SYRINGE ML 20GX3/4" DISP SYRIN, SYRINGE ML 21 G X 1" DISP SYRIN, SYRINGE ML 21GX1 1/2" DISP SYRIN, SYRINGE ML 22GX1 1/2" DISP SYRIN, SYRINGE ML 22GX1" DISP SYRIN, SYRINGE ML 22GX3/4" DISP SYRIN, SYRINGE ML 23GX1 1/2" DISP SYRIN, SYRINGE ML 23GX1" DISP SYRIN, SYRINGE ML 25GX1 1/2" DISP SYRIN, SYRINGE ML 25GX1" DISP SYRIN, SYRINGE ML 25GX1.25" DISP SYRIN, SYRINGE ML 25GX5/8" DISP SYRIN, SYRINGE ML 26 G X5/8" DISP SYRIN, SYRINGE ML 27GX1.25" DISP SYRIN) | 3    |                           |
| SYRINGE WITH NEEDLE,DISPOSABLE, 5 ML                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3    |                           |
| SYRINGE WITH NEEDLE,DISPOSABLE, 6 ML (SYRINGE 6 ML DISP SYRIN, SYRINGE 6 ML 20GX1 1/2" DISP SYRIN, SYRINGE 6 ML 21 G X 1" DISP SYRIN, SYRINGE 6 ML 21GX1 1/2" DISP SYRIN, SYRINGE 6 ML 22GX1 1/2" DISP SYRIN)                                                                                                                                                                                                                                                                                                                                                                                                  | 3    |                           |

| PRODUCT DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | TIER | LIMITS/RESTRICTIONS/NOTES |
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| SYRINGE WITH NEEDLE,DISPOSABLE,INSULIN 1 ML (SYRINGE DISP SYRIN, SYRINGE 25GX5/8" DISP SYRIN, SYRINGE 27GX1/2" DISP SYRIN, SYRINGE 27GX5/8" DISP SYRIN, SYRINGE 28 GX5/16" DISP SYRIN, SYRINGE 28GX1/2" DISP SYRIN, SYRINGE 29 G X1/2" DISP SYRIN, SYRINGE 29 GAUGE DISP SYRIN, SYRINGE 29GX 5/16" DISP SYRIN, SYRINGE 29GX7/16" DISP SYRIN, SYRINGE 30 GAUGE DISP SYRIN, SYRINGE 30 GX5/16" DISP SYRIN, SYRINGE 30GX1/2" DISP SYRIN, SYRINGE 30GX15/64" DISP SYRIN, SYRINGE 31 G X1/4" DISP SYRIN, SYRINGE 31 GX5/16" DISP SYRIN, SYRINGE 31GX15/64" DISP SYRIN, SYRINGE 31GX3/8" DISP SYRIN) | 3    |                           |
| <i>syringe with needle,disposable,insulin 1 ml (syringe 28 gauge disp syrin, syringe 30 g x3/8" disp syrin)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1    |                           |
| SYRINGE WITH NEEDLE,INSULIN 0.3 ML (HALF UNIT MARK) (0.3 ML 29 G X1/2" DISP SYRIN, 0.3 ML 30 GX5/16" DISP SYRIN, 0.3 ML 31 G X1/4" DISP SYRIN, 0.3 ML 31 GX5/16" DISP SYRIN, 0.3 ML 31GX15/64" DISP SYRIN)                                                                                                                                                                                                                                                                                                                                                                                     | 3    |                           |
| SYRINGE WITH NEEDLE,INSULIN 0.5 ML (HALF UNIT MARK)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 3    |                           |
| SYRINGE WITH NEEDLE,INSULIN DISPOSABLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 3    |                           |
| SYRINGE WITH NEEDLE,INSULIN,0.3 ML (ML 29 G X1/2" DISP SYRIN, ML 29 GAUGE DISP SYRIN, ML 30 G X3/8" DISP SYRIN, ML 30 GAUGE DISP SYRIN, ML 30 GX5/16" DISP SYRIN, ML 30GX1/2" DISP SYRIN, ML 30GX15/64" DISP SYRIN, ML 31 G X1/4" DISP SYRIN, ML 31 GX5/16" DISP SYRIN, ML 31GX15/64" DISP SYRIN, ML 31GX3/8" DISP SYRIN)                                                                                                                                                                                                                                                                      | 3    |                           |
| SYRINGE WITH NEEDLE,INSULIN,0.5 ML (ML 27GX1/2" DISP SYRIN, ML 28 GAUGE DISP SYRIN, ML 28GX1/2" DISP SYRIN, ML 29 G X1/2" DISP SYRIN, ML 29 GAUGE DISP SYRIN, ML 30 G X3/8" DISP SYRIN, ML 30 GAUGE DISP SYRIN, ML 30 GX5/16" DISP SYRIN, ML 30GX1/2" DISP SYRIN, ML 31 G X1/4" DISP SYRIN, ML 31 GX5/16" DISP SYRIN, ML 31GX15/64" DISP SYRIN, ML 31GX3/8" DISP SYRIN)                                                                                                                                                                                                                        | 3    |                           |
| SYRINGE WITHOUT NEEDLE,INSULIN DISPOSIBLE, 1 ML                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3    |                           |
| SYRINGE, DISPOSABLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 3    |                           |
| SYRINGE, DISPOSABLE, 1 ML                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 3    |                           |
| SYRINGE, DISPOSABLE, 10 ML DISP SYRIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 3    |                           |
| SYRINGE, DISPOSABLE, 12 ML                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 3    |                           |
| SYRINGE, DISPOSABLE, 20 ML                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 3    |                           |
| SYRINGE, DISPOSABLE, 3 ML DISP SYRIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3    |                           |
| SYRINGE, DISPOSABLE, 30 ML                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 3    |                           |
| SYRINGE, DISPOSABLE, 35 ML                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 3    |                           |
| SYRINGE, DISPOSABLE, 5 ML                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 3    |                           |
| SYRINGE, DISPOSABLE, 50 ML                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 3    |                           |
| SYRINGE, DISPOSABLE, 6 ML DISP SYRIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3    |                           |
| SYRINGE, DISPOSABLE, 60 ML DISP SYRIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 3    |                           |
| SYRINGE, INSULIN U-500 WITH NEEDLE, DISPOSABLE, 0.5 ML                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 3    |                           |
| SYRINGE, SAFETY 10 ML, SELF-CONTAINED DISPOSAL UNIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 3    |                           |
| SYRINGE, SAFETY 3 ML                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3    |                           |
| SYRINGE, SAFETY 3 ML, SELF-CONTAINED DISPOSAL UNIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 3    |                           |

| PRODUCT DESCRIPTION                                                                                                                                                                                                                                                                                                                     | TIER | LIMITS/RESTRICTIONS/NOTES |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| SYRINGE, SAFETY 5 ML, SELF-CONTAINED DISPOSAL UNIT                                                                                                                                                                                                                                                                                      | 3    |                           |
| SYRINGE, SAFETY NEEDLE 5 ML AND SELF-CONTAINED DISPOSAL UNIT                                                                                                                                                                                                                                                                            | 3    |                           |
| SYRINGE,NEEDLE,SAFETY 1 ML,SELF-CONTAINED DISPOSAL UNIT (1 25GX5/8" DISP SYRIN, 1 27GX1/2" DISP SYRIN)                                                                                                                                                                                                                                  | 3    |                           |
| SYRINGE,SAFETY NEEDLE 10 ML AND SELF-CONTAINED DISPOSAL UNIT                                                                                                                                                                                                                                                                            | 3    |                           |
| SYRINGE,SAFETY WITH NEEDLE,1 ML (23GX1" DISP SYRIN, 25GX1" SYRINGE, 25GX5/8" DISP SYRIN, 26 G X5/8" DISP SYRIN, 26GX3/8" DISP SYRIN, 27GX1/2" DISP SYRIN, 27GX5/8" DISP SYRIN, 28GX1/2" DISP SYRIN)                                                                                                                                     | 3    |                           |
| SYRINGE,SAFETY WITH NEEDLE,10 ML (ML 18GX1 1/2" DISP SYRIN, ML 18GX1" DISP SYRIN, ML 20GX1 1/2" DISP SYRIN, ML 20GX1" DISP SYRIN, ML 21 G X 1" DISP SYRIN, ML 21GX1 1/2" DISP SYRIN, ML 22GX1 1/2" DISP SYRIN, ML 25GX1" DISP SYRIN)                                                                                                    | 3    |                           |
| SYRINGE,SAFETY WITH NEEDLE,12 ML                                                                                                                                                                                                                                                                                                        | 3    |                           |
| SYRINGE,SAFETY WITH NEEDLE,3 ML (18GX1 1/2" DISP SYRIN, 18GX1" DISP SYRIN, 19GX1 1/2" DISP SYRIN, 19GX1" DISP SYRIN, 20GX1 1/2" DISP SYRIN, 20GX1" DISP SYRIN, 21 G X 1" DISP SYRIN, 21GX1 1/2" DISP SYRIN, 22GX1 1/2" DISP SYRIN, 22GX1" DISP SYRIN, 23GX1 1/2" DISP SYRIN, 23GX1" DISP SYRIN, 25GX1" DISP SYRIN, 25GX5/8" DISP SYRIN) | 3    |                           |
| SYRINGE,SAFETY WITH NEEDLE,5 ML (18GX1" DISP SYRIN, 20GX1 1/2" DISP SYRIN, 20GX1" DISP SYRIN, 21 G X 1" DISP SYRIN, 21GX1 1/2" DISP SYRIN, 22GX1 1/2" DISP SYRIN, 25GX1" DISP SYRIN, 25GX5/8" DISP SYRIN)                                                                                                                               | 3    |                           |
| TRANSFER DEVICE, CLOSED SYSTEM (13MM EACH, 20MM EACH, 28MM EACH)                                                                                                                                                                                                                                                                        | 3    |                           |

| PRODUCT DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | TIER | LIMITS/RESTRICTIONS/NOTES |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|----|
| TRANSPARENT DRESSING (1.75X1.75" BANDAGE, 2"X2.75" BANDAGE, 2"X3" BANDAGE, 2"X396" BANDAGE, 2.125X2.5" BANDAGE, 2.36X2.75" BANDAGE, 2.37X2.75" BANDAGE, 2.375"X4" BANDAGE, 2.5"X2.75" BANDAGE, 3" X 5YARD BANDAGE, 3.25"X14" BANDAGE, 3.5"X10" BANDAGE, 3.5"X4" BANDAGE, 3.5"X4.25" BANDAGE, 3.5"X6" BANDAGE, 3.5"X8" BANDAGE, 3.5X13.75" BANDAGE, 4 3/8"X5" BANDAGE, 4" X 4" SHEET, 4" X 5" BANDAGE, 4"X10" BANDAGE, 4"X12" SHEET, 4"X396" BANDAGE, 4"X4 3/4" BANDAGE, 4"X4.5" BANDAGE, 4"X5.5" BANDAGE, 4.5"X4.75" BANDAGE, 4.75"X10" BANDAGE, 5.5"X7" BANDAGE, 5.6"X6.25" BANDAGE, 6" X 8" BANDAGE, 6"X11" BANDAGE, 6"X72" BANDAGE, 8"X12" BANDAGE, 11"X11.75" BANDAGE, 11"X17.75" BANDAGE, 12"X12" SHEET, 12"X24" SHEET, 17.75"X22" BANDAGE, 24"X36" SHEET) | 3    |                           |    |
| TRIENTINE HCL 500 MG CAPSULE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 3    | QL                        | PA |
| TYROSINE POWDER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 3    | PA                        |    |
| URINE ACETONE TEST STRIPS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 3    |                           |    |
| URINE ACETONE TEST,STRIPS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 3    |                           |    |
| URINE GLUCOSE TEST STRIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 3    |                           |    |
| URINE GLUCOSE-ACET TEST STRIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 3    |                           |    |
| URINE MULTIPLE TEST STRIPS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 3    |                           |    |
| VALINE POWDER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 3    | PA                        |    |
| VEOZAH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 3    | QL                        | PA |
| VOWST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3    | QL                        | PA |
| XMET XCYS MAXAMAID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 3    | PA                        |    |
| MODIFIED SOLID FOODS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |                           |    |
| <b>All modified solid foods are covered as brands with Prior Authorization</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |                           |    |
| OPHTHALMIC AGENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      |                           |    |
| OPHTHALMIC AGENTS, OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      |                           |    |
| AKTEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3    |                           |    |
| ALCAINE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 3    |                           |    |
| atropine sulfate (1 % drops, 1 % oint. (g))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1    |                           |    |
| ATROPINE SULFATE/PF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 3    | QL                        | ST |
| bacitracin/polymyxin b sulfate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1    |                           |    |
| BLEPHAMIDE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 3    |                           |    |
| BLEPHAMIDE S.O.P.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3    |                           |    |
| brimonidine tartrate/timolol maleate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1    | QL                        |    |
| CEQUA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3    | QL                        |    |
| COMBIGAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 3    | QL                        |    |

| PRODUCT DESCRIPTION                                                                                                                                      | TIER | LIMITS/RESTRICTIONS/NOTES |    |   |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|----|---|----|
| CORTISPORIN                                                                                                                                              | 3    |                           |    |   |    |
| COSOPT                                                                                                                                                   | 3    |                           |    |   |    |
| COSOPT PF                                                                                                                                                | 3    | QL                        |    |   |    |
| <i>cyclopentolate hcl (0.5 % drops, 1 % drops, 2 % drops)</i>                                                                                            | 1    |                           |    |   |    |
| <i>cyclosporine 0.05 % droperette</i>                                                                                                                    | 1    | QL                        |    |   |    |
| <i>dorzolamide hcl/timolol maleate</i>                                                                                                                   | 1    |                           |    |   |    |
| <i>dorzolamide/timolol/pf 2 %-0.5 % droperette</i>                                                                                                       | 1    | QL                        |    |   |    |
| ISOPTO ATROPINE                                                                                                                                          | 3    |                           |    |   |    |
| LACRISERT                                                                                                                                                | 3    |                           |    |   |    |
| MAXITROL                                                                                                                                                 | 3    |                           |    |   |    |
| MIEBO                                                                                                                                                    | 3    | QL                        | PA |   |    |
| MITOSOL                                                                                                                                                  | 3    |                           |    |   |    |
| <i>neo-polycin</i>                                                                                                                                       | 1    |                           |    |   |    |
| <i>neo-polycin hc</i>                                                                                                                                    | 1    |                           |    |   |    |
| <i>neomycin sulfate/bacitracin zinc/polymyxin b/hydrocortisone</i>                                                                                       | 1    |                           |    |   |    |
| <i>neomycin sulfate/bacitracin/polymyxin b</i>                                                                                                           | 1    |                           |    |   |    |
| <i>neomycin sulfate/polymyxin b sulfate/gramicidin d</i>                                                                                                 | 1    |                           |    |   |    |
| <i>neomycin/polymyxin b sulfate/dexamethasone (neomycin/polymyxin b/dexametha 0.1 % drops susp, neomycin/polymyxin b/dexametha 3.5-10k-.1 oint. (g))</i> | 1    |                           |    |   |    |
| <i>neomycin/polymyxin b/hydrocort 3.5-10k-10 drops susp</i>                                                                                              | 1    |                           |    |   |    |
| OXERVATE                                                                                                                                                 | 3    | QL                        | PA | S | MS |
| PAREMYD                                                                                                                                                  | 3    |                           |    |   |    |
| <i>phenylephrine hcl (2.5 % drops, 10 % drops)</i>                                                                                                       | 1    |                           |    |   |    |
| <i>polycin</i>                                                                                                                                           | 1    |                           |    |   |    |
| PRED-G (1% DROPS, S.O.P. OINTMENT)                                                                                                                       | 3    |                           |    |   |    |
| <i>proparacaine hcl</i>                                                                                                                                  | 1    |                           |    |   |    |
| RESTASIS                                                                                                                                                 | 3    | QL                        | ST |   |    |
| RESTASIS MULTIDOSE                                                                                                                                       | 3    | QL                        | ST |   |    |
| ROCKLATAN                                                                                                                                                | 2    | QL                        | ST |   |    |
| <i>sulfacetamide sodium/prednisolone sodium phosphate</i>                                                                                                | 1    |                           |    |   |    |
| <i>tetracaine hcl</i>                                                                                                                                    | 1    |                           |    |   |    |

| PRODUCT DESCRIPTION                          | TIER | LIMITS/RESTRICTIONS/NOTES |
|----------------------------------------------|------|---------------------------|
| TOBRADEX (DROPS, OINTMENT)                   | 3    |                           |
| TOBRADEX ST                                  | 3    |                           |
| <i>tobramycin/dexamethasone</i>              | 1    |                           |
| <i>tropicamide (0.5 % drops, 1 % drops)</i>  | 1    |                           |
| TYRVAYA                                      | 3    | QL                        |
| UPNEEQ                                       | 3    | QL                        |
| VERKAZIA                                     | 3    | QL PA                     |
| VEVYE                                        | 3    | QL PA                     |
| XDEMVY                                       | 3    | QL PA                     |
| XIIDRA                                       | 2    | QL                        |
| ZYLET                                        | 3    |                           |
| OPHTHALMIC ANTI-ALLERGY AGENTS               |      |                           |
| ALOCRIL                                      | 3    |                           |
| ALOMIDE                                      | 3    |                           |
| <i>azelastine hcl 0.05 % drops</i>           | 1    |                           |
| <i>bepotastine besilate</i>                  | 1    |                           |
| BEPREVE                                      | 3    |                           |
| <i>cromolyn sodium 4 % drops</i>             | 1    |                           |
| ELESTAT                                      | 3    |                           |
| <i>epinastine hcl</i>                        | 1    |                           |
| LASTACFT                                     | 3    |                           |
| <i>olopatadine hcl 0.2 % drops</i>           | 1    |                           |
| ZERVIAE                                      | 3    | ST                        |
| OPHTHALMIC ANTI-INFECTIVES                   |      |                           |
| AZASITE                                      | 3    |                           |
| BESIVANCE                                    | 3    |                           |
| BLEPH-10                                     | 3    |                           |
| CILOXAN (EYE DROPS, OINTMENT)                | 3    |                           |
| <i>erythromycin base 5 mg/gram oint. (g)</i> | 1    |                           |
| <i>gatifloxacin</i>                          | 1    |                           |
| <i>gentak</i>                                | 1    |                           |

| PRODUCT DESCRIPTION                                      | TIER | LIMITS/RESTRICTIONS/NOTES |
|----------------------------------------------------------|------|---------------------------|
| <i>levofloxacin (0.5 % drops, 1.5 % drops)</i>           | 1    |                           |
| MOXEZA                                                   | 3    | QL                        |
| <i>moxifloxacin hcl 0.5 % drops</i>                      | 1    | QL                        |
| <i>moxifloxacin hcl 0.5 % drops visc</i>                 | 1    |                           |
| NATACYN                                                  | 3    |                           |
| OCUFLOX                                                  | 3    |                           |
| <i>polymyxin b sulfate/trimethoprim</i>                  | 1    |                           |
| <i>sulfacetamide sodium (10 % drops, 10 % oint. (g))</i> | 1    |                           |
| <i>tobramycin 0.3 % drops</i>                            | 1    |                           |
| TOBREX (DROP, OINTMENT)                                  | 3    |                           |
| <i>trifluridine</i>                                      | 1    |                           |
| VIGAMOX                                                  | 3    | QL                        |
| ZIRGAN                                                   | 3    |                           |
| ZYMAXID                                                  | 3    |                           |
| OPHTHALMIC ANTI-INFLAMMATORIES                           |      |                           |
| ACULAR                                                   | 3    |                           |
| ACULAR LS                                                | 3    |                           |
| ACUVAIL                                                  | 3    |                           |
| ALREX                                                    | 3    |                           |
| <i>bromfenac sodium (0.07 % drops, 0.075 % drops)</i>    | 1    | QL                        |
| <i>bromfenac sodium 0.09 % drops</i>                     | 1    |                           |
| BROMSITE                                                 | 3    | QL                        |
| <i>dexamethasone sodium phosphate 0.1 % drops</i>        | 1    |                           |
| <i>diclofenac sodium 0.1 % drops</i>                     | 1    |                           |
| <i>difluprednate</i>                                     | 1    |                           |
| DUREZOL                                                  | 3    |                           |
| EYSUVIS                                                  | 3    | QL                        |
| FLAREX                                                   | 3    |                           |
| <i>fluorometholone 0.1 % drops susp</i>                  | 1    |                           |
| <i>flurbiprofen sodium</i>                               | 1    |                           |
| FML                                                      | 3    |                           |

| PRODUCT DESCRIPTION                                                                                 | TIER | LIMITS/RESTRICTIONS/NOTES |
|-----------------------------------------------------------------------------------------------------|------|---------------------------|
| FML FORTE                                                                                           | 3    |                           |
| FML S.O.P.                                                                                          | 3    |                           |
| ILEVRO                                                                                              | 3    |                           |
| INVELTYS                                                                                            | 3    |                           |
| <i>ketorolac tromethamine (0.4 % drops, 0.5 % drops)</i>                                            | 1    |                           |
| LOTEMAX (EYE DROPS, OPHTHALMIC GEL)                                                                 | 3    |                           |
| LOTEMAX 0.5% EYE OINTMENT                                                                           | 2    |                           |
| LOTEMAX SM                                                                                          | 2    |                           |
| <i>loteprednol etabonate (0.2 % drops susp, 0.5 % drops gel, 0.5 % drops susp)</i>                  | 1    |                           |
| MAXIDEX                                                                                             | 3    |                           |
| NEVANAC                                                                                             | 3    |                           |
| OCUFEN                                                                                              | 3    |                           |
| PRED FORTE                                                                                          | 3    |                           |
| PRED MILD                                                                                           | 3    |                           |
| <i>prednisolone acetate</i>                                                                         | 1    |                           |
| <i>prednisolone sodium phosphate 1 % drops</i>                                                      | 1    |                           |
| PROLENSA                                                                                            | 3    | QL                        |
| OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS                                                          |      |                           |
| BETAGAN                                                                                             | 3    |                           |
| <i>betaxolol hcl 0.5 % drops</i>                                                                    | 1    |                           |
| BETIMOL                                                                                             | 3    |                           |
| BETOPTIC S 0.25% EYE DROP                                                                           | 3    |                           |
| BETOPTIC S 0.25% EYE DROPS                                                                          | 3    |                           |
| <i>carteolol hcl</i>                                                                                | 1    |                           |
| ISTALOL                                                                                             | 3    |                           |
| <i>levobunolol hcl</i>                                                                              | 1    |                           |
| <i>timolol maleate (0.25 % drops, 0.25 % sol-gel, 0.5 % drop daily, 0.5 % drops, 0.5 % sol-gel)</i> | 1    |                           |
| <i>timolol maleate/pf</i>                                                                           | 1    |                           |
| TIMOPTIC (0.25% DROP, 0.5% DROP)                                                                    | 3    |                           |
| TIMOPTIC (0.25% DROPS, 0.5% DROPS)                                                                  | 3    |                           |
| TIMOPTIC OCUDOSE                                                                                    | 3    |                           |
| TIMOPTIC-XE (0.25% EYE GEL-SOLN, 0.5% GEL-SOLUTION)                                                 | 3    |                           |

| PRODUCT DESCRIPTION                                                  | TIER | LIMITS/RESTRICTIONS/NOTES |    |
|----------------------------------------------------------------------|------|---------------------------|----|
| TIMOPTIC-XE (0.25% SOLN, 0.5% SOLN)                                  | 3    |                           |    |
| OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER               |      |                           |    |
| ALPHAGAN P 0.1% DROPS                                                | 2    |                           |    |
| ALPHAGAN P 0.15% EYE DROPS                                           | 3    |                           |    |
| <i>apraclonidine hcl</i>                                             | 1    |                           |    |
| AZOPT                                                                | 3    |                           |    |
| <i>brimonidine tartrate (0.1 % drops, 0.15 % drops, 0.2 % drops)</i> | 1    |                           |    |
| <i>brinzolamide</i>                                                  | 1    |                           |    |
| <i>dorzolamide hcl</i>                                               | 1    |                           |    |
| IOPIDINE                                                             | 3    |                           |    |
| ISOPTO CARPINE                                                       | 3    |                           |    |
| <i>methazolamide</i>                                                 | 1    |                           |    |
| PHOSPHOLINE IODIDE 0.125%                                            | 3    |                           |    |
| PHOSPHOLINE IODIDE 0.125% DROP                                       | 3    |                           |    |
| <i>pilocarpine hcl (1 % drops, 2 % drops, 4 % drops)</i>             | 1    |                           |    |
| RHOPRESSA                                                            | 2    | QL                        | ST |
| SIMBRINZA 1%-0.2% EYE DROP                                           | 3    | QL                        |    |
| SIMBRINZA 1%-0.2% EYE DROPS                                          | 3    | QL                        |    |
| TRUSOPT                                                              | 3    |                           |    |
| VUITY                                                                | 3    | QL                        |    |
| OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS                      |      |                           |    |
| <i>bimatoprost 0.03 % drops (into the eye for glaucoma)</i>          | 1    |                           |    |
| IYUZEH                                                               | 3    | QL                        | ST |
| <i>latanoprost</i>                                                   | 1    | QL                        |    |
| LUMIGAN                                                              | 2    |                           |    |
| <i>tafluprost/pf</i>                                                 | 1    | QL                        | ST |
| TRAVATAN Z                                                           | 3    |                           |    |
| TRAVOPROST 0.004%                                                    | 1    |                           |    |
| VYZULTA                                                              | 3    | ST                        |    |
| XALATAN                                                              | 3    | QL                        |    |

| PRODUCT DESCRIPTION                                                                                                                             | TIER | LIMITS/RESTRICTIONS/NOTES |    |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|----|
| XELPROS                                                                                                                                         | 3    | QL                        | ST |
| ZIOPTAN                                                                                                                                         | 3    | QL                        | ST |
| OTIC AGENTS                                                                                                                                     |      |                           |    |
| <i>acetic acid 2 % solution</i>                                                                                                                 | 1    |                           |    |
| CETRAXAL                                                                                                                                        | 3    | QL                        |    |
| CIPRO HC                                                                                                                                        | 3    |                           |    |
| CIPRODEX                                                                                                                                        | 3    |                           |    |
| <i>ciprofloxacin hcl 0.2 % dropperette</i>                                                                                                      | 1    | QL                        |    |
| <i>ciprofloxacin hcl/dexamethasone</i>                                                                                                          | 1    |                           |    |
| CIPROFLOXACIN HCL/FLUOCINOLONE ACETONIDE                                                                                                        | 3    | QL                        |    |
| COLY-MYCIN S                                                                                                                                    | 3    |                           |    |
| CORTISPORIN-TC                                                                                                                                  | 3    |                           |    |
| DERMOTIC                                                                                                                                        | 3    |                           |    |
| <i>fluocinolone acetonide oil</i>                                                                                                               | 1    |                           |    |
| <i>hydrocortisone/acetic acid 1 %-2 % drops</i>                                                                                                 | 1    |                           |    |
| <i>neomycin sulfate/polymyxin b sulfate/hydrocortisone (neomycin/polymyxin b/hydrocort drops susp, neomycin/polymyxin b/hydrocort solution)</i> | 1    |                           |    |
| OTOVEL                                                                                                                                          | 3    | QL                        |    |
| RESPIRATORY TRACT/PULMONARY AGENTS                                                                                                              |      |                           |    |
| ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS                                                                                                    |      |                           |    |
| ALVESCO (80 MCG INHALER, 160 MCG INHALER)                                                                                                       | 3    | QL                        | ST |
| ARMONAIR DIGIHALER                                                                                                                              | 3    | QL                        | ST |
| ARNUITY ELLIPTA                                                                                                                                 | 2    | QL                        |    |
| ASMANEX                                                                                                                                         | 2    | QL                        |    |
| ASMANEX HFA (HFA 50 MCG INHALER, HFA 100 MCG INHALER, HFA 200 MCG INHALER)                                                                      | 2    | QL                        |    |
| BECONASE AQ                                                                                                                                     | 3    | QL                        |    |
| <i>budesonide (0.25mg/2ml ampul-neb, 0.5 mg/2ml ampul-neb, 1 mg/2 ml ampul-neb)</i>                                                             | 1    | QL                        |    |
| FLOVENT DISKUS                                                                                                                                  | 3    | QL                        |    |
| FLOVENT HFA (HFA 44 MCG INHALER, HFA 110 MCG INHALER, HFA 220 MCG INHALER)                                                                      | 3    | QL                        |    |
| <i>flunisolide</i>                                                                                                                              | 1    | QL                        |    |

| PRODUCT DESCRIPTION                                                                                                                           | TIER | LIMITS/RESTRICTIONS/NOTES |
|-----------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| FLUTICASONE PROPIONATE (44 MCG AER W/ADAP, 50 MCG BLST W/DEV, 100 MCG BLST W/DEV, 110 MCG AER W/ADAP, 220 MCG AER W/ADAP, 250 MCG BLST W/DEV) | 2    | QL                        |
| <i>fluticasone propionate 50 mcg spray susp</i>                                                                                               | 1    |                           |
| <i>mometasone furoate 50 mcg spray/pump</i>                                                                                                   | 1    |                           |
| NASONEX                                                                                                                                       | 3    |                           |
| OMNARIS                                                                                                                                       | 3    | QL                        |
| PULMICORT (0.25 MG/2 ML RESPUL, 0.5 MG/2 ML RESPULE, 1 MG/2 ML RESPULE)                                                                       | 3    | QL                        |
| PULMICORT FLEXHALER (90 MCG, 180 MCG)                                                                                                         | 3    | QL ST                     |
| QNASL                                                                                                                                         | 2    | QL                        |
| QNASL CHILDREN                                                                                                                                | 2    | QL                        |
| QVAR REDHALER                                                                                                                                 | 2    | QL                        |
| RYALTRIS                                                                                                                                      | 3    | QL PA                     |
| <i>triamcinolone acetonide 55 mcg spray</i>                                                                                                   | 1    |                           |
| XHANCE                                                                                                                                        | 3    | QL                        |
| ZETONNA                                                                                                                                       | 3    | QL                        |
| ANTIHISTAMINES                                                                                                                                |      |                           |
| ASTEPRO                                                                                                                                       | 3    | QL                        |
| <i>azelastine hcl 137 mcg spray/pump</i>                                                                                                      | 1    |                           |
| <i>azelastine hcl 205.5 mcg spray/pump</i>                                                                                                    | 1    | QL                        |
| <i>azelastine hcl/fluticasone propionate</i>                                                                                                  | 1    | QL PA                     |
| <i>carbinoxamine maleate (4 mg tablet, 4 mg/5 ml liquid)</i>                                                                                  | 1    |                           |
| <i>carbinoxamine maleate 6 mg tablet</i>                                                                                                      | 1    | QL PA                     |
| <i>cetirizine hcl 1 mg/ml solution</i>                                                                                                        | 1    |                           |
| CLARINEX                                                                                                                                      | 3    |                           |
| <i>clemastine fumarate (0.5 mg/5ml syrup, 0.67mg/5ml syrup)</i>                                                                               | 1    | QL PA                     |
| <i>clemastine fumarate 2.68 mg tablet</i>                                                                                                     | 1    |                           |
| <i>cypheptadine hcl</i>                                                                                                                       | 1    | QL                        |
| <i>desloratadine</i>                                                                                                                          | 1    |                           |
| <i>diphenhydramine hcl 12.5mg/5ml elixir</i>                                                                                                  | 1    |                           |
| DYMISTA                                                                                                                                       | 3    | QL PA                     |

| PRODUCT DESCRIPTION                                                                                         | TIER | LIMITS/RESTRICTIONS/NOTES |
|-------------------------------------------------------------------------------------------------------------|------|---------------------------|
| <i>hydroxyzine hcl (10 mg tablet, 10 mg/5 ml solution, 25 mg tablet, 50 mg tablet, 50 mg/25ml solution)</i> | 1    |                           |
| <i>hydroxyzine pamoate</i>                                                                                  | 1    |                           |
| KARBINAL ER                                                                                                 | 3    | QL                        |
| <i>levocetirizine dihydrochloride 2.5 mg/5ml solution</i>                                                   | 1    | QL                        |
| <i>levocetirizine dihydrochloride 5 mg tablet</i>                                                           | 1    |                           |
| <i>olopatadine hcl 0.6 % spray/pump</i>                                                                     | 1    | QL                        |
| PATANASE                                                                                                    | 3    | QL                        |
| <i>promethazine hcl (6.25mg/5ml syrup, 12.5 mg tablet, 25 mg tablet)</i>                                    | 1    |                           |
| RYCLORA                                                                                                     | 3    | QL                        |
| RYVENT                                                                                                      | 3    | QL PA                     |
| VISTARIL                                                                                                    | 3    |                           |
| XYZAL 2.5 MG/5 ML SOLUTION                                                                                  | 3    |                           |
| ANTILEUKOTRIENES                                                                                            |      |                           |
| ACCOLATE                                                                                                    | 3    |                           |
| <i>montelukast sodium (4 mg gran pack, 4 mg tab chew, 5 mg tab chew, 10 mg tablet)</i>                      | 1    | QL                        |
| SINGULAIR (4 MG GRANULES, 4 MG TABLET CHEW, 5 MG TABLET CHEW, 10 MG TABLET)                                 | 3    | QL                        |
| <i>zafirlukast</i>                                                                                          | 1    |                           |
| <i>zileuton</i>                                                                                             | 1    | QL                        |
| ZYFLO                                                                                                       | 3    | QL                        |
| ZYFLO CR                                                                                                    | 3    | QL                        |
| BRONCHODILATORS, ANTICHOLINERGIC                                                                            |      |                           |
| ATROVENT HFA                                                                                                | 2    |                           |
| INCRUSE ELLIPTA                                                                                             | 2    | QL                        |
| <i>ipratropium bromide</i>                                                                                  | 1    |                           |
| LONHALA MAGNAIR REFILL                                                                                      | 3    | QL ST                     |
| LONHALA MAGNAIR STARTER                                                                                     | 3    | QL ST                     |
| SEEBRI NEOHALER                                                                                             | 3    |                           |
| SPIRIVA HANDIHALER                                                                                          | 3    |                           |
| SPIRIVA RESPIMAT                                                                                            | 2    |                           |
| <i>tiotropium bromide</i>                                                                                   | 1    |                           |

| PRODUCT DESCRIPTION                                                                                                                                                                                          | TIER | LIMITS/RESTRICTIONS/NOTES |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| TUDORZA PRESSAIR                                                                                                                                                                                             | 3    | QL ST                     |
| YUPELRI                                                                                                                                                                                                      | 3    | QL ST                     |
| BRONCHODILATORS, SYMPATHOMIMETIC                                                                                                                                                                             |      |                           |
| ADRENAClick                                                                                                                                                                                                  | 3    | QL                        |
| <i>albuterol sulfate (0.63mg/3ml vial-neb, 1.25mg/3ml vial-neb, 2 mg tablet, 2 mg/5 ml syrup, 2.5 mg/0.5 vial-neb, 2.5 mg/3ml vial-neb, 4 mg tab er 12h, 4 mg tablet, 5 mg/ml solution, 8 mg tab er 12h)</i> | 1    |                           |
| ALBUTEROL SULFATE 90 MCG HFA AER AD                                                                                                                                                                          | 2    | QL                        |
| ALBUTEROL SULFATE 90 MCG HFA AER AD (ALTERNATIVE TO VENTOLIN HFA)                                                                                                                                            | 3    | QL                        |
| <i>arformoterol tartrate</i>                                                                                                                                                                                 | 1    | QL                        |
| AUVI-Q                                                                                                                                                                                                       | 3    | QL                        |
| BROVANA                                                                                                                                                                                                      | 3    | QL                        |
| <i>epinephrine</i>                                                                                                                                                                                           | 1    |                           |
| EPIPEN                                                                                                                                                                                                       | 3    | QL                        |
| EPIPEN 2-PAK                                                                                                                                                                                                 | 3    | QL                        |
| EPIPEN JR 2-PAK                                                                                                                                                                                              | 3    | QL                        |
| <i>formoterol fumarate</i>                                                                                                                                                                                   | 1    | QL                        |
| <i>levalbuterol hcl (0.31mg/3ml vial-neb, 0.63mg/3ml vial-neb, 1.25mg/0.5 vial-neb, 1.25mg/3ml vial-neb)</i>                                                                                                 | 1    |                           |
| LEVALBUTEROL TARTRATE                                                                                                                                                                                        | 2    |                           |
| PERFOROMIST                                                                                                                                                                                                  | 3    | QL                        |
| PROAIR DIGIHALER                                                                                                                                                                                             | 3    | QL                        |
| PROAIR HFA                                                                                                                                                                                                   | 3    | QL                        |
| PROAIR RESPIClick                                                                                                                                                                                            | 3    | QL                        |
| PROVENTIL HFA                                                                                                                                                                                                | 3    | QL                        |
| SEREVENT DISKUS                                                                                                                                                                                              | 2    |                           |
| STRIVERDI RESPIMAT                                                                                                                                                                                           | 2    | QL                        |
| SYMJEPI                                                                                                                                                                                                      | 2    | QL                        |
| <i>terbutaline sulfate (2.5 mg tablet, 5 mg tablet)</i>                                                                                                                                                      | 1    |                           |
| VENTOLIN HFA                                                                                                                                                                                                 | 3    | QL                        |
| XOPENEX                                                                                                                                                                                                      | 3    |                           |

| PRODUCT DESCRIPTION                                                                                                                                                                      | TIER | LIMITS/RESTRICTIONS/NOTES |    |    |    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|----|----|----|
| XOPENEX CONCENTRATE                                                                                                                                                                      | 3    |                           |    |    |    |
| XOPENEX HFA                                                                                                                                                                              | 3    |                           |    |    |    |
| CYSTIC FIBROSIS AGENTS                                                                                                                                                                   |      |                           |    |    |    |
| BETHKIS                                                                                                                                                                                  | 3    | QL                        | S  | MS |    |
| CAYSTON                                                                                                                                                                                  | 3    | S                         | MS |    |    |
| KALYDECO (5.8 MG GRANULES PKT, 13.4 MG GRANULES PKT, 25 MG GRANULES PACKET, 50 MG GRANULES PACKET, 75 MG GRANULES PACKET, 150 MG TABLET)                                                 | 3    | QL                        | PA | S  | MS |
| KITABIS PAK                                                                                                                                                                              | 3    | S                         | MS |    |    |
| ORKAMBI (75-94 MG GRANULE PKT, 100 MG-125 MG TABLET, 100-125 MG GRANULE PKT, 150-188 MG GRANULE PKT, 200 MG-125 MG TABLET)                                                               | 3    | QL                        | PA | S  | MS |
| PULMOZYME                                                                                                                                                                                | 3    | S                         | MS |    |    |
| SYMDEKO                                                                                                                                                                                  | 3    | QL                        | PA | S  | MS |
| TOBI                                                                                                                                                                                     | 3    | S                         | MS |    |    |
| TOBI PODHALER                                                                                                                                                                            | 3    | QL                        | S  | MS |    |
| <i>tobramycin 300 mg/4ml ampul-neb</i>                                                                                                                                                   | 1    | QL                        | S  | MS |    |
| <i>tobramycin in 0.225 % sodium chloride</i>                                                                                                                                             | 1    | S                         |    |    |    |
| TOBRAMYCIN/NEBULIZER                                                                                                                                                                     | 3    | S                         | MS |    |    |
| TRIKAFTA (50-25-37.5 MG/75 MG, 80-40-60MG/59.5MG PKT, 100-50-75 MG/150 MG, 100-50-75 MG/75MG PKT)                                                                                        | 3    | QL                        | PA | S  | MS |
| MAST CELL STABILIZERS                                                                                                                                                                    |      |                           |    |    |    |
| <i>cromolyn sodium 20 mg/2 ml ampul-neb</i>                                                                                                                                              | 1    |                           |    |    |    |
| PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE                                                                                                                                            |      |                           |    |    |    |
| <i>caffeine citrate 60 mg/3 ml solution</i>                                                                                                                                              | 1    |                           |    |    |    |
| DALIRESP (250 MCG TABLET, 500 MCG TABLET)                                                                                                                                                | 3    | QL                        |    |    |    |
| ELIXOPHYLLIN                                                                                                                                                                             | 3    |                           |    |    |    |
| <i>roflumilast</i>                                                                                                                                                                       | 1    | QL                        |    |    |    |
| THEO-24                                                                                                                                                                                  | 3    |                           |    |    |    |
| <i>theophylline anhydrous (80 mg/15ml elixir, 80 mg/15ml solution, 100 mg tab er 12h, 200 mg tab er 12h, 300 mg tab er 12h, 400 mg tab er 24h, 450 mg tab er 12h, 600 mg tab er 24h)</i> | 1    |                           |    |    |    |
| ZORYVE 0.3% CREAM                                                                                                                                                                        | 3    | QL                        | PA |    |    |

| PRODUCT DESCRIPTION                                                                                                                                                      | TIER | LIMITS/RESTRICTIONS/NOTES |    |    |    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|----|----|----|
| PULMONARY ANTIHYPERTENSIVES                                                                                                                                              |      |                           |    |    |    |
| ADCIRCA                                                                                                                                                                  | 3    | QL                        | PA | S  | MS |
| ADEMPAS                                                                                                                                                                  | 3    | QL                        | PA | S  | MS |
| <i>ambrisentan</i>                                                                                                                                                       | 1    | QL                        | PA | S  | MS |
| <i>bosentan</i>                                                                                                                                                          | 1    | QL                        | PA | S  | MS |
| LETAIRIS                                                                                                                                                                 | 3    | QL                        | PA | S  | MS |
| LIQREV                                                                                                                                                                   | 3    | QL                        | PA | S  | MS |
| OPSUMIT                                                                                                                                                                  | 3    | QL                        | PA | S  | MS |
| ORENITRAM ER                                                                                                                                                             | 3    | PA                        | S  | MS |    |
| ORENITRAM MONTH 1 TITRATION KT                                                                                                                                           | 3    | PA                        | S  | MS |    |
| ORENITRAM MONTH 2 TITRATION KT                                                                                                                                           | 3    | PA                        | S  | MS |    |
| ORENITRAM MONTH 3 TITRATION KT                                                                                                                                           | 3    | PA                        | S  | MS |    |
| REVATIO (10 MG/ML ORAL SUSP, 20 MG TABLET)                                                                                                                               | 3    | QL                        | PA | S  | MS |
| <i>sildenafil citrate (10 mg/ml susp recon, 20 mg tablet)</i>                                                                                                            | 1    | QL                        | PA | S  | MS |
| TADLIQ                                                                                                                                                                   | 3    | QL                        | PA | S  | MS |
| TRACLEER (32 MG TABLET FOR SUSP, 62.5 MG TABLET, 125 MG TABLET)                                                                                                          | 3    | QL                        | PA | S  | MS |
| TYVASO                                                                                                                                                                   | 3    | QL                        | PA | S  | MS |
| UPTRAVI (200 MCG TABLET, 200-800 TITRATION PACK, 400 MCG TABLET, 600 MCG TABLET, 800 MCG TABLET, 1,000 MCG TABLET, 1,200 MCG TABLET, 1,400 MCG TABLET, 1,600 MCG TABLET) | 3    | QL                        | PA | S  | MS |
| PULMONARY FIBROSIS AGENTS                                                                                                                                                |      |                           |    |    |    |
| ESBRIET (267 MG CAPSULE, 267 MG TABLET, 801 MG TABLET)                                                                                                                   | 3    | QL                        | PA | S  | MS |
| OFEV                                                                                                                                                                     | 2    | QL                        | PA | S  | MS |
| <i>pirfenidone (267 mg capsule, 267 mg tablet, 534 mg tablet, 801 mg tablet)</i>                                                                                         | 1    | QL                        | PA | S  | MS |
| RESPIRATORY TRACT AGENTS, OTHER                                                                                                                                          |      |                           |    |    |    |
| <i>acetylcysteine (100 mg/ml vial, 200 mg/ml vial)</i>                                                                                                                   | 1    |                           |    |    |    |
| ADVAIR DISKUS                                                                                                                                                            | 3    | QL                        |    |    |    |
| ADVAIR HFA                                                                                                                                                               | 2    | QL                        |    |    |    |
| AIRDUO DIGIHALER                                                                                                                                                         | 3    | QL                        | ST |    |    |

| PRODUCT DESCRIPTION                                                                                                                                                               | TIER | LIMITS/RESTRICTIONS/NOTES |    |   |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|----|---|----|
| AIRDUO RESPICLICK                                                                                                                                                                 | 3    | QL                        | ST |   |    |
| AIRSUPRA                                                                                                                                                                          | 3    | QL                        | PA |   |    |
| ANORO ELLIPTA                                                                                                                                                                     | 2    | QL                        |    |   |    |
| <i>benzonatate (100 mg capsule, 150 mg capsule, 200 mg capsule)</i>                                                                                                               | 1    |                           |    |   |    |
| BEVESPI AEROSPHERE                                                                                                                                                                | 2    | QL                        |    |   |    |
| BREO ELLIPTA (50-25 MCG INHALER, 100-25 MCG INHALR)                                                                                                                               | 2    | QL                        |    |   |    |
| BREO ELLIPTA 200-25 MCG INHALR                                                                                                                                                    | 2    |                           |    |   |    |
| <i>breyana</i>                                                                                                                                                                    | 1    | QL                        |    |   |    |
| BREZTRI AEROSPHERE                                                                                                                                                                | 2    | QL                        |    |   |    |
| <i>bromfed dm</i>                                                                                                                                                                 | 1    |                           |    |   |    |
| <i>brompheniramine maleate/pseudoephedrine hcl/dextromethorphan</i>                                                                                                               | 1    |                           |    |   |    |
| BUDESONIDE/FORMOTEROL FUMARATE                                                                                                                                                    | 3    | QL                        |    |   |    |
| CLARINEX-D 12 HOUR                                                                                                                                                                | 3    |                           |    |   |    |
| <i>codeine phosphate/guaifenesin (phosphate/guaifenesin 10-100mg/5 liquid, phosphate/guaifenesin 20-200/10 liquid)</i>                                                            | 1    |                           |    |   |    |
| COMBIVENT RESPIMAT                                                                                                                                                                | 2    | QL                        |    |   |    |
| CUROSURF                                                                                                                                                                          | 3    |                           |    |   |    |
| DUAKLIR PRESSAIR                                                                                                                                                                  | 3    | QL                        | ST |   |    |
| DULERA (50 MCG INHALER, 100 MCG INHALER, 200 MCG INHALER)                                                                                                                         | 2    | QL                        |    |   |    |
| FASENRA PEN                                                                                                                                                                       | 2    | QL                        | PA | S | MS |
| FLUTICASONE FUROATE/VILANTEROL TRIFENATATE                                                                                                                                        | 3    | QL                        | ST |   |    |
| <i>fluticasone propionate/salmeterol xinafoate (propion/salmeterol 100-50 mcg blst w/dev, propion/salmeterol 250-50 mcg blst w/dev, propion/salmeterol 500-50 mcg blst w/dev)</i> | 1    | QL                        |    |   |    |
| FLUTICASONE PROPIONATE/SALMETEROL XINAFOATE (PROPION/SALMETEROL 45-21 MCG HFA AER AD, PROPION/SALMETEROL 115-21MCG HFA AER AD, PROPION/SALMETEROL 230-21MCG HFA AER AD)           | 3    | QL                        | ST |   |    |
| FLUTICASONE PROPIONATE/SALMETEROL XINAFOATE (PROPION/SALMETEROL 55-14 MCG AER POW BA, PROPION/SALMETEROL 113-14 MCG AER POW BA, PROPION/SALMETEROL 232-14 MCG AER POW BA)         | 2    | QL                        |    |   |    |
| <i>g tussin ac</i>                                                                                                                                                                | 1    |                           |    |   |    |
| GRASTEK                                                                                                                                                                           | 3    | QL                        |    |   |    |
| <i>guaiaitussin ac</i>                                                                                                                                                            | 1    |                           |    |   |    |
| <i>guaifenesin ac</i>                                                                                                                                                             | 1    |                           |    |   |    |

| PRODUCT DESCRIPTION                                                       | TIER | LIMITS/RESTRICTIONS/NOTES |    |   |    |
|---------------------------------------------------------------------------|------|---------------------------|----|---|----|
| HYCODAN (5 MG TABLET, 5 MG/5 ML CUP)                                      | 3    |                           |    |   |    |
| <i>hydrocodone bitartrate/homatropine methylbromide</i>                   | 1    |                           |    |   |    |
| <i>hydrocodone polistirex/chlorpheniramine polistirex</i>                 | 1    | QL                        |    |   |    |
| <i>hydromet</i>                                                           | 1    |                           |    |   |    |
| <i>ipratropium bromide/albuterol sulfate</i>                              | 1    |                           |    |   |    |
| m-clear wc                                                                | 1    |                           |    |   |    |
| MAR-COF CG                                                                | 3    |                           |    |   |    |
| <i>nebusal 3% vial</i>                                                    | 1    |                           |    |   |    |
| NINJACOF-XG                                                               | 3    |                           |    |   |    |
| NUCALA (40 MG/0.4 ML SYRINGE, 100 MG/ML AUTO-INJECTOR, 100 MG/ML SYRINGE) | 2    | QL                        | PA | S | MS |
| ORALAIR                                                                   | 3    | QL                        | S  |   |    |
| <i>phenylephrine hcl/promethazine hcl</i>                                 | 1    |                           |    |   |    |
| <i>promethazine hcl/codeine 6.25-10/5 syrup</i>                           | 1    |                           |    |   |    |
| <i>promethazine hcl/dextromethorphan hbr</i>                              | 1    |                           |    |   |    |
| <i>promethazine/phenylephrine hcl/codeine</i>                             | 1    |                           |    |   |    |
| RAGWITEK                                                                  | 3    | QL                        |    |   |    |
| <i>ribavirin 6 g vial-neb</i>                                             | 1    | S                         | MS |   |    |
| <i>sodium chloride for inhalation</i>                                     | 1    |                           |    |   |    |
| STIOLTO RESPIMAT                                                          | 2    | QL                        |    |   |    |
| SYMBICORT                                                                 | 3    | QL                        |    |   |    |
| TRELEGY ELLIPTA                                                           | 2    | QL                        |    |   |    |
| TUSSICAPS                                                                 | 3    |                           |    |   |    |
| TUXARIN ER                                                                | 3    |                           |    |   |    |
| VIRAZOLE                                                                  | 3    |                           |    |   |    |
| <i>wixela inhub</i>                                                       | 1    | QL                        |    |   |    |
| SKELETAL MUSCLE RELAXANTS                                                 |      |                           |    |   |    |
| AMRIX                                                                     | 3    | QL                        | PA |   |    |
| <i>carisoprodol 250 mg tablet</i>                                         | 1    | QL                        | PA |   |    |
| <i>carisoprodol 350 mg tablet</i>                                         | 1    |                           |    |   |    |
| <i>carisoprodol/aspirin</i>                                               | 1    |                           |    |   |    |

| PRODUCT DESCRIPTION                                                            | TIER | LIMITS/RESTRICTIONS/NOTES |    |
|--------------------------------------------------------------------------------|------|---------------------------|----|
| <i>carisoprodol/aspirin/codeine phosphate</i>                                  | 1    |                           |    |
| <i>chlorzoxazone (250 mg tablet, 375 mg tablet, 750 mg tablet)</i>             | 1    | QL                        | PA |
| <i>chlorzoxazone 500 mg tablet</i>                                             | 1    | QL                        |    |
| <i>cyclobenzaprine hcl (5 mg tablet, 10 mg tablet)</i>                         | 1    |                           |    |
| <i>cyclobenzaprine hcl (7.5 mg tablet, 15 mg cap er 24h, 30 mg cap er 24h)</i> | 1    | QL                        | PA |
| FEXMID                                                                         | 3    | QL                        | PA |
| LORZONE                                                                        | 3    | QL                        | PA |
| <i>metaxall</i>                                                                | 1    | QL                        |    |
| <i>metaxalone 400 mg tablet</i>                                                | 1    | PA                        |    |
| <i>metaxalone 800 mg tablet</i>                                                | 1    | QL                        |    |
| <i>methocarbamol (500 mg tablet, 750 mg tablet)</i>                            | 1    |                           |    |
| METHOCARBAMOL 1000 MG TABLET                                                   | 3    | QL                        | PA |
| NORGESIC FORTE                                                                 | 3    | QL                        | ST |
| <i>orphenadrine citrate 100 mg tablet er</i>                                   | 1    |                           |    |
| <i>orphenadrine/aspirin/cafeine 25-385-30 tablet</i>                           | 1    | QL                        | ST |
| <i>orphenadrine/aspirin/cafeine 50-770-60 tablet</i>                           | 1    | ST                        |    |
| <i>orphengesic forte</i>                                                       | 1    | QL                        | ST |
| SKELAXIN                                                                       | 3    | QL                        |    |
| SOMA 250 MG TABLET                                                             | 3    | QL                        | PA |
| SOMA 350 MG TABLET                                                             | 3    |                           |    |
| SLEEP DISORDER AGENTS                                                          |      |                           |    |
| SLEEP PROMOTING AGENTS                                                         |      |                           |    |
| AMBIEN (5 MG TABLET, 10 MG TABLET)                                             | 3    | QL                        |    |
| AMBIEN CR                                                                      | 3    | QL                        |    |
| BELSOMRA                                                                       | 3    | QL                        | ST |
| DAYVIGO                                                                        | 3    | QL                        | ST |
| DORAL                                                                          | 3    |                           |    |
| <i>doxepin hcl (3 mg tablet, 6 mg tablet)</i>                                  | 1    | QL                        |    |
| EDLUAR                                                                         | 3    | QL                        | ST |

| PRODUCT DESCRIPTION                                                                                                                         | TIER | LIMITS/RESTRICTIONS/NOTES |    |   |    |
|---------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|----|---|----|
| <i>estazolam</i>                                                                                                                            | 1    |                           |    |   |    |
| <i>eszopiclone</i>                                                                                                                          | 1    | QL                        |    |   |    |
| <i>flurazepam hcl</i>                                                                                                                       | 1    |                           |    |   |    |
| HALCION                                                                                                                                     | 3    |                           |    |   |    |
| HETLIOZ                                                                                                                                     | 3    | QL                        | PA | S | MS |
| HETLIOZ LQ                                                                                                                                  | 3    | QL                        | PA | S | MS |
| LUNESTA                                                                                                                                     | 3    | QL                        |    |   |    |
| QUVIVIQ                                                                                                                                     | 3    | QL                        | ST |   |    |
| <i>ramelteon</i>                                                                                                                            | 1    | QL                        |    |   |    |
| RESTORIL                                                                                                                                    | 3    |                           |    |   |    |
| ROZEREM                                                                                                                                     | 3    | QL                        |    |   |    |
| SILENOR                                                                                                                                     | 3    | QL                        |    |   |    |
| <i>tasimelteon</i>                                                                                                                          | 1    | QL                        | PA | S | MS |
| <i>temazepam</i>                                                                                                                            | 1    |                           |    |   |    |
| <i>triazolam</i>                                                                                                                            | 1    |                           |    |   |    |
| <i>zaleplon (5 mg capsule, 10 mg capsule)</i>                                                                                               | 1    | QL                        |    |   |    |
| <i>zolpidem tartrate (1.75 mg tab sublingual, 3.5 mg tab sublingual, 5 mg tablet, 6.25 mg tab mphase, 10 mg tablet, 12.5 mg tab mphase)</i> | 1    | QL                        |    |   |    |
| ZOLPIDEM TARTRATE 7.5 MG CAPSULE                                                                                                            | 3    | QL                        | PA |   |    |
| ZOLPIMIST                                                                                                                                   | 3    | QL                        | ST |   |    |
| WAKEFULNESS PROMOTING AGENTS                                                                                                                |      |                           |    |   |    |
| <i>armodafinil (50 mg tablet, 150 mg tablet, 200 mg tablet, 250 mg tablet)</i>                                                              | 1    | QL                        |    |   |    |
| LUMRYZ                                                                                                                                      | 3    | QL                        | PA | S | MS |
| <i>modafinil</i>                                                                                                                            | 1    | QL                        |    |   |    |
| NUVIGIL (50 MG TABLET, 150 MG TABLET, 200 MG TABLET, 250 MG TABLET)                                                                         | 3    | QL                        |    |   |    |
| PROVIGIL                                                                                                                                    | 3    | QL                        |    |   |    |
| SODIUM OXYBATE                                                                                                                              | 3    | QL                        | PA | S |    |
| SUNOSI                                                                                                                                      | 3    | QL                        | PA |   |    |

| PRODUCT DESCRIPTION                                         | TIER | LIMITS/RESTRICTIONS/NOTES |                 |    |    |
|-------------------------------------------------------------|------|---------------------------|-----------------|----|----|
| WAKIX                                                       | 3    | QL                        | PA              | S  | MS |
| XYREM                                                       | 3    | QL                        | PA              | S  |    |
| XYWAV                                                       | 3    | QL                        | PA              | S  |    |
| Uncategorized                                               |      |                           |                 |    |    |
| Unclassified                                                |      |                           |                 |    |    |
| ADALIMUMAB-AATY 20MG/0.2ML SYRINGEKIT                       | 3    | QL                        | PA              | S  |    |
| ADALIMUMAB-RYVK                                             | 3    | QL                        | PA              | S  | MS |
| AGAMREE                                                     | 3    | QL                        | PA              | S  |    |
| ALVAIZ                                                      | 3    | QL                        | PA              | S  |    |
| BACLOFEN 15 MG TABLET                                       | 3    | PA                        |                 |    |    |
| BOSULIF (50 MG CAPSULE, 100 MG CAPSULE)                     | 3    | QL                        | PA              | S  | MS |
| chlorpromazine hcl 25 mg/ml vial                            | 1    |                           |                 |    |    |
| EOHILIA                                                     | 3    | QL                        | PA              |    |    |
| FABHALTA                                                    | 3    | QL                        | PA              | S  |    |
| FILSUVEZ                                                    | 3    | QL                        | PA              | S  |    |
| HEMLIBRA (12 MG/0.4 ML VIAL, 300 MG/2 ML VIAL)              | 3    | PA                        | S               | MS |    |
| INSTA-GLUCOSE                                               | 3    |                           |                 |    |    |
| INSULIN PUMP CART,AUTOMATED DOSING,BT,G6/G7 WITH CONTROLLER | 3    | QL                        | ST              |    |    |
| INSULIN PUMP CARTRIDGE,SUBCUT AUTOMATED DOSING,BT,G6/G7     | 3    | QL                        | ST              |    |    |
| IWILFIN                                                     | 3    | QL                        | PA              | S  |    |
| OGSIVEO (100 MG TABLET, 150 MG TABLET)                      | 3    | QL                        | PA              | S  | MS |
| OPILL                                                       | 3    | C                         | Covered in full |    |    |
| OPSYNVI                                                     | 3    | QL                        | PA              | S  | MS |
| REZDIFFRA                                                   | 3    | QL                        | PA              | S  | MS |
| RIVFLOZA (128 MG/0.8 ML SYRINGE, 160 MG/ML SYRINGE)         | 3    | QL                        | PA              | S  |    |
| SIMLANDI(CF) AUTOINJECTOR                                   | 3    | QL                        | PA              | S  | MS |
| SITAGLIPTIN                                                 | 3    | QL                        | PA              |    |    |

| PRODUCT DESCRIPTION                                                                                   | TIER | LIMITS/RESTRICTIONS/NOTES |    |   |    |
|-------------------------------------------------------------------------------------------------------|------|---------------------------|----|---|----|
| SPEVIGO 150 MG/ML SYRINGE                                                                             | 3    | QL                        | PA | S | MS |
| tetracycline hcl (250 mg tablet, 500 mg tablet)                                                       | 1    | QL                        | PA |   |    |
| TRAMADOL HCL 25 MG TABLET                                                                             | 3    | QL                        |    |   |    |
| UDENYCA ONBODY                                                                                        | 2    | S                         | MS |   |    |
| WAINUA                                                                                                | 3    | QL                        | PA | S |    |
| WINREVAIR                                                                                             | 3    | QL                        | PA | S | MS |
| XCOPRI 25 MG TABLET                                                                                   | 3    | QL                        |    |   |    |
| XOLAIR (75 MG/0.5 ML AUTOINJECT, 150 MG/ML AUTOINJECTOR, 300 MG/2 ML AUTOINJECT, 300 MG/2 ML SYRINGE) | 3    | QL                        | PA | S | MS |
| YUFLYMA(CF) 20 MG/0.2 ML SYRNG                                                                        | 3    | QL                        | PA | S |    |
| ZENPEP DR 60,000 UNIT CAPSULE                                                                         | 2    |                           |    |   |    |
| ZILBRYSQ (16.6 MG/0.416 ML SYRN, 23 MG/0.574 ML SYRING, 32.4 MG/0.81 ML SYRNG)                        | 3    | QL                        | PA | S |    |
| ZITUVIO                                                                                               | 3    | QL                        | PA |   |    |
| ZORYVE 0.3% FOAM                                                                                      | 3    | QL                        | PA |   |    |
| ZYMFENTRA (120 MG/ML PEN KIT, 120 MG/ML SYRINGE KT)                                                   | 3    | QL                        | PA | S |    |

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| butalbital/aspirin/caffeine . . . . .                         | 5      | CAPLYTA . . . . .                                | 43    | cefuroxime axetil . . . . .                  | 16      |
| butorphanol tartrate . . . . .                                | 10     | CAPRELSA . . . . .                               | 36    | CELEBREX . . . . .                           | 5       |
| BUTRANS . . . . .                                             | 8      | captopril . . . . .                              | 61    | celecoxib . . . . .                          | 5       |
| BYDUREON BCISE . . . . .                                      | 51     | captopril/hydrochlorothiazide . . . . .          | 65    | CELEXA . . . . .                             | 24      |
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| CALAN SR . . . . .                                            | 63     | CARNITOR SF . . . . .                            | 89    | chlordiazepoxide/clidinium bromide . . . . . | 110     |
| CALCILO XD . . . . .                                          | 89     | CAROSPIR . . . . .                               | 67    | chlorhexidine gluconate . . . . .            | 77      |
| calcipotriene . . . . .                                       | 83     | carteolol hcl . . . . .                          | 157   | chloroquine phosphate . . . . .              | 40      |
| CALCIPOTRIENE . . . . .                                       | 83     | cartia xt . . . . .                              | 64    | chlorothiazide . . . . .                     | 68      |
| calcipotriene/betamethasone dipropionate . . . . .            | 83     | carvedilol . . . . .                             | 62    | chlorpromazine hcl . . . . .                 | 42,169  |
| calcitonin,salmon,synthetic . . . . .                         | 144    | carvedilol phosphate . . . . .                   | 62    | chlorthalidone . . . . .                     | 68      |
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| candesartan cilexetil . . . . .                               | 60     | cefixime . . . . .                               | 16    | ciclopirox olamine . . . . .                 | 86      |
| candesartan cilexetil/hydrochlorothiazide . . . . .           | 65     | cefpodoxime proxetil . . . . .                   | 16    | cilostazol . . . . .                         | 59      |
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|                                           |        |                                                         |       |                                          |        |
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| CIMDUO . . . . .                          | 47     | clindamycin hcl . . . . .                               | 14    | COLY-MYCIN S . . . . .                   | 159    |
| cimetidine . . . . .                      | 112    | clindamycin palmitate hcl . . . . .                     | 14    | COLYTE WITH FLAVOR PACKETS . . . . .     | 111    |
| cimetidine hcl . . . . .                  | 112    | clindamycin phosphate . . . . .                         | 14,86 | COMBIGAN . . . . .                       | 153    |
| CIMZIA . . . . .                          | 138    | clindamycin phosphate/benzoyl peroxide . . . . .        | 79    | COMBIPATCH . . . . .                     | 131    |
| cinacalcet hcl . . . . .                  | 144    | clindamycin phosphate/tretinoin . . . . .               | 79    | COMBIVENT RESPIMAT . . . . .             | 165    |
| CINRYZE . . . . .                         | 135    | CLINDESSE . . . . .                                     | 14    | COMBIVIR . . . . .                       | 47     |
| CIPRO . . . . .                           | 17     | clinpro 5000 . . . . .                                  | 77    | COMETRIQ . . . . .                       | 36     |
| CIPRO HC . . . . .                        | 159    | clobazam . . . . .                                      | 21    | COMIRNATY . . . . .                      | 140    |
| CIPRO XR . . . . .                        | 18     | clobetasol propionate . . . . .                         | 80    | COMPAZINE . . . . .                      | 26     |
| CIPRODEX . . . . .                        | 159    | clobetasol propionate/emollient base . . . . .          | 80    | compazine . . . . .                      | 26     |
| ciprofloxacin . . . . .                   | 18     | CLOBEX . . . . .                                        | 80    | COMPLEAT . . . . .                       | 89     |
| ciprofloxacin hcl . . . . .               | 18,159 | clocortolone pivalate 0.1 % cream(g) . . . . .          | 80    | COMPLEAT ORGANIC BLEND CHICKEN . . . . . | 90     |
| ciprofloxacin hcl/dexamethasone . . . . . | 159    | clodan . . . . .                                        | 80    | COMPLEAT ORGANIC BLENDS PLANT . . . . .  | 90     |
| CIPROFLOXACIN HCL/FLUOCINOLONE            |        | CLODERM . . . . .                                       | 80    | COMPLEAT PED ORG BLEND CHICKEN . . . . . | 90     |
| ACETONIDE . . . . .                       | 159    | clomid . . . . .                                        | 133   | COMPLEAT PED ORG BLENDS PLANT . . . . .  | 90     |
| ciprofloxacin/ciprofloxacin hcl . . . . . | 18     | clomiphene citrate . . . . .                            | 133   | COMPLEAT PEDIATRIC . . . . .             | 90     |
| citalopram hydrobromide . . . . .         | 24     | clomipramine hcl . . . . .                              | 26    | COMPLEAT PEDIATRIC REDUCED CAL . . . . . | 90     |
| CITALOPRAM HYDROBROMIDE . . . . .         | 25     | clonazepam . . . . .                                    | 50    | COMPLERA . . . . .                       | 46     |
| CITRANATAL B-CALM . . . . .               | 89     | clonidine . . . . .                                     | 59    | COMPLETE AMINO ACID MIX . . . . .        | 90     |
| CITRANATAL MEDLEY . . . . .               | 89     | clonidine hcl . . . . .                                 | 59,73 | complete natal dha . . . . .             | 90     |
| citric acid/sodium citrate . . . . .      | 117    | CLONIDINE HCL . . . . .                                 | 59    | completenate . . . . .                   | 90     |
| citroma . . . . .                         | 108    | clopidogrel bisulfate . . . . .                         | 59    | COMPLEX JUNIOR MSD . . . . .             | 90     |
| CITRULLINE . . . . .                      | 89     | clorazepate dipotassium . . . . .                       | 50    | COMPLEX MSD . . . . .                    | 90     |
| CITRULLINE 1000 . . . . .                 | 89     | clotrimazole . . . . .                                  | 28    | COMPLEX MSD ESSENTIAL . . . . .          | 90     |
| CITRULLINE 200 . . . . .                  | 89     | clotrimazole/betamethasone dipropionate . . . . .       | 83    | compro . . . . .                         | 26     |
| claravis . . . . .                        | 79     | clozapine . . . . .                                     | 44    | COMTAN . . . . .                         | 41     |
| CLARINEX . . . . .                        | 160    | CLOZARIL . . . . .                                      | 44    | CONCEPT DHA . . . . .                    | 90     |
| CLARINEX-D 12 HOUR . . . . .              | 165    | COARTEM . . . . .                                       | 40    | CONCEPT OB . . . . .                     | 90     |
| clarithromycin . . . . .                  | 17     | codeine phosphate/butalbital/aspirin/caffeine . . . . . | 10    | CONCERTA . . . . .                       | 73     |
| clearlax . . . . .                        | 108    | codeine phosphate/guaifenesin . . . . .                 | 165   | condoms, female . . . . .                | 145    |
| clemastine fumarate . . . . .             | 160    | codeine sulfate . . . . .                               | 10    | CONDYLOX . . . . .                       | 83     |
| CLENPIQ . . . . .                         | 108    | CODITUSSIN AC . . . . .                                 | 10    | CONJUPRI . . . . .                       | 63     |
| CLEOCIN . . . . .                         | 14     | COLAZAL . . . . .                                       | 143   | CONSENSI . . . . .                       | 65     |
| CLEOCIN HCL . . . . .                     | 14     | colchicine . . . . .                                    | 22    | constulose . . . . .                     | 108    |
| CLEOCIN PEDIATRIC . . . . .               | 14     | COLCRYS . . . . .                                       | 30    | CONTRAVE . . . . .                       | 74     |
| CLEOCIN T . . . . .                       | 86     | colesevelam hcl . . . . .                               | 70    | CONZIP . . . . .                         | 8      |
| CLIMARA . . . . .                         | 123    | COLESTID . . . . .                                      | 70    | COPAXONE . . . . .                       | 76     |
| CLIMARA PRO . . . . .                     | 131    | colestipol hcl . . . . .                                | 70    | COPIKTRA . . . . .                       | 36     |
| clindacin etz . . . . .                   | 14     | colloidal bismuth . . . . .                             |       | CORDARONE . . . . .                      | 61     |
| clindacin p . . . . .                     | 14     | subcitrate/metronidazole/tetracycline hcl . . . . .     | 111   | CORDRAN . . . . .                        | 80,119 |

|                                         |              |                                                           |          |                                                            |       |
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| COREG . . . . .                         | .62          | cyclobenzaprine hcl . . . . .                             | .167     | DAPAGLIFLOZIN                                              |       |
| COREG CR . . . . .                      | .62          | cyclopentolate hcl . . . . .                              | .154     | PROPANEDIOL/METFORMIN HCL . . . . .                        | 51    |
| coremino . . . . .                      | .18          | CYCLOPHOSPHAMIDE . . . . .                                | .33      | dapsone . . . . .                                          | 32,86 |
| CORGARD . . . . .                       | .62          | cyclophosphamide (25 mg capsule, 50 mg capsule) . . . . . | .33      | DAPTACEL DTAP . . . . .                                    | 141   |
| CORLANOR . . . . .                      | .65          | cycloserine . . . . .                                     | .32      | DARAPRIM . . . . .                                         | 40    |
| cormax . . . . .                        | .119         | CYCLOSET . . . . .                                        | .51      | darifenacin hydrobromide . . . . .                         | 116   |
| CORTEF . . . . .                        | .143         | cyclosporine . . . . .                                    | .138,154 | DARTISLA . . . . .                                         | 110   |
| CORTENEMA . . . . .                     | .144         | cyclosporine, modified . . . . .                          | .138     | darunavir . . . . .                                        | 48    |
| CORTIFOAM . . . . .                     | .144         | CYLTEZO(CF) . . . . .                                     | .138     | darunavir ethanolate . . . . .                             | 48    |
| cortisone acetate . . . . .             | .119         | CYLTEZO(CF) PEN . . . . .                                 | .138     | dasetta . . . . .                                          | 124   |
| CORTISPORIN . . . . .                   | .154         | CYLTEZO(CF) PEN CROHN'S-UC-HS . . . . .                   | .138     | DATA TRANSFER ACCESSORY (INSULIN PEN), BLUETOOTH . . . . . | 145   |
| CORTISPORIN-TC . . . . .                | .159         | CYLTEZO(CF) PEN PSORIASIS-UV . . . . .                    | .138     | DAURISMO . . . . .                                         | 36    |
| CORTROPHIN . . . . .                    | .119         | CYMBALTA . . . . .                                        | .75      | DAYBUE . . . . .                                           | 114   |
| COSENTYX . . . . .                      | .136         | cyproheptadine hcl . . . . .                              | .160     | DAYPRO . . . . .                                           | 5     |
| COSOPT . . . . .                        | .154         | cyred . . . . .                                           | .124     | daysee . . . . .                                           | 124   |
| COSOPT PF . . . . .                     | .154         | cyred eq . . . . .                                        | .124     | DAYTRANA . . . . .                                         | 73    |
| COTELLIC . . . . .                      | .36          | CYSTADANE . . . . .                                       | .114     | DAYVIGO . . . . .                                          | 167   |
| COTEMPLA XR-ODT . . . . .               | .73          | CYSTADROPS . . . . .                                      | .114     | DDAVP . . . . .                                            | 120   |
| COUMADIN . . . . .                      | .57          | CYSTAGON . . . . .                                        | .114     | deblitane . . . . .                                        | 131   |
| covaryx . . . . .                       | .123         | CYSTARAN . . . . .                                        | .114     | deferasirox . . . . .                                      | 87    |
| covaryx h.s. . . . .                    | .123         | CYSTINE . . . . .                                         | .90      | deferiprone . . . . .                                      | 87    |
| COXANTO . . . . .                       | .5           | CYTO CARN . . . . .                                       | .90      | deflazacort . . . . .                                      | 119   |
| COZAAR . . . . .                        | .60          | CYTO RALA . . . . .                                       | .90      | DELESTROGEN . . . . .                                      | 124   |
| CREATINE MONOHYDRATE . . . . .          | .90          | CYTO-Q MAX . . . . .                                      | .90      | DELSTRIGO . . . . .                                        | 46    |
| CREON . . . . .                         | .114         | CYTO-Q T-F . . . . .                                      | .90      | deltasone . . . . .                                        | 119   |
| CRESEMBA . . . . .                      | .28          | CYTOLLINE . . . . .                                       | .90      | delyla . . . . .                                           | 124   |
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| SIMILAC SOY ISOMIL . . . . .             | 105 | sodium phenylbutyrate . . . . .              | 115   | SPRIX . . . . .                              | 8   |
| SIMILAC SPECIAL CARE 24 . . . . .        | 105 | sodium polystyrene sulfonate . . . . .       | 88    | SPRYCEL . . . . .                            | 38  |
| SIMILAC SPECIAL CARE 30 . . . . .        | 105 | sodium sulfate/potassium sulfate/magnesium   |       | sps . . . . .                                | 88  |
| SIMILAC SUPPLEMENTATION . . . . .        | 105 | sulfate . . . . .                            | 112   | sronyx . . . . .                             | 129 |
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| SULAR . . . . .                             | 63     | SYNDROS . . . . .                    | 27     | ML . . . . .                                | 150 |
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| sulfacetamide sodium . . . . .              | 18,156 | SYNJARDY XR . . . . .                | 53     | ML . . . . .                                | 150 |
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| SYRINGE WITHOUT NEEDLE,INSULIN             | tadalafil 20 mg tablet (generic version of | TEGSEDI . . . . .                           | 115    |
| DISPOSABLE, 1 ML . . . . .                 | adcirca) . . . . .                         | TEKTURNA . . . . .                          | 66     |
| SYRINGE, DISPOSABLE . . . . .              | TADLIQ . . . . .                           | TEKTURNA HCT . . . . .                      | 66     |
| SYRINGE, DISPOSABLE, 1 ML . . . . .        | TAFINLAR . . . . .                         | telmisartan . . . . .                       | 60     |
| SYRINGE, DISPOSABLE, 10 ML . . . . .       | tafluprost/pf . . . . .                    | telmisartan/amlodipine besylate . . . . .   | 66     |
| SYRINGE, DISPOSABLE, 12 ML . . . . .       | TAGRISSO . . . . .                         | telmisartan/hydrochlorothiazide . . . . .   | 66     |
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| SYRINGE, DISPOSABLE, 3 ML . . . . .        | TAKHZYRO . . . . .                         | TEMIXYS . . . . .                           | 48     |
| SYRINGE, DISPOSABLE, 30 ML . . . . .       | TALICIA . . . . .                          | TEMODAR . . . . .                           | 33     |
| SYRINGE, DISPOSABLE, 35 ML . . . . .       | TALTZ . . . . .                            | TEMOVATE . . . . .                          | 120    |
| SYRINGE, DISPOSABLE, 5 ML . . . . .        | TALZENNA . . . . .                         | temozolomide . . . . .                      | 33     |
| SYRINGE, DISPOSABLE, 50 ML . . . . .       | TAMIFLU . . . . .                          | TENCON . . . . .                            | 75     |
| SYRINGE, DISPOSABLE, 6 ML . . . . .        | tamoxifen citrate . . . . .                | TENIVAC . . . . .                           | 142    |
| SYRINGE, DISPOSABLE, 60 ML . . . . .       | tamsulosin hcl . . . . .                   | tenofovir disoproxil fumarate . . . . .     | 48     |
| SYRINGE, INSULIN U-500 WITH NEEDLE,        | TAPAZOLE . . . . .                         | TENORETIC 100 . . . . .                     | 66     |
| DISPOSABLE, 0.5 ML . . . . .               | TARCEVA . . . . .                          | TENORETIC 50 . . . . .                      | 66     |
| SYRINGE, SAFETY 10 ML, SELF-               | TARGADOX . . . . .                         | TENORMIN . . . . .                          | 63     |
| CONTAINED DISPOSAL UNIT . . . . .          | TARGRETIN . . . . .                        | TEPMETKO . . . . .                          | 34     |
| SYRINGE, SAFETY 3 ML . . . . .             | tarina 24 fe . . . . .                     | terazosin hcl . . . . .                     | 60     |
| SYRINGE, SAFETY 3 ML, SELF-CONTAINED       | tarina fe . . . . .                        | terbinafine hcl . . . . .                   | 29     |
| DISPOSAL UNIT . . . . .                    | tarina fe 1-20 eq . . . . .                | terbutaline sulfate . . . . .               | 162    |
| SYRINGE, SAFETY 5 ML, SELF-CONTAINED       | TARKA . . . . .                            | terconazole . . . . .                       | 29     |
| DISPOSAL UNIT . . . . .                    | taron-c dha . . . . .                      | teriflunomide . . . . .                     | 77     |
| SYRINGE, SAFETY NEEDLE 5 ML AND SELF-      | TARPEYO . . . . .                          | teriparatide . . . . .                      | 145    |
| CONTAINED DISPOSAL UNIT . . . . .          | TASCENSO ODT . . . . .                     | TESTIM . . . . .                            | 122    |
| SYRINGE,NEEDLE,SAFETY 1 ML,SELF-           | TASIGNA . . . . .                          | testosterone . . . . .                      | 122    |
| CONTAINED DISPOSAL UNIT . . . . .          | tasimelteon . . . . .                      | testosterone (10 mg (2%) gel md pmp,        |        |
| SYRINGE,SAFETY NEEDLE 10 ML AND            | TASMAR . . . . .                           | 12.5/1.25g gel md pmp, 50 mg (1%) gel       |        |
| SELF-CONTAINED DISPOSAL UNIT . . . . .     | tavaborole . . . . .                       | (gram) . . . . .                            | 122    |
| SYRINGE,SAFETY WITH NEEDLE,1 ML . . . . .  | TAVALISSE . . . . .                        | testosterone (50 mg (1%) gel packet and     |        |
| SYRINGE,SAFETY WITH NEEDLE,10 ML . . . . . | TAVNEOS . . . . .                          | 12.5/1.25g pump). some manufacturers are t3 |        |
| SYRINGE,SAFETY WITH NEEDLE,12 ML . . . . . | taytulla . . . . .                         | and others t1 . . . . .                     | 122    |
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| THALITONE . . . . .              | 68      | tobramycin in 0.225 % sodium chloride . . . . . | 163     | TRECATOR . . . . .                        | 32        |
| THALOMID . . . . .               | 34      | tobramycin sulfate . . . . .                    | 14      | TRELEGY ELLIPTA . . . . .                 | 166       |
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| THIOLA . . . . .                 | 118     | TOLAK . . . . .                                 | 85      | tretinoin . . . . .                       | 39,79     |
| THIOLA EC . . . . .              | 118     | tolcapone . . . . .                             | 41      | tretinoin microspheres . . . . .          | 79        |
| thioridazine hcl . . . . .       | 43      | TOLEREX . . . . .                               | 105     | tretinoin/emollient base . . . . .        | 85        |
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| TIBSOVO . . . . .                | 38      | topiramate . . . . .                            | 20      | tri-estarylla . . . . .                   | 129       |
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| TIKOSYN . . . . .                | 62      | torsemide . . . . .                             | 67      | tri-lo-marzia . . . . .                   | 129       |
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| tiopronin . . . . .              | 118     | tramadol hcl . . . . .                          | 9,11    | tri-vylibra lo . . . . .                  | 130       |
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| trifluoperazine hcl . . . . .         | 43   | TWYNEO . . . . .                 | .85      | unithroid . . . . .                     | 134      |
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| TRILEPTAL . . . . .                   | 23   | TYKERB . . . . .                 | 38       | URELLE . . . . .                        | .15      |
| TRILIPIX . . . . .                    | 69   | TYLACTIN RESTORE 10 PE . . . . . | 105      | uretron d-s . . . . .                   | .15      |
| trilyte with flavor packets . . . . . | .112 | TYLACTIN RESTORE 5 PE . . . . .  | 105      | URIBEL . . . . .                        | .15      |
| trimethobenzamide hcl . . . . .       | .27  | TYLACTIN RTD 15 PE . . . . .     | 105      | urimar-t . . . . .                      | .15      |
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| TRIUMEQ PD . . . . .                  | 48   | TYR GEL . . . . .                | 106      | UROCIT-K . . . . .                      | .87      |
| trivora-28 . . . . .                  | 130  | TYR LOPHLEX . . . . .            | 106      | urogesic-blue . . . . .                 | .15      |
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