



# Individual & Small Group Preferred Drug List



# 2024

## How to use the Preferred Drug List

The Preferred Drug List (PDL) (also known as a Formulary) is a list of prescription drugs covered under your plan. This contains the covered drugs, doses, and dosage forms. This list is not a complete list and additional prescription drugs may be covered. *Please note that the PDL is subject to change as new prescription drugs become available, drug categories are reviewed, and as we strive to provide the most effective and valuable therapies available for our members.*

Your pharmacy benefit has four prescription drug tiers. The tier is identified on the Preferred Drug List below. These tiers determine your out-of-pocket responsibility and correspond to the copays and/or coinsurance shown on your benefit summary. In most cases, the prescription drugs on the lower tiers will cost less.

- Tier 1: Preferred Generics
- Tier 2: Non-Preferred Generics/Preferred Brands
- Tier 3: Non-Preferred Brands
- Tier 4: Specialty (Most specialty drugs require PA and must be filled at the Plan's designated Specialty Pharmacy)
- Tier 5: Preventive (see PRESCRIPTION DRUGS WITH ENHANCED BENEFITS section below)

Please note that prescription drugs covered under the Preventive Drug List\* and the Value Preventive Drug List\*\* have no cost to members and are defined below under PRESCRIPTION DRUGS WITH ENHANCED BENEFITS.

If you have any questions about the PDL or your pharmacy benefits please, contact Pharmacy Customer Service at the number listed on the back of your ID Card. Pharmacy Customer Service is available 24 hours/7 days a week/365 days a year. You can also view additional information by logging into the pharmacy member portal. If you need assistance in registering for the portal, please contact Pharmacy Customer Service. The pharmacy member portal provides information such as how to find a pharmacy; look up prescription drug information like benefit tier, limits, and drug interactions; shop for best price of a prescription drug at different pharmacies; check the status of a prescription; print your prescription drug fill history; and how to set up mail order.

### HOW PRESCRIPTION DRUGS ARE CHOSEN FOR THE PDL

Prescription drugs approved by the United States (U.S.) Food and Drug Administration (FDA) are reviewed and considered for the PDL by the Pharmacy & Therapeutics (P&T) Committee utilizing the following criteria:

- a) The prescription drug is effective and medically necessary for the treatment, maintenance, and/or prevention of a specific medical condition
- b) The PDL does not have other alternatives or similar prescription drugs that could be used in its place
- c) The prescription drug shows a positive therapeutic outcome
- d) The prescription drug shows safety for medical use

As the FDA approves new prescription drugs, they are reviewed within 180 days against similar drugs available on the PDL before being considered for inclusion. New prescription drugs with an FDA designation of 1P (FDA priority review – potential therapeutic gain) will automatically be reviewed for consideration for the Preferred Drug List. New prescription drugs with an FDA designation of 1S (FDA standard review – no therapeutic gain) may not be reviewed for consideration until a provider/member requests or the next therapeutic class review is done.

In addition, therapeutic classes are reviewed on a regular basis to ensure the Preferred Drug List includes the most effective and valuable prescription drugs.

Members will receive notices related to drug formulary changes at the point of sale when filling a prescription that is impacted by modifications to the PDL. Network pharmacies are required to inform the member of these messages regarding updates or changes to the program which may impact a member. In addition, members whose prescription drugs have been removed from the PDL or have a negative change such as increased tier or new limits will receive written communication of change.

### PRESCRIPTION DRUGS WITH ENHANCED BENEFITS

#### \*PREVENTIVE DRUG (PREV)

Certain prescription drugs are considered preventive under the Affordable Care Act (ACA). ACA preventive drugs are covered at 100 percent by the Plan (no patient responsibility); although limits may apply. Drugs available under this benefit

are listed as PREV under Limits & Restrictions. For more information about your preventive drug benefits, please contact Pharmacy Customer Service at the number listed on the back of your ID Card.

| <b>Preventive Drug Benefits</b>  |
|--|
| Aspirin use to prevent cardiovascular disease and colorectal cancer for adults 50 to 59 years with a high cardiovascular risk  |
| Birth control as prescribed by a health care provider for women with reproductive capacity (not including abortifacient drugs). This does not apply to health plans sponsored by certain exempt "religious employers." |
| PrEP (pre-exposure prophylaxis) HIV prevention medication for HIV-negative adults at high risk for getting HIV   |
| Immunizations — doses, recommended ages, and recommended populations vary  |
| Folic acid supplements for women who may become pregnant   |
| Bowel prep for colorectal cancer screening   |
| Smoking cessation medications  |
| Statin preventive medication for adults 40 to 75 at high risk  |
| Breast cancer risk reduction medications   |
| Fluoride supplements for children without fluoride in their water source   |

### **\*\*VALUE PREVENTIVE DRUG LIST (VAL)**

Value Preventive Drugs List provides coverage for designated prescription drugs in specific categories even before you meet your deductible or out-of-pocket expenses. Members will not have any cost-share for prescription drugs listed in our value-based preventive drug list. This is in addition to the no-cost share coverage for preventive drugs listed in the Affordable Care Act (ACA) and expands preventive drug coverage. Drugs available under this benefit are listed as VAL under Limits & Restrictions.

## **PRESCRIPTION DRUG LIMITS & REQUIREMENTS**

### **AGE**

Some prescription drugs have a minimum or maximum age limit requirement under the Plan. Only members within those limits are able to fill those prescription drugs.

### **PRIOR AUTHORIZATION (PA)**

To ensure appropriate utilization, some generic and brand prescription drugs and all specialty drugs require Prior Authorization to be eligible for coverage under the member's prescription drug benefit. The P&T Committee establishes the PA criteria. In order for a member to receive coverage for a prescription drug requiring PA, the member or member's provider should contact Pharmacy Customer Service at the number listed on the back of your ID Card. Your provider will be required to complete a PA form and provide clinical documentation to show why this prescription drug is needed for treatment of your disease state or medical condition. A letter of medical necessity is also recommended. Your provider should also include your diagnosis and previous therapies that have failed in the letter. If a PA is not received or if the prescription drug is filled prior to approval, the cost of the prescription drug will be full member responsibility. In addition, PAs cannot be backdated.

### **QUANTITY LIMIT (QL)**

Quantity Limit is a program that ensures members do not receive a prescription for a quantity that exceeds recommended Plan or safety limits. Limits are set because some prescription drugs have the potential to be abused, misused, shared, or have a manufacturer's limit on the recommended maximum dose. Quantity limits are based on FDA approved dosing, current medical practices, evidence-based clinical guidelines, and peer-reviewed medical literature related to a particular prescription drug. Prior Authorization is required for any quantities that exceed Plan limits.

### **STEP THERAPY (ST)**

Step Therapy is a program for prescription drugs that are taken on a regular basis to treat an ongoing medical condition. The program is developed around effectiveness, safety, and value. In ST, the covered prescription drugs are arranged in a series of "steps". The program typically starts with generic prescription drugs as the "first step." These generics are rigorously tested and approved by the FDA and allow you to have safe, effective treatment with prescription drug that is more affordable. More expensive brand-name prescription drugs are usually considered in the "second step". Step Therapy is developed under the guidance and direction of the P&T Committee. They review the most current research on thousands of drugs tested and approved by the FDA for safety and efficacy. The first time you submit a prescription that is not for a first-step drug, your pharmacist will receive a message to tell you that the Plan requires ST. This means if you don't want to pay full price for your prescription drug, your doctor needs to write a new prescription for a "first-step" drug. With ST, if you've already tried and failed the "first-step" drug, can't take the "first-step" drug (because of an allergy, etc.), and/or your

provider can show medical necessity for the second step products, your provider can submit a request for Prior Authorization review.

## **ADDITIONAL POLICIES AND PROCESSES**

### **THERAPEUTIC INTERCHANGE (TI)**

Therapeutic interchange is the practice of replacing, with your physician's approval, a prescription drug originally prescribed with a chemically different but therapeutically equivalent prescription drug. Prescription drugs used in therapeutic interchange programs are expected to produce similar levels of effectiveness and results. Therapeutic interchange programs are based on scientific evidence. These programs are developed under the guidance of the P&T Committee. The program is designed to work along with other tools that medical professionals use to promote safe and effective drug therapy. If therapeutic interchange is required on a prescription drug, your pharmacist will receive a message to request a therapeutic interchange from your provider. If you or your provider feel the interchange is not right for you and you do not want to pay full price for your prescription, your provider can submit a request for Prior Authorization review.

### **BRAND-GENERIC CHARGE (Ancillary Charge)**

A Brand-Generic Charge is applied to your cost if you receive a brand name prescription drug, regardless of reason or medical necessity, if your provider prescribes a brand name drug when a generic is available. A Brand-Generic Charge is the difference between the cost of the generic and the cost of the brand name prescription drug. This penalty is in addition to the regular cost sharing outlined in your benefits summary. The Brand-Generic Charge does not apply towards Deductibles or Out-of-Pocket Maximum.

### **MANDATORY GENERIC**

The Plan mandates generic prescription drugs wherever available. If a brand-name prescription drug is requested when a generic is available, the generic will be available without a Prior Authorization. If brand is still desired, PA will be required, even if not indicated on the PDL below. If brand is approved through the PA process, the Brand-Generic penalty will still be applied.

### **MAIL ORDER**

Mail order is when a 90-day supply of a generic or brand name prescription drug is mailed directly to you through a designated Mail Order Pharmacy. Not all prescription drugs are available through Mail Order. Contact Pharmacy Customer Service at the number listed on the back of your ID card for more information or to get started on the Mail Order program.

### **SPECIALTY PHARMACY**

The Plan requires that all prescription drugs noted as *Specialty* must be filled through the Plan's designated Specialty Pharmacies. These drugs are usually listed on Tier 4, but certain generics of brand name specialty products may be placed in a lower tier but still be considered specialty. In cases where prescription drugs are available only through a limited distribution channel from the manufacturer, these prescription drugs will be directed by the Plan to another designated specialty pharmacy.

### **OFF-LABEL USE OF PRESCRIPTION DRUGS**

The FDA requires that prescription drugs used in the U.S. be safe and effective. The label information of a prescription drug outlines use for "approved" doses and specific conditions or disease states. The use of a prescription drug for a disease state or condition not listed on the label, or in a dose or therapy not listed on the label, is considered to be a "non-approved" or "off-label" use of the prescription drug. Off-label use of a prescription drug is not covered unless it meets the Plan's off-label use policy. A Prior Authorization is required when a prescription drug is used outside of its FDA indication, dosage, or treatment. Coverage will be reviewed under the off-label use policy and subject to the same conditions and limitations as any other prescription drug. Therapies deemed investigational or experimental are not a covered benefit.

### **NON-FORMULARY (not covered) OR EXCEPTON REQUESTS FOR PRESCRIPTION DRUGS**

For prescription drugs that are not covered by the Plan (non-formulary), you or your provider can submit an exception request. Your provider will be required to complete a formulary exception form and provide clinical documentation to show why this prescription drug is needed/required for treatment of your disease state or medical condition. A letter of medical necessity is also recommended. Your provider should also include in his/her letter your diagnosis and previous therapies that have been tried and failed. If an exception request approval is not received or the prescription drug is filled prior to approval, the cost of the prescription drug will be full member responsibility. Contact Pharmacy Customer Service at the number listed on the back of your ID card for more information.

**PAPER CLAIMS FILING LIMITS**

Point-of-sale claims are generally submitted electronically at the time of dispensing. However, there may be mitigating reasons that require a claim to be submitted via a paper claim after being dispensed. The timely filing limit for paper claims submission is within 365 days from the date of service for all original claims. Paper claims will be reimbursed based on what the contractual discount would have been if claim had processed through the system, so member will be responsible for any difference in paid cost.

**INSULIN PRESCRIPTION PRICING CAP INFORMATION FOR MONTANA RESIDENTS ONLY**

A member will pay no more than \$35 for up to a 30-day supply of insulin covered on Our Formulary. The \$35 will count towards the Member's Deductible and Out-of-Pocket Maximum.



| TIER | DESCRIPTION                             |
|------|---|
| 1    | Preventative                            |
| 1    | Preferred Generics                      |
| 2    | Preferred Brands/Non-Preferred Generics |
| 3    | Non-Preferred Brands                    |
| 4    | Specialty                               |

| TYPE | DESCRIPTION   |
|------|---|
| QL   | Quantity Limit<br>There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.  |
| PA   | Prior Authorization<br>You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug. |
| ST   | Step Therapy<br>In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition.                         |
| GL   | Gender Limit<br>This prescription drug may only be covered for a single gender.   |
| AL1  | Age Limit<br>This prescription drug may only be covered if you meet the minimum or maximum age limit.   |
| MFL  | Max Fill Limit<br>There is a limit on the number of times this drug can be refilled.  |
| MDS  | Max Days Supply<br>There is a limit on the amount of this drug that is covered.   |
| S    | Specialty Drug<br>Specialty drugs are high-cost drugs used to treat complex or rare conditions, such as multiple sclerosis, rheumatoid arthritis, hepatitis C, and hemophilia.              |

VAL

Value Preventive List

Value Preventive Drugs List provides coverage for designated prescription drugs in specific categories even before you meet your deductible or out-of-pocket expenses. Members will not have any cost-share for prescription drugs listed in our value-based preventive drug list. This is in addition to the no-cost share coverage for preventive drugs listed in the Affordable Care Act (ACA) and expands preventive drug coverage.

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PREV

Preventative

Certain medications are considered preventive under the Affordable Care Act (ACA). ACA preventive drugs are covered at 100 percent (no patient responsibility), although limits may apply. For more information about your preventive drug benefits, please contact Pharmacy Customer Service at the number listed on the back of your ID Card.

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## LIST OF COVERED PRESCRIPTION MEDICATIONS

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS</b>            |      |                       |
| <b>ADHD AGENT - SELECTIVE ALPHA ADRENERGIC AGONISTS</b>         |      |                       |
| <i>clonidine hcl tab er 12hr 0.1 mg</i>                         | 1    |                       |
| <i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>             | 1    | QL 30 / 30 DAYS       |
| <i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>             | 1    | QL 30 / 30 DAYS       |
| <i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>             | 1    | QL 30 / 30 DAYS       |
| <i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>             | 1    | QL 30 / 30 DAYS       |
| <b>ADHD AGENT - SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITOR</b> |      |                       |
| <i>atomoxetine hcl cap 10 mg (base equiv)</i>                   | 1    | QL 60 / 30 DAYS       |
| <i>atomoxetine hcl cap 100 mg (base equiv)</i>                  | 1    | QL 30 / 30 DAYS       |
| <i>atomoxetine hcl cap 18 mg (base equiv)</i>                   | 1    | QL 60 / 30 DAYS       |
| <i>atomoxetine hcl cap 25 mg (base equiv)</i>                   | 1    | QL 60 / 30 DAYS       |
| <i>atomoxetine hcl cap 40 mg (base equiv)</i>                   | 1    | QL 60 / 30 DAYS       |
| <i>atomoxetine hcl cap 60 mg (base equiv)</i>                   | 1    | QL 30 / 30 DAYS       |
| <i>atomoxetine hcl cap 80 mg (base equiv)</i>                   | 1    | QL 30 / 30 DAYS       |
| <b>AMPHETAMINE MIXTURES</b>                                     |      |                       |
| <i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>          | 1    | QL 60 / 30 DAYS       |
| <i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>          | 1    | QL 60 / 30 DAYS       |
| <i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>          | 1    | QL 60 / 30 DAYS       |
| <i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>          | 1    | QL 60 / 30 DAYS       |
| <i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>          | 1    | QL 60 / 30 DAYS       |
| <i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>           | 1    | QL 60 / 30 DAYS       |
| <i>amphetamine-dextroamphetamine tab 10 mg</i>                  | 1    | QL 90 / 30 DAYS       |
| <i>amphetamine-dextroamphetamine tab 12.5 mg</i>                | 1    | QL 90 / 30 DAYS       |
| <i>amphetamine-dextroamphetamine tab 15 mg</i>                  | 1    | QL 90 / 30 DAYS       |



| PRODUCT DESCRIPTION                             | TIER | LIMITS & RESTRICTIONS                             |
|---|------|---|
| <i>amphetamine-dextroamphetamine tab 20 mg</i>  | 1    | QL 90 / 30 DAYS                                   |
| <i>amphetamine-dextroamphetamine tab 30 mg</i>  | 1    | QL 90 / 30 DAYS                                   |
| <i>amphetamine-dextroamphetamine tab 5 mg</i>   | 1    | QL 90 / 30 DAYS                                   |
| <i>amphetamine-dextroamphetamine tab 7.5 mg</i> | 1    | QL 90 / 30 DAYS                                   |
| <b>AMPHETAMINES</b>                             |      |   |
| ADZENYS ER 1.25 MG/ML SUSP                      | 3    | PA  |
| ADZENYS XR-ODT 12.5 MG TAB ER DISP              | 3    | QL 30 / 30 day(s)<br>PA<br>AL1 At least 6 yrs old |
| ADZENYS XR-ODT 15.7 MG TAB ER DISP              | 3    | QL 30 / 30 day(s)<br>PA<br>AL1 At least 6 yrs old |
| ADZENYS XR-ODT 18.8 MG TAB ER DISP              | 3    | QL 30 / 30 day(s)<br>PA<br>AL1 At least 6 yrs old |
| ADZENYS XR-ODT 3.1 MG TAB ER DISP               | 3    | QL 30 / 30 day(s)<br>PA<br>AL1 At least 6 yrs old |
| ADZENYS XR-ODT 6.3 MG TAB ER DISP               | 3    | QL 30 / 30 day(s)<br>PA<br>AL1 At least 6 yrs old |
| ADZENYS XR-ODT 9.4 MG TAB ER DISP               | 3    | QL 30 / 30 day(s)<br>PA<br>AL1 At least 6 yrs old |
| AMPHETAMINE ER 1.25 MG/ML SUSP                  | 3    | PA  |
| <i>amphetamine sulfate tab 10 mg</i>            | 1    | QL 60 / 30 DAYS                                   |
| <i>amphetamine sulfate tab 5 mg</i>             | 1    | QL 120 / 30 DAYS                                  |
| <i>dextroamphetamine sulfate tab 10 mg</i>      | 1    | QL 90 / 30 DAYS                                   |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>dextroamphetamine sulfate tab 5 mg</i>                      | 1    | QL 90 / 30 DAYS       |
| <i>dextroamphetamine sulfate cap er 24hr 10 mg</i>             | 1    | QL 60 / 30 DAYS       |
| <i>dextroamphetamine sulfate cap er 24hr 15 mg</i>             | 1    | QL 60 / 30 DAYS       |
| <i>dextroamphetamine sulfate cap er 24hr 5 mg</i>              | 1    | QL 60 / 30 DAYS       |
| <i>lisdexamfetamine dimesylate cap 10 mg</i>                   | 1    | QL 1 / 1 day(s)       |
| <i>lisdexamfetamine dimesylate cap 20 mg</i>                   | 1    | QL 1 / 1 day(s)       |
| <i>lisdexamfetamine dimesylate cap 30 mg</i>                   | 1    | QL 1 / 1 day(s)       |
| <i>lisdexamfetamine dimesylate cap 40 mg</i>                   | 1    | QL 1 / 1 day(s)       |
| <i>lisdexamfetamine dimesylate cap 50 mg</i>                   | 1    | QL 1 / 1 day(s)       |
| <i>lisdexamfetamine dimesylate cap 60 mg</i>                   | 1    | QL 1 / 1 day(s)       |
| <i>lisdexamfetamine dimesylate cap 70 mg</i>                   | 1    | QL 1 / 1 day(s)       |
| VYVANSE 10 MG CHEW TAB   | 2    | QL 30 / 30 day(s)     |
| VYVANSE 20 MG CHEW TAB   | 2    | QL 30 / 30 day(s)     |
| VYVANSE 30 MG CHEW TAB   | 2    | QL 30 / 30 day(s)     |
| VYVANSE 40 MG CHEW TAB   | 2    | QL 30 / 30 day(s)     |
| VYVANSE 50 MG CHEW TAB   | 2    | QL 30 / 30 day(s)     |
| VYVANSE 60 MG CHEW TAB   | 2    | QL 30 / 30 day(s)     |
| <b>DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)</b> |      |                       |
| SUNOSI 150 MG TAB  | 3    | PA                    |
| SUNOSI 75 MG TAB   | 3    | PA                    |
| <b>STIMULANTS - MISC.</b>                                      |      |                       |
| <i>armodafinil tab 150 mg</i>                                  | 1    | QL 30 / 30 DAYS       |
| <i>armodafinil tab 200 mg</i>                                  | 1    | QL 30 / 30 DAYS       |
| <i>armodafinil tab 250 mg</i>                                  | 1    | QL 30 / 30 DAYS       |

| PRODUCT DESCRIPTION                              | TIER | LIMITS & RESTRICTIONS   |
|--|------|-------------------------|
| <i>armodafinil tab 50 mg</i>                     | 1    | QL 30 / 30 DAYS         |
| <i>dexmethylphenidate hcl tab 10 mg</i>          | 1    | QL 90 / 30 DAYS         |
| <i>dexmethylphenidate hcl tab 2.5 mg</i>         | 1    | QL 90 / 30 DAYS         |
| <i>dexmethylphenidate hcl tab 5 mg</i>           | 1    | QL 90 / 30 DAYS         |
| <i>dexmethylphenidate hcl cap er 24 hr 10 mg</i> | 1    | QL 60 / 30 DAYS         |
| <i>dexmethylphenidate hcl cap er 24 hr 15 mg</i> | 1    | QL 60 / 30 DAYS         |
| <i>dexmethylphenidate hcl cap er 24 hr 20 mg</i> | 1    | QL 60 / 30 DAYS         |
| <i>dexmethylphenidate hcl cap er 24 hr 25 mg</i> | 1    | QL 60 / 30 DAYS         |
| <i>dexmethylphenidate hcl cap er 24 hr 30 mg</i> | 1    | QL 60 / 30 DAYS         |
| <i>dexmethylphenidate hcl cap er 24 hr 35 mg</i> | 1    | QL 60 / 30 DAYS         |
| <i>dexmethylphenidate hcl cap er 24 hr 40 mg</i> | 1    | QL 30 / 30 DAYS         |
| <i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>  | 1    | QL 30 / 30 DAYS         |
| <i>methylphenidate td patch 10 mg/9hr</i>        | 2    | QL 30 / 30 day(s)<br>PA |
| <i>methylphenidate td patch 15 mg/9hr</i>        | 2    | QL 30 / 30 day(s)<br>PA |
| <i>methylphenidate td patch 20 mg/9hr</i>        | 2    | QL 30 / 30 day(s)<br>PA |
| <i>methylphenidate td patch 30 mg/9hr</i>        | 2    | QL 30 / 30 day(s)<br>PA |
| <i>methylphenidate hcl chew tab 10 mg</i>        | 1    | QL 90 / 30 DAYS         |
| <i>methylphenidate hcl tab 10 mg</i>             | 1    | QL 90 / 30 DAYS         |
| <i>methylphenidate hcl soln 10 mg/5ml</i>        | 1    | QL 1350 / 30 DAYS       |
| <i>methylphenidate hcl chew tab 2.5 mg</i>       | 1    | QL 90 / 30 DAYS         |
| <i>methylphenidate hcl tab 20 mg</i>             | 1    | QL 90 / 30 DAYS         |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>methylphenidate hcl chew tab 5 mg</i>                      | 1    | QL 90 / 30 DAYS       |
| <i>methylphenidate hcl tab 5 mg</i>                           | 1    | QL 90 / 30 DAYS       |
| <i>methylphenidate hcl soln 5 mg/5ml</i>                      | 1    | QL 2700 / 30 DAYS     |
| <i>methylphenidate hcl cap er 10 mg (cd)</i>                  | 2    | QL 60 / 30 DAYS       |
| <i>methylphenidate hcl cap er 20 mg (cd)</i>                  | 2    | QL 60 / 30 DAYS       |
| <i>methylphenidate hcl cap er 30 mg (cd)</i>                  | 2    | QL 60 / 30 DAYS       |
| <i>methylphenidate hcl cap er 40 mg (cd)</i>                  | 2    | QL 60 / 30 DAYS       |
| <i>methylphenidate hcl cap er 50 mg (cd)</i>                  | 2    | QL 30 / 30 DAYS       |
| <i>methylphenidate hcl cap er 60 mg (cd)</i>                  | 2    | QL 30 / 30 DAYS       |
| <i>methylphenidate hcl cap er 24hr 20 mg (la)</i>             | 2    | QL 60 / 30 DAYS       |
| <i>methylphenidate hcl cap er 24hr 30 mg (la)</i>             | 2    | QL 60 / 30 DAYS       |
| <i>methylphenidate hcl cap er 24hr 40 mg (la)</i>             | 2    | QL 60 / 30 DAYS       |
| <i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i> | 2    | QL 30 / 30 DAYS       |
| <i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i> | 2    | QL 30 / 30 DAYS       |
| <i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i> | 2    | QL 2 / 1 day(s)       |
| <i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i> | 2    | QL 30 / 30 DAYS       |
| <i>methylphenidate hcl tab er 10 mg</i>                       | 2    | QL 60 / 30 DAYS       |
| <i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i> | 2    | QL 30 / 30 DAYS       |
| METHYLPHENIDATE HCL ER 18 MG TAB ER 24H                       | 2    | QL 30 / 30 DAYS       |
| <i>methylphenidate hcl tab er 20 mg</i>                       | 2    | QL 60 / 30 DAYS       |
| <i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i> | 2    | QL 30 / 30 DAYS       |
| <i>methylphenidate hcl tab er 24hr 27 mg</i>                  | 2    | QL 30 / 30 DAYS       |
| <i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i> | 2    | QL 2 / 1 day(s)       |
| <i>methylphenidate hcl tab er 24hr 36 mg</i>                  | 2    | QL 2 / 1 day(s)       |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS                         |
|---|------|---|
| <i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>     | 2    | QL 30 / 30 DAYS                               |
| <i>methylphenidate hcl tab er 24hr 54 mg</i>                      | 2    | QL 30 / 30 DAYS                               |
| METHYLPHENIDATE HCL ER 72 MG TAB ER                               | 2    | QL 30 / 30 DAYS                               |
| <i>modafinil tab 100 mg</i>                                       | 1    | QL 30 / 30 DAYS                               |
| <i>modafinil tab 200 mg</i>                                       | 1    | QL 30 / 30 DAYS                               |
| QUILLICHEW ER 20 MG CHER  | 3    | QL 30 / 30 day(s)<br>PA                       |
| QUILLICHEW ER 30 MG CHER  | 3    | QL 30 / 30 day(s)<br>PA                       |
| QUILLICHEW ER 40 MG CHER  | 3    | QL 30 / 30 day(s)<br>PA                       |
| QUILLIVANT XR 25 MG/5ML SRER                                      | 3    | QL 540 / 30 DAYS<br>PA<br>AL1 Up to 8 yrs old |
| <b>AMINOGLYCOSIDES</b>  |      |   |
| <i>neomycin sulfate tab 500 mg</i>                                | 1    |   |
| TOBI PODHALER 28 MG CAP   | 4    | PA<br>S                                       |
| TOBRAMYCIN 300 MG/5ML NEBU SOLN                                   | 4    | PA<br>S                                       |
| <i>tobramycin nebu soln 300 mg/5ml</i>                            | 4    | PA<br>S                                       |
| <i>tobramycin sulfate for inj 1.2 gm</i>                          | 4    | PA  |
| <i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)</i> | 4    | PA<br>S                                       |
| TOBRAMYCIN SULFATE 10 MG/ML SOLUTION                              | 4    | PA<br>S                                       |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| TOBRAMYCIN SULFATE 2 GM/50ML SOLUTION  | 4    | PA<br>S               |
| <i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>                  | 4    | PA<br>S               |
| <b>ANALGESICS - ANTI-INFLAMMATORY<br/>ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES</b> |      |                       |
| HADLIMA 40 MG/0.4ML SOLN PRSYR   | 4    | PA<br>S               |
| HADLIMA 40 MG/0.8ML SOLN PRSYR   | 4    | PA<br>S               |
| HADLIMA PUSHTOUCH 40 MG/0.4ML SOLN A-INJ   | 4    | PA<br>S               |
| HADLIMA PUSHTOUCH 40 MG/0.8ML SOLN A-INJ   | 4    | PA<br>S               |
| HUMIRA 10 MG/0.1ML PEF SY KT   | 4    | PA<br>S               |
| HUMIRA 10 MG/0.2ML PEF SY KT   | 4    | PA<br>S               |
| HUMIRA 20 MG/0.2ML PEF SY KT   | 4    | PA<br>S               |
| HUMIRA 20 MG/0.4ML PEF SY KT   | 4    | PA<br>S               |
| HUMIRA 40 MG/0.4ML PEF SY KT   | 4    | PA<br>S               |
| HUMIRA 40 MG/0.8ML PEF SY KT   | 4    | PA<br>S               |
| HUMIRA PEDIATRIC CROHNS START 40 MG/0.8ML PEF SY KT                              | 4    | PA<br>S               |



| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML & 40MG/0.4ML PREF SY KT | 4    | PA<br>S               |
| HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML PREF SY KT              | 4    | PA<br>S               |
| HUMIRA PEN 40 MG/0.4ML PEN KIT                                    | 4    | PA<br>S               |
| HUMIRA PEN 40 MG/0.8ML PEN KIT                                    | 4    | PA<br>S               |
| HUMIRA PEN 80 MG/0.8ML PEN KIT                                    | 4    | PA<br>S               |
| HUMIRA PEN-CD/UC/HS STARTER 40 MG/0.8ML PEN KIT                   | 4    | PA<br>S               |
| HUMIRA PEN-CD/UC/HS STARTER 80 MG/0.8ML PEN KIT                   | 4    | PA<br>S               |
| HUMIRA PEN-PEDIATRIC UC START 80 MG/0.8ML PEN KIT                 | 4    | PA<br>S               |
| HUMIRA PEN-PS/UV/ADOL HS START 40 MG/0.8ML PEN KIT                | 4    | PA<br>S               |
| HUMIRA PEN-PSOR/UVEIT STARTER 80 MG/0.8ML & 40MG/0.4ML PEN KIT    | 4    | PA<br>S               |
| SIMPONI 100 MG/ML SOLN A-INJ                                      | 4    | PA<br>S               |
| SIMPONI 100 MG/ML SOLN PRSYR                                      | 4    | PA<br>S               |
| SIMPONI 50 MG/0.5ML SOLN A-INJ                                    | 4    | PA<br>S               |
| SIMPONI 50 MG/0.5ML SOLN PRSYR                                    | 4    | PA<br>S               |

| PRODUCT DESCRIPTION                                  | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <b>ANTIRHEUMATIC - JANUS KINASE (JAK) INHIBITORS</b> |      |                       |
| OLUMIANT 1 MG TAB                                    | 4    | PA<br>S               |
| OLUMIANT 2 MG TAB                                    | 4    | PA<br>S               |
| RINVOQ 15 MG TAB ER 24H                              | 4    | PA<br>S               |
| RINVOQ 30 MG TAB ER 24H                              | 4    | PA<br>S               |
| RINVOQ 45 MG TAB ER 24H                              | 4    | PA<br>S               |
| XELJANZ 1 MG/ML SOLUTION                             | 4    | PA<br>S               |
| XELJANZ 10 MG TAB                                    | 4    | PA<br>S               |
| XELJANZ 5 MG TAB                                     | 4    | PA<br>S               |
| XELJANZ XR 11 MG TAB ER 24H                          | 4    | PA<br>S               |
| XELJANZ XR 22 MG TAB ER 24H                          | 4    | PA<br>S               |
| <b>ANTIRHEUMATIC ANTIMETABOLITES</b>                 |      |                       |
| OTREXUP 10 MG/0.4ML SOLN A-INJ                       | 3    | PA                    |
| OTREXUP 12.5 MG/0.4ML SOLN A-INJ                     | 3    | PA                    |
| OTREXUP 15 MG/0.4ML SOLN A-INJ                       | 3    | PA                    |
| OTREXUP 17.5 MG/0.4ML SOLN A-INJ                     | 3    | PA                    |
| OTREXUP 20 MG/0.4ML SOLN A-INJ                       | 3    | PA                    |
| OTREXUP 22.5 MG/0.4ML SOLN A-INJ                     | 3    | PA                    |

| PRODUCT DESCRIPTION                        | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| OTREXUP 25 MG/0.4ML SOLN A-INJ             | 3    | PA                    |
| RASUVO 10 MG/0.2ML SOLN A-INJ              | 2    |                       |
| RASUVO 12.5 MG/0.25ML SOLN A-INJ           | 2    |                       |
| RASUVO 15 MG/0.3ML SOLN A-INJ              | 2    |                       |
| RASUVO 17.5 MG/0.35ML SOLN A-INJ           | 2    |                       |
| RASUVO 20 MG/0.4ML SOLN A-INJ              | 2    | PA                    |
| RASUVO 22.5 MG/0.45ML SOLN A-INJ           | 2    |                       |
| RASUVO 25 MG/0.5ML SOLN A-INJ              | 2    |                       |
| RASUVO 30 MG/0.6ML SOLN A-INJ              | 2    |                       |
| RASUVO 7.5 MG/0.15ML SOLN A-INJ            | 2    |                       |
| REDITREX 10 MG/0.4ML SOLN PRSYR            | 3    | PA                    |
| REDITREX 12.5 MG/0.5ML SOLN PRSYR          | 3    | PA                    |
| REDITREX 15 MG/0.6ML SOLN PRSYR            | 3    | PA                    |
| REDITREX 17.5 MG/0.7ML SOLN PRSYR          | 3    | PA                    |
| REDITREX 20 MG/0.8ML SOLN PRSYR            | 3    | PA                    |
| REDITREX 22.5 MG/0.9ML SOLN PRSYR          | 3    | PA                    |
| REDITREX 25 MG/ML SOLN PRSYR               | 3    | PA                    |
| REDITREX 7.5 MG/0.3ML SOLN PRSYR           | 3    | PA                    |
| <b>CYCLOOXYGENASE 2 (COX-2) INHIBITORS</b> |      |                       |
| <i>celecoxib cap 100 mg</i>                | 1    |                       |
| <i>celecoxib cap 200 mg</i>                | 1    | QL 60 / 30 DAYS       |
| <i>celecoxib cap 400 mg</i>                | 1    | QL 60 / 30 DAYS       |
| <i>celecoxib cap 50 mg</i>                 | 1    |                       |
| <b>GOLD COMPOUNDS</b>                      |      |                       |
| RIDAURA 3 MG CAP                           | 4    | PA                    |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <b>INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)</b>              |      |                       |
| KINERET 100 MG/0.67ML SOLN PRSYR                               | 4    | PA<br>S               |
| <b>INTERLEUKIN-6 RECEPTOR INHIBITORS</b>                       |      |                       |
| ACTEMRA 162 MG/0.9ML SOLN PRSYR                                | 4    | PA<br>S               |
| ACTEMRA ACTPEN 162 MG/0.9ML SOLN A-INJ                         | 4    | PA<br>S               |
| <b>NONSTEROIDAL ANTI-INFLAMMATORY AGENT COMBINATIONS</b>       |      |                       |
| <i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i> | 1    |                       |
| <i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i> | 1    |                       |
| <b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</b>          |      |                       |
| <i>diclofenac potassium tab 50 mg</i>                          | 1    |                       |
| <i>diclofenac potassium tab 50 mg</i>                          | 1    |                       |
| <i>diclofenac sodium tab delayed release 25 mg</i>             | 1    |                       |
| <i>diclofenac sodium tab delayed release 50 mg</i>             | 1    |                       |
| <i>diclofenac sodium tab delayed release 75 mg</i>             | 1    |                       |
| <i>diclofenac sodium tab er 24hr 100 mg</i>                    | 1    |                       |
| <i>etodolac cap 200 mg</i>                                     | 1    |                       |
| <i>etodolac cap 300 mg</i>                                     | 1    |                       |
| <i>etodolac tab 400 mg</i>                                     | 1    |                       |
| <i>etodolac tab 500 mg</i>                                     | 1    |                       |
| <i>etodolac tab er 24hr 400 mg</i>                             | 1    |                       |
| <i>etodolac tab er 24hr 500 mg</i>                             | 1    |                       |
| <i>etodolac tab er 24hr 600 mg</i>                             | 1    |                       |
| <i>fenoprofen calcium cap 400 mg</i>                           | 1    |                       |
| <i>fenoprofen calcium tab 600 mg</i>                           | 1    |                       |
| <i>flurbiprofen tab 100 mg</i>                                 | 1    |                       |
| FLURBIPROFEN 50 MG TAB   | 1    |                       |

| PRODUCT DESCRIPTION                                       | TIER | LIMITS & RESTRICTIONS                                  |
|---|------|--|
| <i>flurbiprofen tab 50 mg</i>                             | 1    |  |
| <i>ibuprofen tab 400 mg</i>                               | 1    |  |
| <i>ibuprofen tab 600 mg</i>                               | 1    |  |
| <i>ibuprofen tab 800 mg</i>                               | 1    |  |
| <i>ibuprofen tab 400 mg</i>                               | 1    |  |
| <i>ibuprofen tab 600 mg</i>                               | 1    |  |
| <i>ibuprofen tab 800 mg</i>                               | 1    |  |
| <i>indomethacin cap 25 mg</i>                             | 1    | QL 120 / 30 DAYS                                       |
| <i>indomethacin cap 50 mg</i>                             | 1    |  |
| <i>indomethacin cap er 75 mg</i>                          | 1    |  |
| KETOPROFEN 50 MG CAP                                      | 1    |  |
| KETOPROFEN 75 MG CAP                                      | 1    |  |
| <i>ketorolac tromethamine tab 10 mg</i>                   | 1    | QL 20 / 0 DAYS<br>MFL 1 / 30 day(s)<br>MD 5 / 1 day(s) |
| <i>ketorolac tromethamine im inj 60 mg/2ml (30 mg/ml)</i> | 1    | QL 4 / 28 DAYS   |
| MECLOFENAMATE SODIUM 100 MG CAP                           | 1    |  |
| MECLOFENAMATE SODIUM 50 MG CAP                            | 1    |  |
| <i>mefenamic acid cap 250 mg</i>                          | 1    |  |
| <i>meloxicam tab 15 mg</i>                                | 1    | QL 30 / 30 DAYS  |
| <i>meloxicam tab 7.5 mg</i>                               | 1    | QL 30 / 30 DAYS  |
| <i>nabumetone tab 500 mg</i>                              | 1    |  |
| <i>nabumetone tab 750 mg</i>                              | 1    |  |
| <i>naproxen susp 125 mg/5ml</i>                           | 1    |  |
| <i>naproxen tab 250 mg</i>                                | 1    |  |
| <i>naproxen tab 375 mg</i>                                | 1    |  |
| <i>naproxen tab ec 375 mg</i>                             | 1    |  |
| <i>naproxen tab 500 mg</i>                                | 1    |  |

| PRODUCT DESCRIPTION                          | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>naproxen sodium tab 275 mg</i>            | 1    |                       |
| <i>naproxen sodium tab 550 mg</i>            | 1    |                       |
| <i>oxaprozin tab 600 mg</i>                  | 1    |                       |
| <i>piroxicam cap 10 mg</i>                   | 1    |                       |
| <i>piroxicam cap 20 mg</i>                   | 1    |                       |
| <i>nabumetone tab 500 mg</i>                 | 1    |                       |
| <i>nabumetone tab 750 mg</i>                 | 1    |                       |
| <i>sulindac tab 150 mg</i>                   | 1    |                       |
| <i>sulindac tab 200 mg</i>                   | 1    |                       |
| TOLMETIN SODIUM 200 MG TAB                   | 2    |                       |
| TOLMETIN SODIUM 400 MG CAP                   | 2    |                       |
| TOLMETIN SODIUM 600 MG TAB                   | 2    |                       |
| <b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b> |      |                       |
| OTEZLA 10 & 20 & 30 MG TAB THPK              | 4    | PA<br>S               |
| OTEZLA 30 MG TAB                             | 4    | PA<br>S               |
| <b>PYRIMIDINE SYNTHESIS INHIBITORS</b>       |      |                       |
| <i>leflunomide tab 10 mg</i>                 | 1    | QL 30 / 30 DAYS       |
| <i>leflunomide tab 20 mg</i>                 | 1    | QL 30 / 30 DAYS       |
| <b>SELECTIVE COSTIMULATION MODULATORS</b>    |      |                       |
| ORENCIA 125 MG/ML SOLN PRSYR                 | 4    | PA<br>S               |
| ORENCIA 50 MG/0.4ML SOLN PRSYR               | 4    | PA<br>S               |
| ORENCIA 87.5 MG/0.7ML SOLN PRSYR             | 4    | PA<br>S               |
| ORENCIA CLICKJECT 125 MG/ML SOLN A-INJ       | 4    | PA<br>S               |



| PRODUCT DESCRIPTION                                       | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <b>SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS</b>      |      |                       |
| ENBREL 25 MG RECON SOLN                                   | 4    | PA<br>S               |
| ENBREL 25 MG/0.5ML SOLN PRSYR                             | 4    | PA<br>S               |
| ENBREL 25 MG/0.5ML SOLUTION                               | 4    | PA<br>S               |
| ENBREL 50 MG/ML SOLN PRSYR                                | 4    | PA<br>S               |
| ENBREL MINI 50 MG/ML SOLN CART                            | 4    | PA<br>S               |
| ENBREL SURECLICK 50 MG/ML SOLN A-INJ                      | 4    | PA<br>S               |
| <b>ANALGESICS - NONNARCOTIC<br/>ANALGESICS-SEDATIVES</b>  |      |                       |
| <i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i> | 1    |                       |
| <i>butalbital-acetaminophen tab 50-325 mg</i>             | 1    |                       |
| <i>butalbital-acetaminophen tab 50-325 mg</i>             | 1    |                       |
| <i>butalbital-acetaminophen-caffeine cap 50-300-40 mg</i> | 1    | QL 180 / 30 DAYS      |
| <i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i> | 1    | QL 180 / 30 DAYS      |
| <i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i> | 1    |                       |
| <i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>       | 1    |                       |
| BUTALBITAL-ASPIRIN-CAFFEINE 50-325-40 MG TAB              | 1    |                       |
| <i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i> | 1    | QL 180 / 30 DAYS      |
| <i>butalbital-acetaminophen-caffeine cap 50-300-40 mg</i> | 1    | QL 180 / 30 DAYS      |
| <i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i> | 1    | QL 180 / 30 DAYS      |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS  |
|---|------|--|
| <b>SALICYLATES</b>  |      |  |
| <i>diflunisal tab 500 mg</i>                                    | 1    |  |
| <i>salsalate tab 500 mg</i>                                     | 1    |  |
| <b>ANALGESICS - OPIOID<br/>CODEINE COMBINATIONS</b>             |      |  |
| <i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>              | 1    | <ul style="list-style-type: none"> <li>QL 450 / 30 day(s)</li> <li>MFL 1 / 60 day(s)</li> <li>MD 7 / 1 day(s)</li> </ul> |
| <i>acetaminophen w/ codeine tab 300-15 mg</i>                   | 1    | <ul style="list-style-type: none"> <li>QL 240 / 30 DAYS</li> <li>MFL 1 / 60 DAYS</li> <li>MD 7 / 1 DAY</li> </ul>        |
| <i>acetaminophen w/ codeine tab 300-30 mg</i>                   | 1    | <ul style="list-style-type: none"> <li>QL 240 / 30 DAYS</li> <li>MFL 1 / 60 DAYS</li> </ul>                              |
| <i>acetaminophen w/ codeine tab 300-60 mg</i>                   | 1    | <ul style="list-style-type: none"> <li>QL 180 / 30 DAYS</li> <li>MFL 1 / 60 DAYS</li> </ul>                              |
| <i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>   | 1    | <ul style="list-style-type: none"> <li>QL 180 / 30 DAYS</li> </ul>   |
| <i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i> | 1    | <ul style="list-style-type: none"> <li>QL 180 / 30 DAYS</li> </ul>   |
| <i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i> | 1    | <ul style="list-style-type: none"> <li>QL 180 / 30 DAYS</li> </ul>   |
| <i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>   | 1    | <ul style="list-style-type: none"> <li>QL 180 / 30 DAYS</li> </ul>   |
| <b>HYDROCODONE COMBINATIONS</b>                                 |      |  |
| <i>hydrocodone-acetaminophen tab 10-325 mg</i>                  | 1    | <ul style="list-style-type: none"> <li>QL 120 / 30 DAYS</li> <li>MFL 1 / 60 DAYS</li> <li>MD 7 / 1 day(s)</li> </ul>     |
| <i>hydrocodone-acetaminophen soln 10-325 mg/15ml</i>            | 1    | <ul style="list-style-type: none"> <li>QL 5400 / 30 DAYS</li> <li>AL1 Up to 8 yrs old</li> </ul>                         |
| <i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>           | 1    | <ul style="list-style-type: none"> <li>QL 450 / 30 DAYS</li> <li>MFL 1 / 60 DAYS</li> <li>MD 7 / 1 DAY</li> </ul>        |

| PRODUCT DESCRIPTION                                   | TIER | LIMITS & RESTRICTIONS  |
|---|------|--|
| <i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i> | 1    | <ul style="list-style-type: none"> <li>QL 450 / 30 DAYS</li> <li>MFL 1 / 60 DAYS</li> <li>MD 7 / 1 DAY</li> </ul>        |
| <i>hydrocodone-acetaminophen tab 5-325 mg</i>         | 1    | <ul style="list-style-type: none"> <li>QL 240 / 30 DAYS</li> <li>MFL 1 / 60 DAYS</li> <li>MD 7 / 1 day(s)</li> </ul>     |
| <i>hydrocodone-acetaminophen tab 7.5-300 mg</i>       | 1    | <ul style="list-style-type: none"> <li>QL 180 / 30 DAYS</li> <li>MFL 1 / 60 DAYS</li> <li>MD 7 / 1 day(s)</li> </ul>     |
| <i>hydrocodone-acetaminophen tab 7.5-325 mg</i>       | 1    | <ul style="list-style-type: none"> <li>QL 180 / 30 DAYS</li> <li>MFL 1 / 60 DAYS</li> <li>MD 7 / 1 day(s)</li> </ul>     |
| <i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i> | 1    | <ul style="list-style-type: none"> <li>QL 450 / 30 DAYS</li> <li>MFL 1 / 60 DAYS</li> <li>MD 7 / 1 DAY</li> </ul>        |
| HYDROCODONE-IBUPROFEN 10-200 MG TAB                   | 1    | <ul style="list-style-type: none"> <li>QL 120 / 30 day(s)</li> <li>MFL 1 / 60 day(s)</li> <li>MD 7 / 1 day(s)</li> </ul> |
| <i>hydrocodone-ibuprofen tab 10-200 mg</i>            | 1    | <ul style="list-style-type: none"> <li>QL 120 / 30 DAYS</li> <li>MFL 1 / 60 DAYS</li> <li>MD 7 / 1 day(s)</li> </ul>     |
| HYDROCODONE-IBUPROFEN 5-200 MG TAB                    | 1    | <ul style="list-style-type: none"> <li>QL 120 / 30 DAYS</li> <li>MFL 1 / 60 DAYS</li> <li>MD 7 / 1 day(s)</li> </ul>     |
| <i>hydrocodone-ibuprofen tab 5-200 mg</i>             | 1    | <ul style="list-style-type: none"> <li>QL 120 / 30 DAYS</li> <li>MFL 1 / 60 DAYS</li> <li>MD 7 / 1 day(s)</li> </ul>     |
| <i>hydrocodone-ibuprofen tab 7.5-200 mg</i>           | 1    | <ul style="list-style-type: none"> <li>QL 120 / 30 DAYS</li> <li>MFL 1 / 60 DAYS</li> <li>MD 7 / 1 DAY</li> </ul>        |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS   |
|---|------|---|
| <i>hydrocodone-acetaminophen tab 5-325 mg</i>                     | 1    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <span>240 / 30 DAYS</span> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #8a4a8a; color: white; padding: 2px 5px; border-radius: 3px;">MD</div> <span>7 / 1 day(s)</span> </div> </div>  |
| <i>hydrocodone-acetaminophen tab 10-325 mg</i>                    | 1    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <span>120 / 30 DAYS</span> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #8a4a8a; color: white; padding: 2px 5px; border-radius: 3px;">MD</div> <span>7 / 1 day(s)</span> </div> </div>  |
| <i>hydrocodone-acetaminophen tab 7.5-325 mg</i>                   | 1    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <span>180 / 30 DAYS</span> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #8a4a8a; color: white; padding: 2px 5px; border-radius: 3px;">MD</div> <span>7 / 1 day(s)</span> </div> </div>  |
| OPIOID AGONISTS   |      |   |
| ABSTRAL 100 MCG SL TAB  | 4    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8a4a4a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="display: flex; align-items: center;"> <div style="background-color: #8a4a8a; color: white; padding: 2px 5px; border-radius: 3px;">MFL</div> <span>1 / 60 DAYS</span> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #8a4a8a; color: white; padding: 2px 5px; border-radius: 3px;">MD</div> <span>7 / 1 DAY</span> </div> </div>   |
| ABSTRAL 200 MCG SL TAB  | 4    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8a4a4a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="display: flex; align-items: center;"> <div style="background-color: #8a4a8a; color: white; padding: 2px 5px; border-radius: 3px;">MFL</div> <span>1 / 60 DAYS</span> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #8a4a8a; color: white; padding: 2px 5px; border-radius: 3px;">MD</div> <span>7 / 1 DAY</span> </div> </div>   |
| ABSTRAL 300 MCG SL TAB  | 4    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8a4a4a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="display: flex; align-items: center;"> <div style="background-color: #8a4a8a; color: white; padding: 2px 5px; border-radius: 3px;">MFL</div> <span>1 / 60 DAYS</span> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #8a4a8a; color: white; padding: 2px 5px; border-radius: 3px;">MD</div> <span>7 / 1 DAY</span> </div> </div>   |
| ABSTRAL 400 MCG SL TAB  | 4    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8a4a4a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="display: flex; align-items: center;"> <div style="background-color: #8a4a8a; color: white; padding: 2px 5px; border-radius: 3px;">MFL</div> <span>1 / 60 DAYS</span> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #8a4a8a; color: white; padding: 2px 5px; border-radius: 3px;">MD</div> <span>7 / 1 DAY</span> </div> </div>   |
| ABSTRAL 600 MCG SL TAB  | 4    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8a4a4a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="display: flex; align-items: center;"> <div style="background-color: #8a4a8a; color: white; padding: 2px 5px; border-radius: 3px;">MFL</div> <span>1 / 60 DAYS</span> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #8a4a8a; color: white; padding: 2px 5px; border-radius: 3px;">MD</div> <span>7 / 1 DAY</span> </div> </div>   |
| ABSTRAL 800 MCG SL TAB  | 4    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8a4a4a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="display: flex; align-items: center;"> <div style="background-color: #8a4a8a; color: white; padding: 2px 5px; border-radius: 3px;">MFL</div> <span>1 / 60 DAYS</span> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #8a4a8a; color: white; padding: 2px 5px; border-radius: 3px;">MD</div> <span>7 / 1 DAY</span> </div> </div>   |
| <i>alfentanil hcl iv soln 1000 mcg/2ml (500 mcg/ml) (base eq)</i> | 2    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8a4a4a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>  |
| CODEINE SULFATE 15 MG TAB   | 1    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <span>180 / 30 DAYS</span> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #8a4a8a; color: white; padding: 2px 5px; border-radius: 3px;">MFL</div> <span>1 / 60 DAYS</span> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #8a4a8a; color: white; padding: 2px 5px; border-radius: 3px;">MD</div> <span>7 / 1 DAY</span> </div> </div> |

| PRODUCT DESCRIPTION                                  | TIER | LIMITS & RESTRICTIONS   |
|--|------|---|
| <i>codeine sulfate tab 30 mg</i>                     | 1    | <ul style="list-style-type: none"> <li>QL 180 / 30 DAYS</li> <li>MFL 1 / 60 DAYS</li> <li>MD 7 / 1 DAY</li> </ul>             |
| CODEINE SULFATE 60 MG TAB                            | 1    | <ul style="list-style-type: none"> <li>QL 180 / 30 DAYS</li> <li>MFL 1 / 60 DAYS</li> <li>MD 7 / 1 DAY</li> </ul>             |
| <i>fentanyl td patch 72hr 100 mcg/hr</i>             | 1    | <ul style="list-style-type: none"> <li>QL 15 / 30 DAYS</li> <li>PA</li> </ul>   |
| <i>fentanyl td patch 72hr 12 mcg/hr</i>              | 1    | <ul style="list-style-type: none"> <li>QL 15 / 30 DAYS</li> <li>PA</li> </ul>   |
| <i>fentanyl td patch 72hr 25 mcg/hr</i>              | 1    | <ul style="list-style-type: none"> <li>QL 15 / 30 DAYS</li> <li>PA</li> </ul>   |
| <i>fentanyl td patch 72hr 37.5 mcg/hr</i>            | 1    | <ul style="list-style-type: none"> <li>QL 15 / 30 DAYS</li> <li>PA</li> </ul>   |
| <i>fentanyl td patch 72hr 50 mcg/hr</i>              | 1    | <ul style="list-style-type: none"> <li>QL 15 / 30 DAYS</li> <li>PA</li> </ul>   |
| <i>fentanyl td patch 72hr 62.5 mcg/hr</i>            | 1    | <ul style="list-style-type: none"> <li>QL 15 / 30 DAYS</li> <li>PA</li> </ul>   |
| <i>fentanyl td patch 72hr 75 mcg/hr</i>              | 1    | <ul style="list-style-type: none"> <li>QL 15 / 30 DAYS</li> <li>PA</li> </ul>   |
| <i>fentanyl td patch 72hr 87.5 mcg/hr</i>            | 2    | <ul style="list-style-type: none"> <li>QL 15 / 30 DAYS</li> <li>PA</li> </ul>   |
| FENTANYL CITRATE 100 MCG TAB                         | 2    | <ul style="list-style-type: none"> <li>QL 112 / 28 DAYS</li> <li>PA</li> <li>MFL 1 / 60 DAYS</li> <li>MD 7 / 1 DAY</li> </ul> |
| <i>fentanyl citrate lozenge on a handle 1200 mcg</i> | 2    | <ul style="list-style-type: none"> <li>QL 120 / 30 DAYS</li> <li>PA</li> <li>MFL 1 / 60 DAYS</li> <li>MD 7 / 1 DAY</li> </ul> |

| PRODUCT DESCRIPTION                                  | TIER | LIMITS & RESTRICTIONS   |
|--|------|---|
| <i>fentanyl citrate lozenge on a handle 1600 mcg</i> | 2    | <ul style="list-style-type: none"> <li>QL 30 / 30 DAYS</li> <li>PA</li> <li>MFL 1 / 60 DAYS</li> <li>MD 7 / 1 DAY</li> </ul>  |
| <i>fentanyl citrate lozenge on a handle 200 mcg</i>  | 2    | <ul style="list-style-type: none"> <li>QL 120 / 30 DAYS</li> <li>PA</li> <li>MFL 1 / 60 DAYS</li> <li>MD 7 / 1 DAY</li> </ul> |
| FENTANYL CITRATE 200 MCG TAB                         | 2    | <ul style="list-style-type: none"> <li>QL 112 / 28 DAYS</li> <li>PA</li> <li>MFL 1 / 60 DAYS</li> <li>MD 7 / 1 DAY</li> </ul> |
| <i>fentanyl citrate lozenge on a handle 400 mcg</i>  | 2    | <ul style="list-style-type: none"> <li>QL 120 / 30 DAYS</li> <li>PA</li> <li>MFL 1 / 60 DAYS</li> <li>MD 7 / 1 DAY</li> </ul> |
| FENTANYL CITRATE 400 MCG TAB                         | 2    | <ul style="list-style-type: none"> <li>QL 112 / 28 DAYS</li> <li>PA</li> <li>MFL 1 / 60 DAYS</li> <li>MD 7 / 1 DAY</li> </ul> |
| <i>fentanyl citrate lozenge on a handle 600 mcg</i>  | 2    | <ul style="list-style-type: none"> <li>QL 120 / 30 DAYS</li> <li>PA</li> <li>MFL 1 / 60 DAYS</li> <li>MD 7 / 1 DAY</li> </ul> |
| FENTANYL CITRATE 600 MCG TAB                         | 2    | <ul style="list-style-type: none"> <li>QL 112 / 28 DAYS</li> <li>PA</li> <li>MFL 1 / 60 DAYS</li> <li>MD 7 / 1 DAY</li> </ul> |
| <i>fentanyl citrate lozenge on a handle 800 mcg</i>  | 2    | <ul style="list-style-type: none"> <li>QL 120 / 30 DAYS</li> <li>PA</li> <li>MFL 1 / 60 DAYS</li> <li>MD 7 / 1 DAY</li> </ul> |



| PRODUCT DESCRIPTION                                    | TIER | LIMITS & RESTRICTIONS   |
|--|------|---|
| FENTANYL CITRATE 800 MCG TAB                           | 2    | <ul style="list-style-type: none"> <li>QL 112 / 28 DAYS</li> <li>PA</li> <li>MFL 1 / 60 DAYS</li> <li>MD 7 / 1 DAY</li> </ul> |
| <i>hydrocodone bitartrate cap er 12hr 10 mg</i>        | 2    | PA  |
| HYDROCODONE BITARTRATE ER 10 MG CAP ER 12H             | 2    | PA  |
| <i>hydrocodone bitartrate tab er 24hr deter 100 mg</i> | 2    | PA  |
| <i>hydrocodone bitartrate tab er 24hr deter 120 mg</i> | 2    | PA  |
| <i>hydrocodone bitartrate cap er 12hr 15 mg</i>        | 2    | PA  |
| HYDROCODONE BITARTRATE ER 15 MG CAP ER 12H             | 2    | PA  |
| HYDROCODONE BITARTRATE ER 20 MG CAP ER 12H             | 2    | PA  |
| <i>hydrocodone bitartrate tab er 24hr deter 20 mg</i>  | 2    | PA  |
| <i>hydrocodone bitartrate cap er 12hr 30 mg</i>        | 2    | PA  |
| HYDROCODONE BITARTRATE ER 30 MG CAP ER 12H             | 2    | PA  |
| <i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>  | 2    | PA  |
| <i>hydrocodone bitartrate cap er 12hr 40 mg</i>        | 2    | PA  |
| HYDROCODONE BITARTRATE ER 40 MG CAP ER 12H             | 2    | PA  |
| <i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>  | 2    | PA  |
| <i>hydrocodone bitartrate cap er 12hr 50 mg</i>        | 2    | PA  |
| HYDROCODONE BITARTRATE ER 50 MG CAP ER 12H             | 2    | PA  |
| <i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>  | 2    | PA  |
| <i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>  | 2    | PA  |
| <i>hydromorphone hcl liqd 1 mg/ml</i>                  | 1    | <ul style="list-style-type: none"> <li>QL 120 / 30 DAYS</li> <li>MFL 1 / 60 DAYS</li> <li>MD 7 / 1 DAY</li> </ul>             |

| PRODUCT DESCRIPTION                        | TIER | LIMITS & RESTRICTIONS  |
|--|------|--|
| <i>hydromorphone hcl tab 2 mg</i>          | 1    | <ul style="list-style-type: none"> <li>QL 90 / 30 DAYS</li> <li>MFL 1 / 60 DAYS</li> <li>MD 7 / 1 DAY</li> </ul> |
| <i>hydromorphone hcl tab 4 mg</i>          | 1    | <ul style="list-style-type: none"> <li>QL 90 / 30 DAYS</li> <li>MFL 1 / 60 DAYS</li> <li>MD 7 / 1 DAY</li> </ul> |
| <i>hydromorphone hcl tab 8 mg</i>          | 1    | <ul style="list-style-type: none"> <li>QL 90 / 30 DAYS</li> <li>MFL 1 / 60 DAYS</li> <li>MD 7 / 1 DAY</li> </ul> |
| <i>hydromorphone hcl tab er 24hr 12 mg</i> | 2    | <ul style="list-style-type: none"> <li>QL 30 / 30 DAYS</li> <li>PA</li> </ul>                                    |
| <i>hydromorphone hcl tab er 24hr 16 mg</i> | 2    | <ul style="list-style-type: none"> <li>QL 30 / 30 DAYS</li> <li>PA</li> </ul>                                    |
| <i>hydromorphone hcl tab er 24hr 32 mg</i> | 2    | <ul style="list-style-type: none"> <li>QL 30 / 30 DAYS</li> <li>PA</li> </ul>                                    |
| <i>hydromorphone hcl tab er 24hr 8 mg</i>  | 2    | <ul style="list-style-type: none"> <li>QL 30 / 30 DAYS</li> <li>PA</li> </ul>                                    |
| LAZANDA 100 MCG/ACT SOLUTION               | 4    | <ul style="list-style-type: none"> <li>PA</li> <li>MFL 1 / 60 DAYS</li> <li>MD 7 / 1 DAY</li> </ul>              |
| LAZANDA 300 MCG/ACT SOLUTION               | 4    | <ul style="list-style-type: none"> <li>PA</li> <li>MFL 1 / 60 DAYS</li> <li>MD 7 / 1 DAY</li> </ul>              |
| LAZANDA 400 MCG/ACT SOLUTION               | 4    | <ul style="list-style-type: none"> <li>PA</li> <li>MFL 1 / 60 DAYS</li> <li>MD 7 / 1 DAY</li> </ul>              |
| <i>methadone hcl tab 10 mg</i>             | 1    | <ul style="list-style-type: none"> <li>QL 60 / 30 DAYS</li> <li>PA</li> </ul>                                    |
| <i>methadone hcl soln 10 mg/5ml</i>        | 2    | <ul style="list-style-type: none"> <li>QL 240 / 30 DAYS</li> <li>PA</li> </ul>                                   |

| PRODUCT DESCRIPTION                                     | TIER | LIMITS & RESTRICTIONS   |
|---|------|---|
| <i>methadone hcl conc 10 mg/ml</i>                      | 2    | QL 60 / 30 DAYS<br>PA   |
| <i>methadone hcl tab 5 mg</i>                           | 1    | QL 60 / 30 DAYS<br>PA   |
| <i>methadone hcl soln 5 mg/5ml</i>                      | 2    | QL 240 / 30 DAYS<br>PA  |
| <i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i> | 1    | QL 120 / 30 DAYS  |
| <i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i> | 1    | QL 120 / 30 DAYS<br>MFL 1 / 60 DAYS<br>MD 7 / 1 DAY                               |
| <i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i> | 1    | QL 120 / 30 DAYS<br>MFL 1 / 60 DAYS<br>MD 7 / 1 DAY                               |
| MORPHINE SULFATE (PF) 2 MG/ML SOLUTION                  | 1    |   |
| <i>morphine sulfate oral soln 10 mg/5ml</i>             | 1    | QL 480 / 30 DAYS<br>MFL 1 / 60 DAYS<br>MD 7 / 1 day(s)                            |
| <i>morphine sulfate tab 15 mg</i>                       | 1    | QL 180 / 30 DAYS<br>PA<br>MFL 1 / 60 DAYS<br>MD 7 / 1 DAY                         |
| MORPHINE SULFATE 20 MG/5ML SOLUTION                     | 1    | QL 480 / 30 day(s)<br>AL1 Up to 8 yrs old<br>MFL 1 / 60 day(s)<br>MD 7 / 1 day(s) |
| <i>morphine sulfate oral soln 20 mg/5ml</i>             | 1    | QL 480 / 30 day(s)<br>AL1 Up to 8 yrs old<br>MFL 1 / 60 day(s)<br>MD 7 / 1 day(s) |
| <i>morphine sulfate tab 30 mg</i>                       | 1    | QL 90 / 30 DAYS<br>PA<br>MFL 1 / 60 DAYS<br>MD 7 / 1 DAY                          |

| PRODUCT DESCRIPTION                        | TIER | LIMITS & RESTRICTIONS   |
|--|------|-------------------------|
| <i>morphine sulfate cap er 24hr 10 mg</i>  | 2    | QL 60 / 30 DAYS<br>PA   |
| MORPHINE SULFATE ER 10 MG CAP ER 24H       | 2    | QL 60 / 30 day(s)<br>PA |
| <i>morphine sulfate cap er 24hr 100 mg</i> | 2    | QL 60 / 30 DAYS<br>PA   |
| MORPHINE SULFATE ER 100 MG CAP ER 24H      | 2    | QL 60 / 30 day(s)<br>PA |
| <i>morphine sulfate tab er 100 mg</i>      | 1    | QL 60 / 30 day(s)<br>PA |
| <i>morphine sulfate tab er 15 mg</i>       | 1    | QL 90 / 30 DAYS<br>PA   |
| <i>morphine sulfate cap er 24hr 20 mg</i>  | 2    | QL 60 / 30 DAYS<br>PA   |
| MORPHINE SULFATE ER 20 MG CAP ER 24H       | 2    | QL 60 / 30 day(s)<br>PA |
| <i>morphine sulfate tab er 200 mg</i>      | 1    | QL 60 / 30 DAYS<br>PA   |
| <i>morphine sulfate cap er 24hr 30 mg</i>  | 2    | QL 60 / 30 DAYS<br>PA   |
| MORPHINE SULFATE ER 30 MG CAP ER 24H       | 2    | QL 60 / 30 day(s)<br>PA |
| <i>morphine sulfate tab er 30 mg</i>       | 1    | QL 60 / 30 DAYS<br>PA   |
| MORPHINE SULFATE ER 40 MG CAP ER 24H       | 2    | QL 60 / 30 DAYS<br>PA   |
| <i>morphine sulfate cap er 24hr 50 mg</i>  | 2    | QL 60 / 30 DAYS<br>PA   |

| PRODUCT DESCRIPTION                       | TIER | LIMITS & RESTRICTIONS   |
|---|------|---|
| MORPHINE SULFATE ER 50 MG CAP ER 24H      | 2    | QL 60 / 30 day(s)<br>PA   |
| <i>morphine sulfate cap er 24hr 60 mg</i> | 2    | QL 60 / 30 DAYS<br>PA   |
| MORPHINE SULFATE ER 60 MG CAP ER 24H      | 2    | QL 60 / 30 day(s)<br>PA   |
| <i>morphine sulfate tab er 60 mg</i>      | 1    | QL 2 / 1 day(s)<br>PA   |
| <i>morphine sulfate cap er 24hr 80 mg</i> | 2    | QL 60 / 30 DAYS<br>PA   |
| MORPHINE SULFATE ER 80 MG CAP ER 24H      | 2    | QL 60 / 30 day(s)<br>PA   |
| NUCYNTA 100 MG TAB                        | 3    | QL 90 / 30 day(s)<br>PA<br>MFL 1 / 60 day(s)<br>MD 7 / 1 day(s) |
| NUCYNTA 50 MG TAB                         | 3    | QL 90 / 30 day(s)<br>PA<br>MFL 1 / 60 day(s)<br>MD 7 / 1 day(s) |
| NUCYNTA 75 MG TAB                         | 3    | QL 90 / 30 day(s)<br>PA<br>MFL 1 / 60 day(s)<br>MD 7 / 1 day(s) |
| NUCYNTA ER 100 MG TAB ER 12H              | 3    | QL 60 / 30 DAYS<br>PA   |
| NUCYNTA ER 150 MG TAB ER 12H              | 3    | QL 60 / 30 DAYS<br>PA   |
| NUCYNTA ER 200 MG TAB ER 12H              | 3    | QL 60 / 30 DAYS<br>PA   |

| PRODUCT DESCRIPTION                             | TIER | LIMITS & RESTRICTIONS   |
|---|------|---|
| NUCYNTA ER 250 MG TAB ER 12H                    | 3    | <ul style="list-style-type: none"> <li>QL 60 / 30 DAYS</li> <li>PA</li> </ul>   |
| NUCYNTA ER 50 MG TAB ER 12H                     | 3    | <ul style="list-style-type: none"> <li>QL 60 / 30 DAYS</li> <li>PA</li> </ul>   |
| <i>oxycodone hcl tab 10 mg</i>                  | 1    | <ul style="list-style-type: none"> <li>QL 90 / 30 DAYS</li> <li>MFL 1 / 60 DAYS</li> <li>MD 7 / 1 DAY</li> </ul>        |
| <i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i> | 1    | <ul style="list-style-type: none"> <li>QL 90 / 30 day(s)</li> <li>MFL 1 / 60 day(s)</li> <li>MD 7 / 1 day(s)</li> </ul> |
| <i>oxycodone hcl tab 15 mg</i>                  | 1    | <ul style="list-style-type: none"> <li>QL 90 / 30 DAYS</li> <li>MFL 1 / 60 DAYS</li> <li>MD 7 / 1 DAY</li> </ul>        |
| <i>oxycodone hcl tab 20 mg</i>                  | 1    | <ul style="list-style-type: none"> <li>QL 90 / 30 DAYS</li> <li>MFL 1 / 60 DAYS</li> <li>MD 7 / 1 DAY</li> </ul>        |
| <i>oxycodone hcl tab 30 mg</i>                  | 1    | <ul style="list-style-type: none"> <li>QL 90 / 30 DAYS</li> <li>MFL 1 / 60 DAYS</li> <li>MD 7 / 1 DAY</li> </ul>        |
| <i>oxycodone hcl cap 5 mg</i>                   | 1    | <ul style="list-style-type: none"> <li>QL 240 / 30 DAYS</li> <li>MFL 1 / 60 DAYS</li> <li>MD 7 / 1 DAY</li> </ul>       |
| <i>oxycodone hcl tab 5 mg</i>                   | 1    | <ul style="list-style-type: none"> <li>QL 240 / 30 DAYS</li> <li>MFL 1 / 60 DAYS</li> <li>MD 7 / 1 DAY</li> </ul>       |
| <i>oxycodone hcl soln 5 mg/5ml</i>              | 1    | <ul style="list-style-type: none"> <li>QL 1800 / 30 DAYS</li> <li>MFL 1 / 60 DAYS</li> <li>MD 7 / 1 DAY</li> </ul>      |
| OXYCODONE HCL ER 10 MG TB12 DETER               | 1    | <ul style="list-style-type: none"> <li>QL 60 / 30 DAYS</li> <li>PA</li> <li>MFL 1 / 60 DAYS</li> </ul>                  |



| PRODUCT DESCRIPTION               | TIER | LIMITS & RESTRICTIONS  |
|-----------------------------------|------|--|
| OXYCODONE HCL ER 15 MG TB12 DETER | 1    | <ul style="list-style-type: none"> <li>QL 60 / 30 DAYS</li> <li>PA</li> <li>MFL 1 / 60 DAYS</li> </ul>   |
| OXYCODONE HCL ER 20 MG TB12 DETER | 1    | <ul style="list-style-type: none"> <li>QL 60 / 30 DAYS</li> <li>PA</li> <li>MFL 1 / 60 DAYS</li> </ul>   |
| OXYCODONE HCL ER 30 MG TB12 DETER | 1    | <ul style="list-style-type: none"> <li>QL 60 / 30 DAYS</li> <li>PA</li> <li>MFL 1 / 60 DAYS</li> </ul>   |
| OXYCODONE HCL ER 40 MG TB12 DETER | 1    | <ul style="list-style-type: none"> <li>QL 60 / 30 DAYS</li> <li>PA</li> <li>MFL 1 / 60 DAYS</li> </ul>   |
| OXYCODONE HCL ER 60 MG TB12 DETER | 1    | <ul style="list-style-type: none"> <li>QL 60 / 30 DAYS</li> <li>PA</li> <li>MFL 1 / 60 DAYS</li> </ul>   |
| OXYCODONE HCL ER 80 MG TB12 DETER | 1    | <ul style="list-style-type: none"> <li>QL 60 / 30 DAYS</li> <li>PA</li> <li>MFL 1 / 60 DAYS</li> </ul>   |
| OXYCONTIN 10 MG TB12 DETER        | 3    | <ul style="list-style-type: none"> <li>QL 60 / 30 DAYS</li> <li>PA</li> <li>MFL 1 / 60 DAYS</li> </ul>   |
| OXYCONTIN 15 MG TB12 DETER        | 3    | <ul style="list-style-type: none"> <li>QL 60 / 30 day(s)</li> <li>PA</li> <li>MFL 1 / 60 DAYS</li> </ul> |
| OXYCONTIN 20 MG TB12 DETER        | 3    | <ul style="list-style-type: none"> <li>QL 60 / 30 DAYS</li> <li>PA</li> <li>MFL 1 / 60 DAYS</li> </ul>   |
| OXYCONTIN 30 MG TB12 DETER        | 3    | <ul style="list-style-type: none"> <li>QL 60 / 30 day(s)</li> <li>PA</li> <li>MFL 1 / 60 DAYS</li> </ul> |

| PRODUCT DESCRIPTION                  | TIER | LIMITS & RESTRICTIONS  |
|--------------------------------------|------|--|
| OXYCONTIN 40 MG TB12 DETER           | 3    | <ul style="list-style-type: none"> <li>QL 60 / 30 DAYS</li> <li>PA</li> <li>MFL 1 / 60 DAYS</li> </ul>           |
| OXYCONTIN 60 MG TB12 DETER           | 3    | <ul style="list-style-type: none"> <li>QL 60 / 30 day(s)</li> <li>PA</li> <li>MFL 1 / 60 DAYS</li> </ul>         |
| OXYCONTIN 80 MG TB12 DETER           | 3    | <ul style="list-style-type: none"> <li>QL 60 / 30 DAYS</li> <li>PA</li> <li>MFL 1 / 60 DAYS</li> </ul>           |
| <i>oxymorphone hcl tab 10 mg</i>     | 1    | <ul style="list-style-type: none"> <li>QL 90 / 30 DAYS</li> <li>MFL 1 / 60 DAYS</li> <li>MD 7 / 1 DAY</li> </ul> |
| <i>oxymorphone hcl tab 5 mg</i>      | 1    | <ul style="list-style-type: none"> <li>QL 60 / 30 DAYS</li> <li>MFL 1 / 60 DAYS</li> <li>MD 7 / 1 DAY</li> </ul> |
| OXYMORPHONE HCL ER 10 MG TAB ER 12H  | 1    | <ul style="list-style-type: none"> <li>QL 60 / 30 DAYS</li> <li>PA</li> </ul>                                    |
| OXYMORPHONE HCL ER 15 MG TAB ER 12H  | 1    | <ul style="list-style-type: none"> <li>QL 60 / 30 DAYS</li> <li>PA</li> </ul>                                    |
| OXYMORPHONE HCL ER 20 MG TAB ER 12H  | 2    | <ul style="list-style-type: none"> <li>QL 60 / 30 DAYS</li> <li>PA</li> </ul>                                    |
| OXYMORPHONE HCL ER 30 MG TAB ER 12H  | 2    | <ul style="list-style-type: none"> <li>QL 60 / 30 DAYS</li> <li>PA</li> </ul>                                    |
| OXYMORPHONE HCL ER 40 MG TAB ER 12H  | 2    | <ul style="list-style-type: none"> <li>QL 60 / 30 DAYS</li> <li>PA</li> </ul>                                    |
| OXYMORPHONE HCL ER 5 MG TAB ER 12H   | 1    | <ul style="list-style-type: none"> <li>QL 60 / 30 DAYS</li> <li>PA</li> </ul>                                    |
| OXYMORPHONE HCL ER 7.5 MG TAB ER 12H | 1    | <ul style="list-style-type: none"> <li>QL 60 / 30 DAYS</li> <li>PA</li> </ul>                                    |

| PRODUCT DESCRIPTION                                     | TIER | LIMITS & RESTRICTIONS                 |
|---|------|---------------------------------------|
| SUBSYS 100 MCG LIQUID                                   | 4    | PA<br>MFL 1 / 60 DAYS<br>MD 7 / 1 DAY |
| SUBSYS 200 MCG LIQUID                                   | 4    | PA<br>MFL 1 / 60 DAYS<br>MD 7 / 1 DAY |
| SUBSYS 400 MCG LIQUID                                   | 4    | PA<br>MFL 1 / 60 DAYS<br>MD 7 / 1 DAY |
| SUBSYS 600 MCG LIQUID                                   | 4    | PA<br>MFL 1 / 60 DAYS<br>MD 7 / 1 DAY |
| SUBSYS 800 MCG LIQUID                                   | 4    | PA<br>MFL 1 / 60 DAYS<br>MD 7 / 1 DAY |
| <i>tramadol hcl tab 50 mg</i>                           | 1    | QL 240 / 30 DAYS                      |
| <i>tramadol hcl tab er 24hr biphasic release 100 mg</i> | 1    | QL 30 / 30 day(s)<br>PA               |
| TRAMADOL HCL ER (BIPHASIC) 100 MG TAB ER 24H            | 1    | QL 30 / 30 day(s)<br>PA               |
| <i>tramadol hcl tab er 24hr biphasic release 200 mg</i> | 1    | QL 30 / 30 day(s)<br>PA               |
| TRAMADOL HCL ER (BIPHASIC) 200 MG TAB ER 24H            | 1    | QL 30 / 30 day(s)<br>PA               |
| <i>tramadol hcl tab er 24hr biphasic release 300 mg</i> | 1    | QL 30 / 30 day(s)<br>PA               |
| TRAMADOL HCL ER (BIPHASIC) 300 MG TAB ER 24H            | 1    | QL 30 / 30 day(s)<br>PA               |
| <i>tramadol hcl tab er 24hr 100 mg</i>                  | 1    | QL 30 / 30 DAYS<br>PA                 |

| PRODUCT DESCRIPTION                              | TIER | LIMITS & RESTRICTIONS                                  |
|--|------|--|
| <i>tramadol hcl tab er 24hr 200 mg</i>           | 1    | QL 30 / 30 DAYS<br>PA                                  |
| <i>tramadol hcl tab er 24hr 300 mg</i>           | 1    | QL 30 / 30 DAYS<br>PA                                  |
| <b>OPIOID COMBINATIONS</b>                       |      |  |
| <i>oxycodone w/ acetaminophen tab 10-325 mg</i>  | 1    | QL 120 / 30 DAYS<br>MD 7 / 1 day(s)                    |
| <i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> | 1    | QL 240 / 30 DAYS<br>MD 7 / 1 day(s)                    |
| <i>oxycodone w/ acetaminophen tab 5-325 mg</i>   | 1    | QL 240 / 30 DAYS<br>MD 7 / 1 day(s)                    |
| <i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> | 1    | QL 180 / 30 DAYS<br>MD 7 / 1 day(s)                    |
| <i>oxycodone w/ acetaminophen tab 10-325 mg</i>  | 1    | QL 120 / 30 DAYS<br>MFL 1 / 60 DAYS<br>MD 7 / 1 day(s) |
| <i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> | 1    | QL 240 / 30 DAYS<br>MFL 1 / 60 DAYS<br>MD 7 / 1 day(s) |
| <i>oxycodone w/ acetaminophen tab 5-325 mg</i>   | 1    | QL 240 / 30 DAYS<br>MFL 1 / 60 DAYS<br>MD 7 / 1 day(s) |
| <i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> | 1    | QL 180 / 30 DAYS<br>MFL 1 / 60 DAYS<br>MD 7 / 1 day(s) |
| OXYCODONE-IBUPROFEN 5-400 MG TAB                 | 2    | QL 120 / 30 DAYS<br>MFL 1 / 60 DAYS<br>MD 7 / 1 DAY    |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS               |
|---|------|-------------------------------------|
| <b>OPIOID PARTIAL AGONISTS</b>                                      |      |                                     |
| <i>buprenorphine td patch weekly 10 mcg/hr</i>                      | 1    | QL 4 / 28 DAYS                      |
| <i>buprenorphine td patch weekly 15 mcg/hr</i>                      | 1    | QL 4 / 28 DAYS                      |
| <i>buprenorphine td patch weekly 20 mcg/hr</i>                      | 1    | QL 4 / 28 DAYS                      |
| <i>buprenorphine td patch weekly 5 mcg/hr</i>                       | 1    | QL 4 / 28 DAYS                      |
| <i>buprenorphine td patch weekly 7.5 mcg/hr</i>                     | 1    | QL 4 / 28 DAYS                      |
| <i>buprenorphine hcl sl tab 2 mg (base equiv)</i>                   | 1    | QL 90 / 30 DAYS                     |
| <i>buprenorphine hcl sl tab 8 mg (base equiv)</i>                   | 1    | QL 90 / 30 DAYS                     |
| <i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>  | 1    | QL 60 / 30 DAYS                     |
| <i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> | 1    |                                     |
| <i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>  | 1    | QL 90 / 30 DAYS                     |
| <i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>   | 1    | QL 90 / 30 DAYS                     |
| <i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>   | 1    | QL 90 / 30 DAYS                     |
| <i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>    | 1    | QL 90 / 30 DAYS                     |
| <i>butorphanol tartrate nasal soln 10 mg/ml</i>                     | 1    | QL 2.5 / 30 DAYS<br>MD 7 / 1 day(s) |
| <i>nalbuphine hcl inj 10 mg/ml</i>                                  | 2    | PA                                  |
| SUBLOCADE 100 MG/0.5ML SOLN PRSYR                                   | 3    | S                                   |
| SUBLOCADE 300 MG/1.5ML SOLN PRSYR                                   | 3    | S                                   |
| <b>TRAMADOL COMBINATIONS</b>  |      |                                     |
| <i>tramadol-acetaminophen tab 37.5-325 mg</i>                       | 1    | QL 120 / 30 DAYS                    |
| <b>ANDROGENS-ANABOLIC ANABOLIC STEROIDS</b>                         |      |                                     |
| ANADROL-50 50 MG TAB  | 4    | PA<br>S                             |

| PRODUCT DESCRIPTION                                   | TIER | LIMITS & RESTRICTIONS   |
|---|------|-------------------------|
| OXANDROLONE 2.5 MG TAB                                | 1    | PA                      |
| <i>oxandrolone tab 2.5 mg</i>                         | 1    | PA                      |
| <b>ANDROGENS</b>                                      |      |                         |
| <i>danazol cap 100 mg</i>                             | 2    |                         |
| <i>danazol cap 200 mg</i>                             | 2    |                         |
| <i>danazol cap 50 mg</i>                              | 2    |                         |
| <i>testosterone cypionate im inj in oil 100 mg/ml</i> | 1    |                         |
| METHITEST 10 MG TAB                                   | 2    | PA                      |
| <i>methyltestosterone cap 10 mg</i>                   | 2    | PA                      |
| <i>testosterone td gel 20.25 mg/act (1.62%)</i>       | 1    | QL 150 / 30 DAYS        |
| TESTOSTERONE 12.5 MG/ACT (1%) GEL                     | 1    |                         |
| <i>testosterone td gel 12.5 mg/act (1%)</i>           | 1    |                         |
| <i>testosterone td gel 20.25 mg/act (1.62%)</i>       | 1    | QL 150 / 30 DAYS        |
| <i>testosterone td soln 30 mg/act</i>                 | 1    | QL 180 / 30 DAYS        |
| <i>testosterone cypionate im inj in oil 100 mg/ml</i> | 1    |                         |
| TESTOSTERONE CYPIONATE 200 MG/ML SOLUTION             | 1    |                         |
| <i>testosterone cypionate im inj in oil 200 mg/ml</i> | 2    |                         |
| TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION             | 1    |                         |
| <i>testosterone enanthate im inj in oil 200 mg/ml</i> | 1    |                         |
| <b>ANORECTAL AND RELATED PRODUCTS</b>                 |      |                         |
| <b>INTRARECTAL STEROIDS</b>                           |      |                         |
| <i>budesonide rectal foam 2 mg/act</i>                | 2    | QL 133.6 / 30 day(s)    |
| <i>hydrocortisone enema 100 mg/60ml</i>               | 1    |                         |
| <i>hydrocortisone enema 100 mg/60ml</i>               | 1    |                         |
| UCERIS 2 MG/ACT FOAM                                  | 3    | QL 133.6 / 30 day(s)    |
| <b>NITRATE VASODILATING AGENTS</b>                    |      |                         |
| RECTIV 0.4 % OINTMENT                                 | 3    | QL 30 / 30 day(s)<br>PA |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS                                    |
|---|------|--|
| <b>RECTAL ANESTHETIC/STEROIDS</b>                             |      |  |
| <i>lidocaine-hydrocortisone acetate perianal cream 3-0.5%</i> | 1    |  |
| <i>lidocaine-hydrocortisone acetate perianal cream 3-0.5%</i> | 1    |  |
| <b>RECTAL STEROIDS</b>  |      |  |
| <i>hydrocortisone acetate suppos 25 mg</i>                    | 1    |  |
| <i>hydrocortisone acetate suppos 25 mg</i>                    | 1    |  |
| <i>hydrocortisone acetate suppos 25 mg</i>                    | 1    |  |
| <i>hydrocortisone acetate suppos 30 mg</i>                    | 1    |  |
| <i>hydrocortisone perianal cream 2.5%</i>                     | 1    |  |
| <i>hydrocortisone acetate suppos 25 mg</i>                    | 1    |  |
| <i>hydrocortisone acetate suppos 30 mg</i>                    | 1    |  |
| <i>hydrocortisone perianal cream 2.5%</i>                     | 1    |  |
| <i>hydrocortisone perianal cream 2.5%</i>                     | 1    |  |
| <i>hydrocortisone perianal cream 2.5%</i>                     | 1    |  |
| <b>ANTHELMINTICS</b>  |      |  |
| <i>albendazole tab 200 mg</i>                                 | 2    | QL 4 / 30 day(s)   |
| EMVERM 100 MG CHEW TAB  | 3    | QL 6 / 3 DAYS<br>PA                                      |
| <i>ivermectin tab 3 mg</i>                                    | 1    | QL 6 / 1 day(s)<br>MFL 1 / 365 day(s)<br>MD 2 / 1 day(s) |
| <i>praziquantel tab 600 mg</i>                                | 2    |  |
| <b>ANTI-INFECTIVE AGENTS - MISC.</b>                          |      |  |
| <i>metronidazole tab 250 mg</i>                               | 1    |  |
| <i>metronidazole cap 375 mg</i>                               | 1    |  |
| <i>metronidazole tab 500 mg</i>                               | 1    |  |
| <i>pentamidine isethionate for nebulization soln 300 mg</i>   | 1    |  |
| PRIMSOL 50 MG/5ML SOLUTION                                    | 2    | AL1 Up to 8 yrs old                                      |
| <i>tinidazole tab 500 mg</i>                                  | 1    |  |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS   |
|--|------|-------------------------|
| <i>trimethoprim tab 100 mg</i>                                 | 1    |                         |
| XIFAXAN 200 MG TAB   | 3    | QL 9 / 30 DAYS<br>PA    |
| XIFAXAN 550 MG TAB   | 3    | QL 90 / 30 DAYS<br>PA   |
| <b>ANTI-INFECTIVE MISC. - COMBINATIONS</b>                     |      |                         |
| <i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>        | 1    |                         |
| <i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>             | 1    |                         |
| <i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>     | 1    |                         |
| <i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>            | 1    |                         |
| <i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>        | 1    |                         |
| <b>ANTIPROTOZOAL AGENTS</b>                                    |      |                         |
| ALINIA 100 MG/5ML RECON SUSP                                   | 3    | PA                      |
| <i>atovaquone susp 750 mg/5ml</i>                              | 2    |                         |
| LAMPIT 120 MG TAB  | 3    |                         |
| LAMPIT 30 MG TAB   | 3    |                         |
| <i>nitazoxanide tab 500 mg</i>                                 | 2    | QL 20 / 10 day(s)<br>PA |
| <b>CARBAPENEM COMBINATIONS</b>                                 |      |                         |
| <i>imipenem-cilastatin intravenous for soln 250 mg</i>         | 1    | PA                      |
| <b>GLYCOPEPTIDES</b>   |      |                         |
| FIRVANQ 25 MG/ML RECON SOLN                                    | 1    | AL1 0 to 8 yrs old      |
| FIRVANQ 50 MG/ML RECON SOLN                                    | 3    | AL1 0 to 8 yrs old      |
| <i>vancomycin hcl cap 125 mg (base equivalent)</i>             | 2    | QL 56 / 14 DAYS         |
| <i>vancomycin hcl for oral soln 25 mg/ml (base equivalent)</i> | 2    | AL1 0 to 8 yrs old      |
| <i>vancomycin hcl cap 250 mg (base equivalent)</i>             | 2    | QL 56 / 14 DAYS         |
| <i>vancomycin hcl for oral soln 50 mg/ml (base equivalent)</i> | 2    | AL1 0 to 8 yrs old      |



| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>vancomycin hcl for oral soln 50 mg/ml (base equivalent)</i>   | 2    | AL1 0 to 8 yrs old    |
| <b>LEPROSTATICS</b>  |      |                       |
| <i>dapsone tab 100 mg</i>  | 1    |                       |
| <i>dapsone tab 25 mg</i>   | 1    |                       |
| <b>LINCOSAMIDES</b>  |      |                       |
| <i>clindamycin hcl cap 150 mg</i>                                | 1    |                       |
| <i>clindamycin hcl cap 300 mg</i>                                | 1    |                       |
| <i>clindamycin hcl cap 75 mg</i>                                 | 1    |                       |
| <i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i> | 1    |                       |
| <b>MONOBACTAMS</b>   |      |                       |
| CAYSTON 75 MG RECON SOLN   | 4    | PA<br>S               |
| <b>OXAZOLIDINONES</b>  |      |                       |
| <i>linezolid tab 600 mg</i>                                      | 1    | QL 56 / 28 DAYS       |
| <b>URINARY ANTI-INFECTIVES</b>                                   |      |                       |
| <i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>  | 2    |                       |
| <i>methenamine hippurate tab 1 gm</i>                            | 1    |                       |
| <i>nitrofurantoin susp 25 mg/5ml</i>                             | 1    | AL1 Up to 8 yrs old   |
| <i>nitrofurantoin macrocrystalline cap 100 mg</i>                | 1    |                       |
| <i>nitrofurantoin macrocrystalline cap 25 mg</i>                 | 1    |                       |
| <i>nitrofurantoin macrocrystalline cap 50 mg</i>                 | 1    |                       |
| <i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>    | 1    |                       |
| <b>ANTIANGINAL AGENTS</b>  |      |                       |
| <b>ANTIANGINALS-OTHER</b>  |      |                       |
| <i>ranolazine tab er 12hr 1000 mg</i>                            | 1    | QL 60 / 30 DAYS       |
| <i>ranolazine tab er 12hr 500 mg</i>                             | 1    | QL 60 / 30 DAYS       |

| PRODUCT DESCRIPTION                              | TIER | LIMITS & RESTRICTIONS                        |
|--|------|--|
| <b>NITRATES</b>                                  |      |  |
| DILATRATE-SR 40 MG CAP ER                        | 3    | PA   |
| <i>isosorbide dinitrate tab 10 mg</i>            | 1    | VAL Value Preventive List                    |
| <i>isosorbide dinitrate tab 20 mg</i>            | 1    | VAL Value Preventive List                    |
| <i>isosorbide dinitrate tab 30 mg</i>            | 1    | VAL Value Preventive List                    |
| <i>isosorbide dinitrate tab 5 mg</i>             | 1    | VAL Value Preventive List                    |
| ISOSORBIDE DINITRATE ER 40 MG TAB ER             | 1    | VAL Value Preventive List                    |
| ISOSORBIDE MONONITRATE 10 MG TAB                 | 1    | VAL Value Preventive List                    |
| <i>isosorbide mononitrate tab 10 mg</i>          | 1    | VAL Value Preventive List                    |
| ISOSORBIDE MONONITRATE 20 MG TAB                 | 1    | VAL Value Preventive List                    |
| <i>isosorbide mononitrate tab 20 mg</i>          | 1    | VAL Value Preventive List                    |
| <i>isosorbide mononitrate tab er 24hr 120 mg</i> | 1    | VAL Value Preventive List                    |
| <i>isosorbide mononitrate tab er 24hr 30 mg</i>  | 1    | VAL Value Preventive List                    |
| <i>isosorbide mononitrate tab er 24hr 60 mg</i>  | 1    | VAL Value Preventive List                    |
| <i>nitroglycerin td patch 24hr 0.1 mg/hr</i>     | 1    | VAL Value Preventive List                    |
| <i>nitroglycerin td patch 24hr 0.2 mg/hr</i>     | 1    | VAL Value Preventive List                    |
| <i>nitroglycerin td patch 24hr 0.4 mg/hr</i>     | 1    | VAL Value Preventive List                    |
| <i>nitroglycerin td patch 24hr 0.6 mg/hr</i>     | 1    | VAL Value Preventive List                    |
| NITRO-BID 2 % OINTMENT                           | 2    |  |
| <i>nitroglycerin td patch 24hr 0.1 mg/hr</i>     | 1    | VAL Value Preventive List                    |
| <i>nitroglycerin td patch 24hr 0.2 mg/hr</i>     | 1    | VAL Value Preventive List                    |
| <i>nitroglycerin sl tab 0.3 mg</i>               | 1    | VAL Value Preventive List                    |
| <i>nitroglycerin sl tab 0.4 mg</i>               | 1    | QL 30 / 30 DAYS<br>VAL Value Preventive List |
| <i>nitroglycerin td patch 24hr 0.4 mg/hr</i>     | 1    | VAL Value Preventive List                    |

| PRODUCT DESCRIPTION                                       | TIER | LIMITS & RESTRICTIONS                        |
|---|------|--|
| <i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i> | 1    | VAL Value Preventive List                    |
| <i>nitroglycerin sl tab 0.6 mg</i>                        | 1    | QL 30 / 30 DAYS<br>VAL Value Preventive List |
| <i>nitroglycerin td patch 24hr 0.6 mg/hr</i>              | 1    | VAL Value Preventive List                    |
| <i>nitroglycerin cap er 2.5 mg</i>                        | 1    | VAL Value Preventive List                    |
| <b>ANTIANSXIETY AGENTS</b>                                |      |  |
| <b>ANTIANSXIETY AGENTS - MISC.</b>                        |      |  |
| <i>bupirone hcl tab 10 mg</i>                             | 1    |  |
| <i>bupirone hcl tab 15 mg</i>                             | 1    |  |
| <i>bupirone hcl tab 30 mg</i>                             | 1    |  |
| <i>bupirone hcl tab 5 mg</i>                              | 1    |  |
| <i>bupirone hcl tab 7.5 mg</i>                            | 1    |  |
| <i>hydroxyzine hcl tab 10 mg</i>                          | 1    |  |
| <i>hydroxyzine hcl syrup 10 mg/5ml</i>                    | 1    |  |
| <i>hydroxyzine hcl tab 25 mg</i>                          | 1    |  |
| <i>hydroxyzine hcl tab 50 mg</i>                          | 1    |  |
| HYDROXYZINE PAMOATE 100 MG CAP                            | 1    |  |
| <i>hydroxyzine pamoate cap 25 mg</i>                      | 1    |  |
| <i>hydroxyzine pamoate cap 50 mg</i>                      | 1    |  |
| <i>meprobamate tab 200 mg</i>                             | 2    |  |
| <i>meprobamate tab 400 mg</i>                             | 2    |  |
| <b>BENZODIAZEPINES</b>                                    |      |  |
| <i>alprazolam tab 0.25 mg</i>                             | 1    | QL 90 / 30 DAYS                              |
| <i>alprazolam orally disintegrating tab 0.25 mg</i>       | 1    | QL 90 / 30 DAYS                              |
| <i>alprazolam tab 0.5 mg</i>                              | 1    | QL 5 / 1 day(s)                              |
| <i>alprazolam orally disintegrating tab 0.5 mg</i>        | 1    | QL 90 / 30 DAYS                              |
| <i>alprazolam tab 1 mg</i>                                | 1    | QL 5 / 1 day(s)                              |

| PRODUCT DESCRIPTION                              | TIER | LIMITS & RESTRICTIONS                     |
|--|------|---|
| <i>alprazolam orally disintegrating tab 1 mg</i> | 1    | QL 90 / 30 DAYS                           |
| <i>alprazolam tab 2 mg</i>                       | 1    | QL 90 / 30 DAYS                           |
| <i>alprazolam orally disintegrating tab 2 mg</i> | 1    | QL 90 / 30 DAYS                           |
| <i>alprazolam tab er 24hr 0.5 mg</i>             | 1    | QL 90 / 30 DAYS                           |
| <i>alprazolam tab er 24hr 1 mg</i>               | 1    | QL 90 / 30 DAYS                           |
| <i>alprazolam tab er 24hr 2 mg</i>               | 1    | QL 90 / 30 DAYS                           |
| <i>alprazolam tab er 24hr 3 mg</i>               | 1    | QL 90 / 30 DAYS                           |
| ALPRAZOLAM INTENSOL 1 MG/ML CONC                 | 2    | AL1 Up to 8 yrs old                       |
| <i>alprazolam tab er 24hr 0.5 mg</i>             | 1    | QL 90 / 30 DAYS                           |
| <i>alprazolam tab er 24hr 1 mg</i>               | 1    | QL 90 / 30 DAYS                           |
| <i>alprazolam tab er 24hr 2 mg</i>               | 1    | QL 90 / 30 DAYS                           |
| <i>alprazolam tab er 24hr 3 mg</i>               | 1    | QL 90 / 30 DAYS                           |
| <i>chlordiazepoxide hcl cap 10 mg</i>            | 1    |   |
| <i>chlordiazepoxide hcl cap 25 mg</i>            | 1    |   |
| <i>chlordiazepoxide hcl cap 5 mg</i>             | 1    |   |
| <i>clorazepate dipotassium tab 15 mg</i>         | 1    |   |
| <i>clorazepate dipotassium tab 3.75 mg</i>       | 1    |   |
| <i>clorazepate dipotassium tab 7.5 mg</i>        | 1    |   |
| <i>diazepam tab 10 mg</i>                        | 1    | QL 60 / 30 DAYS                           |
| <i>diazepam tab 2 mg</i>                         | 1    | QL 60 / 30 DAYS                           |
| <i>diazepam tab 5 mg</i>                         | 1    | QL 60 / 30 DAYS                           |
| <i>diazepam oral soln 1 mg/ml</i>                | 1    | QL 500 / 30 day(s)<br>AL1 Up to 8 yrs old |
| <i>diazepam conc 5 mg/ml</i>                     | 1    | QL 90 / 30 DAYS<br>AL1 Up to 8 yrs old    |

| PRODUCT DESCRIPTION                      | TIER | LIMITS & RESTRICTIONS  |
|--|------|--|
| <i>diazepam conc 5 mg/ml</i>             | 1    | <span>QL</span> 90 / 30 DAYS<br><span>AL1</span> Up to 8 yrs old |
| <i>lorazepam tab 0.5 mg</i>              | 1    | <span>QL</span> 5 / 1 day(s)                                     |
| <i>lorazepam tab 1 mg</i>                | 1    | <span>QL</span> 5 / 1 day(s)                                     |
| <i>lorazepam tab 2 mg</i>                | 1    | <span>QL</span> 90 / 30 DAYS                                     |
| <i>lorazepam conc 2 mg/ml</i>            | 1    |  |
| <i>lorazepam conc 2 mg/ml</i>            | 1    |  |
| <i>oxazepam cap 10 mg</i>                | 1    | <span>QL</span> 90 / 30 day(s)                                   |
| <i>oxazepam cap 15 mg</i>                | 1    | <span>QL</span> 90 / 30 day(s)                                   |
| <i>oxazepam cap 30 mg</i>                | 1    | <span>QL</span> 90 / 30 day(s)                                   |
| <b>ANTIARRHYTHMICS</b>                   |      |  |
| <b>ANTIARRHYTHMICS TYPE I-A</b>          |      |  |
| <i>disopyramide phosphate cap 100 mg</i> | 1    | <span>VAL</span> Value Preventive List                           |
| <i>disopyramide phosphate cap 150 mg</i> | 1    | <span>VAL</span> Value Preventive List                           |
| NORPACE CR 100 MG CAP ER 12H             | 3    |  |
| NORPACE CR 150 MG CAP ER 12H             | 3    |  |
| <i>quinidine gluconate tab er 324 mg</i> | 1    | <span>VAL</span> Value Preventive List                           |
| QUINIDINE SULFATE 200 MG TAB             | 1    | <span>VAL</span> Value Preventive List                           |
| <i>quinidine sulfate tab 200 mg</i>      | 1    | <span>VAL</span> Value Preventive List                           |
| QUINIDINE SULFATE 300 MG TAB             | 1    | <span>VAL</span> Value Preventive List                           |
| <i>quinidine sulfate tab 300 mg</i>      | 1    | <span>VAL</span> Value Preventive List                           |
| <b>ANTIARRHYTHMICS TYPE I-B</b>          |      |  |
| <i>mexiletine hcl cap 150 mg</i>         | 1    |  |
| <i>mexiletine hcl cap 200 mg</i>         | 1    |  |
| <i>mexiletine hcl cap 250 mg</i>         | 1    |  |

| PRODUCT DESCRIPTION                            | TIER | LIMITS & RESTRICTIONS     |
|--|------|---------------------------|
| <b>ANTIARRHYTHMICS TYPE I-C</b>                |      |                           |
| <i>flecainide acetate tab 100 mg</i>           | 1    | VAL Value Preventive List |
| <i>flecainide acetate tab 150 mg</i>           | 1    | VAL Value Preventive List |
| <i>flecainide acetate tab 50 mg</i>            | 1    | VAL Value Preventive List |
| <i>propafenone hcl tab 150 mg</i>              | 1    | VAL Value Preventive List |
| <i>propafenone hcl tab 225 mg</i>              | 1    | VAL Value Preventive List |
| <i>propafenone hcl tab 300 mg</i>              | 1    | VAL Value Preventive List |
| <i>propafenone hcl cap er 12hr 225 mg</i>      | 1    | VAL Value Preventive List |
| <i>propafenone hcl cap er 12hr 325 mg</i>      | 1    | VAL Value Preventive List |
| <i>propafenone hcl cap er 12hr 425 mg</i>      | 1    | VAL Value Preventive List |
| <b>ANTIARRHYTHMICS TYPE III</b>                |      |                           |
| <i>amiodarone hcl tab 100 mg</i>               | 1    | VAL Value Preventive List |
| <i>amiodarone hcl tab 200 mg</i>               | 1    | VAL Value Preventive List |
| <i>amiodarone hcl tab 400 mg</i>               | 1    | VAL Value Preventive List |
| <i>dofetilide cap 125 mcg (0.125 mg)</i>       | 2    |                           |
| <i>dofetilide cap 250 mcg (0.25 mg)</i>        | 2    |                           |
| <i>dofetilide cap 500 mcg (0.5 mg)</i>         | 2    |                           |
| MULTAQ 400 MG TAB                              | 3    | QL 60 / 30 DAYS           |
| <i>amiodarone hcl tab 100 mg</i>               | 1    | VAL Value Preventive List |
| <i>amiodarone hcl tab 200 mg</i>               | 1    | VAL Value Preventive List |
| <i>amiodarone hcl tab 400 mg</i>               | 1    | VAL Value Preventive List |
| <b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b> |      |                           |
| <b>5-LIPOXYGENASE INHIBITORS</b>               |      |                           |
| <i>zileuton tab er 12hr 600 mg</i>             | 4    | PA                        |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS  |
|--|------|--|
| <b>ADRENERGIC COMBINATIONS</b>                             |      |  |
| ANORO ELLIPTA 62.5-25 MCG/ACT AER POW BA                   | 2    | <span>QL</span> 60 / 30 DAYS<br><span>VAL</span> Value Preventive List   |
| BREO ELLIPTA 100-25 MCG/ACT AER POW BA                     | 3    | <span>QL</span> 60 / 30 DAYS<br><span>ST</span>                          |
| BREO ELLIPTA 200-25 MCG/ACT AER POW BA                     | 3    | <span>QL</span> 60 / 30 DAYS<br><span>ST</span>                          |
| BREO ELLIPTA 50-25 MCG/INH AER POW BA                      | 3    | <span>QL</span> 60 / 30 day(s)<br><span>ST</span>                        |
| BREZTRI AEROSPHERE 160-9-4.8 MCG/ACT AEROSOL               | 3    | <span>PA</span>  |
| COMBIVENT RESPIMAT 20-100 MCG/ACT AERO SOLN                | 2    | <span>QL</span> 4 / 30 DAYS<br><span>VAL</span> Value Preventive List    |
| DULERA 100-5 MCG/ACT AEROSOL                               | 2    | <span>QL</span> 13 / 30 day(s)<br><span>VAL</span> Value Preventive List |
| DULERA 200-5 MCG/ACT AEROSOL                               | 2    | <span>QL</span> 13 / 30 day(s)<br><span>VAL</span> Value Preventive List |
| DULERA 50-5 MCG/ACT AEROSOL                                | 2    | <span>QL</span> 13 / 30 day(s)<br><span>VAL</span> Value Preventive List |
| <i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i> | 2    | <span>QL</span> 60 / 30 day(s)<br><span>VAL</span> Value Preventive List |
| FLUTICASONE-SALMETEROL 113-14 MCG/ACT AER POW BA           | 1    | <span>QL</span> 1 / 30 DAYS<br><span>VAL</span> Value Preventive List    |
| FLUTICASONE-SALMETEROL 232-14 MCG/ACT AER POW BA           | 1    | <span>QL</span> 1 / 30 DAYS<br><span>VAL</span> Value Preventive List    |
| <i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i> | 2    | <span>QL</span> 60 / 30 day(s)<br><span>VAL</span> Value Preventive List |
| <i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i> | 2    | <span>QL</span> 60 / 30 day(s)<br><span>VAL</span> Value Preventive List |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS   |
|--|------|---|
| FLUTICASONE-SALMETEROL 55-14 MCG/ACT AER POW BA            | 1    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #9900cc; color: white; padding: 2px;">QL</div> <div>1 / 30 DAYS</div> <div style="background-color: #00cc66; color: white; padding: 2px;">VAL</div> <div>Value Preventive List</div> </div>    |
| <i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>   | 1    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #00cc66; color: white; padding: 2px;">VAL</div> <div>Value Preventive List</div> </div>  |
| STIOLTO RESPIMAT 2.5-2.5 MCG/ACT AERO SOLN                 | 2    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #9900cc; color: white; padding: 2px;">QL</div> <div>4 / 30 day(s)</div> <div style="background-color: #00cc66; color: white; padding: 2px;">VAL</div> <div>Value Preventive List</div> </div>  |
| SYMBICORT 160-4.5 MCG/ACT AEROSOL                          | 2    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #9900cc; color: white; padding: 2px;">QL</div> <div>6 / 30 DAYS</div> <div style="background-color: #00cc66; color: white; padding: 2px;">VAL</div> <div>Value Preventive List</div> </div>    |
| SYMBICORT 80-4.5 MCG/ACT AEROSOL                           | 2    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #9900cc; color: white; padding: 2px;">QL</div> <div>6.9 / 30 DAYS</div> <div style="background-color: #00cc66; color: white; padding: 2px;">VAL</div> <div>Value Preventive List</div> </div>  |
| TRELEGY ELLIPTA 100-62.5-25 MCG/ACT AER POW BA             | 2    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #9900cc; color: white; padding: 2px;">QL</div> <div>2 / 1 day(s)</div> <div style="background-color: #00cc66; color: white; padding: 2px;">VAL</div> <div>Value Preventive List</div> </div>   |
| TRELEGY ELLIPTA 200-62.5-25 MCG/ACT AER POW BA             | 2    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #9900cc; color: white; padding: 2px;">QL</div> <div>2 / 1 day(s)</div> <div style="background-color: #00cc66; color: white; padding: 2px;">VAL</div> <div>Value Preventive List</div> </div>   |
| <i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i> | 2    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #9900cc; color: white; padding: 2px;">QL</div> <div>60 / 30 day(s)</div> <div style="background-color: #00cc66; color: white; padding: 2px;">VAL</div> <div>Value Preventive List</div> </div> |
| <i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i> | 2    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #9900cc; color: white; padding: 2px;">QL</div> <div>60 / 30 day(s)</div> <div style="background-color: #00cc66; color: white; padding: 2px;">VAL</div> <div>Value Preventive List</div> </div> |
| <i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i> | 2    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #9900cc; color: white; padding: 2px;">QL</div> <div>60 / 30 day(s)</div> <div style="background-color: #00cc66; color: white; padding: 2px;">VAL</div> <div>Value Preventive List</div> </div> |
| <b>ANTI-IGE MONOCLONAL ANTIBODIES</b>                      |      |   |
| XOLAIR 150 MG RECON SOLN                                   | 4    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #990033; color: white; padding: 2px;">PA</div> <div style="background-color: #990033; color: white; padding: 2px;">S</div> </div>  |
| XOLAIR 150 MG/ML SOLN PRSYR                                | 4    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #990033; color: white; padding: 2px;">PA</div> <div style="background-color: #990033; color: white; padding: 2px;">S</div> </div>  |
| XOLAIR 75 MG/0.5ML SOLN PRSYR                              | 4    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #990033; color: white; padding: 2px;">PA</div> <div style="background-color: #990033; color: white; padding: 2px;">S</div> </div>  |
| <b>ANTI-INFLAMMATORY AGENTS</b>                            |      |   |
| <i>cromolyn sodium soln nebu 20 mg/2ml</i>                 | 1    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #9900cc; color: white; padding: 2px;">QL</div> <div>240 / 30 DAYS</div> <div style="background-color: #00cc66; color: white; padding: 2px;">VAL</div> <div>Value Preventive List</div> </div>  |



| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS   |
|--|------|---|
| <b>BETA ADRENERGICS</b>  |      |   |
| <i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>             | 1    | <span>QL</span> 360 / 30 DAYS<br><span>VAL</span> Value Preventive List   |
| ALBUTEROL SULFATE (5 MG/ML) 0.5% NEBU SOLN                         | 1    | <span>VAL</span> Value Preventive List                                    |
| <i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>                  | 1    | <span>VAL</span> Value Preventive List                                    |
| <i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>        | 1    | <span>QL</span> 360 / 30 DAYS<br><span>VAL</span> Value Preventive List   |
| <i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>        | 1    | <span>QL</span> 360 / 30 DAYS<br><span>VAL</span> Value Preventive List   |
| <i>albuterol sulfate tab 2 mg</i>                                  | 1    | <span>VAL</span> Value Preventive List                                    |
| <i>albuterol sulfate syrup 2 mg/5ml</i>                            | 1    | <span>VAL</span> Value Preventive List                                    |
| ALBUTEROL SULFATE 2.5 MG/0.5ML NEBU SOLN                           | 1    | <span>VAL</span> Value Preventive List                                    |
| <i>albuterol sulfate tab 4 mg</i>                                  | 1    | <span>VAL</span> Value Preventive List                                    |
| ALBUTEROL SULFATE ER 4 MG TAB ER 12H                               | 1    | <span>VAL</span> Value Preventive List                                    |
| ALBUTEROL SULFATE ER 8 MG TAB ER 12H                               | 1    | <span>VAL</span> Value Preventive List                                    |
| <i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i> | 1    | <span>QL</span> 18 / 15 DAYS<br><span>VAL</span> Value Preventive List    |
| ALBUTEROL SULFATE HFA 108 (90 BASE) MCG/ACT AERO SOLN              | 1    | <span>QL</span> 18 / 15 DAYS<br><span>VAL</span> Value Preventive List    |
| ARCAPTA NEOHALER 75 MCG CAP  | 3    | <span>QL</span> 30 / 30 DAYS  |
| <i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>         | 1    | <span>QL</span> 270 / 30 DAYS<br><span>VAL</span> Value Preventive List   |
| <i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>         | 1    | <span>QL</span> 270 / 30 day(s)<br><span>VAL</span> Value Preventive List |
| <i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>  | 1    | <span>VAL</span> Value Preventive List                                    |
| <i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>         | 1    | <span>QL</span> 270 / 30 DAYS<br><span>VAL</span> Value Preventive List   |

| PRODUCT DESCRIPTION                           | TIER | LIMITS & RESTRICTIONS  |
|---|------|--|
| LEVALBUTEROL TARTRATE 45 MCG/ACT AEROSOL      | 1    | <span>QL</span> 30 / 30 DAYS<br><span>VAL</span> Value Preventive List   |
| SEREVENT DISKUS 50 MCG/ACT AER POW BA         | 2    | <span>QL</span> 60 / 30 DAYS<br><span>VAL</span> Value Preventive List   |
| STRIVERDI RESPIMAT 2.5 MCG/ACT AERO SOLN      | 3    | <span>QL</span> 4 / 30 DAYS  |
| <i>terbutaline sulfate tab 2.5 mg</i>         | 1    | <span>VAL</span> Value Preventive List                                   |
| <i>terbutaline sulfate tab 5 mg</i>           | 1    | <span>VAL</span> Value Preventive List                                   |
| <b>BRONCHODILATORS - ANTICHOLINERGICS</b>     |      |  |
| ATROVENT HFA 17 MCG/ACT AERO SOLN             | 2    | <span>QL</span> 25.8 / 28 DAYS<br><span>VAL</span> Value Preventive List |
| INCRUSE ELLIPTA 62.5 MCG/ACT AER POW BA       | 2    | <span>QL</span> 30 / 30 DAYS<br><span>VAL</span> Value Preventive List   |
| <i>ipratropium bromide inhal soln 0.02%</i>   | 1    | <span>VAL</span> Value Preventive List                                   |
| SPIRIVA HANDIHALER 18 MCG CAP                 | 2    | <span>QL</span> 30 / 30 day(s)<br><span>VAL</span> Value Preventive List |
| SPIRIVA RESPIMAT 1.25 MCG/ACT AERO SOLN       | 2    | <span>QL</span> 4 / 30 DAYS<br><span>VAL</span> Value Preventive List    |
| SPIRIVA RESPIMAT 2.5 MCG/ACT AERO SOLN        | 2    | <span>QL</span> 4 / 30 DAYS<br><span>VAL</span> Value Preventive List    |
| YUPELRI 175 MCG/3ML SOLUTION                  | 3    | <span>QL</span> 90 / 30 DAYS<br><span>PA</span>                          |
| <b>INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)</b> |      |  |
| FASENRA 30 MG/ML SOLN PRSYR                   | 4    | <span>PA</span><br><span>S</span>  |
| FASENRA PEN 30 MG/ML SOLN A-INJ               | 4    | <span>PA</span><br><span>S</span>  |
| NUCALA 100 MG RECON SOLN                      | 4    | <span>PA</span><br><span>S</span>  |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS   |
|--|------|---|
| NUCALA 100 MG/ML SOLN A-INJ                                      | 4    | PA<br>S   |
| NUCALA 100 MG/ML SOLN PRSYR                                      | 4    | PA<br>S   |
| NUCALA 40 MG/0.4ML SOLN PRSYR                                    | 4    | PA<br>S   |
| <b>LEUKOTRIENE RECEPTOR ANTAGONISTS</b>                          |      |   |
| <i>montelukast sodium tab 10 mg (base equiv)</i>                 | 1    | QL 30 / 30 DAYS<br>VAL Value Preventive List                        |
| <i>montelukast sodium chew tab 4 mg (base equiv)</i>             | 1    | QL 30 / 30 DAYS<br>VAL Value Preventive List                        |
| <i>montelukast sodium oral granules packet 4 mg (base equiv)</i> | 1    | QL 30 / 30 DAYS<br>AL1 Up to 4 yrs old<br>VAL Value Preventive List |
| <i>montelukast sodium chew tab 5 mg (base equiv)</i>             | 1    | QL 30 / 30 DAYS<br>VAL Value Preventive List                        |
| <i>zafirlukast tab 10 mg</i>                                     | 1    | QL 60 / 30 DAYS<br>VAL Value Preventive List                        |
| <i>zafirlukast tab 20 mg</i>                                     | 1    | QL 60 / 30 DAYS<br>VAL Value Preventive List                        |
| <b>SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>           |      |   |
| <i>roflumilast tab 250 mcg</i>                                   | 1    |   |
| <i>roflumilast tab 500 mcg</i>                                   | 1    |   |
| <b>STEROID INHALANTS</b>   |      |   |
| ARNUIITY ELLIPTA 100 MCG/ACT AER POW BA                          | 2    | QL 1 / 1 day(s)<br>VAL Value Preventive List                        |
| ARNUIITY ELLIPTA 200 MCG/ACT AER POW BA                          | 2    | QL 1 / 1 day(s)<br>VAL Value Preventive List                        |
| ARNUIITY ELLIPTA 50 MCG/ACT AER POW BA                           | 2    | QL 1 / 1 day(s)<br>VAL Value Preventive List                        |

| PRODUCT DESCRIPTION                                | TIER | LIMITS & RESTRICTIONS                         |
|--|------|---|
| ASMANEX (120 METERED DOSES) 220 MCG/ACT AER POW BA | 3    | QL 1 / 30 day(s)<br>ST                        |
| ASMANEX (14 METERED DOSES) 220 MCG/ACT AER POW BA  | 3    | QL 1 / 30 day(s)<br>ST                        |
| ASMANEX (30 METERED DOSES) 110 MCG/ACT AER POW BA  | 3    | QL 1 / 30 day(s)<br>ST                        |
| ASMANEX (30 METERED DOSES) 220 MCG/ACT AER POW BA  | 3    | QL 1 / 30 day(s)<br>ST                        |
| ASMANEX (60 METERED DOSES) 220 MCG/ACT AER POW BA  | 3    | QL 1 / 30 day(s)<br>ST                        |
| ASMANEX (7 METERED DOSES) 110 MCG/ACT AER POW BA   | 3    | QL 1 / 30 day(s)<br>ST                        |
| ASMANEX HFA 100 MCG/ACT AEROSOL                    | 3    | QL 13 / 30 day(s)<br>ST                       |
| ASMANEX HFA 200 MCG/ACT AEROSOL                    | 3    | QL 13 / 30 day(s)<br>ST                       |
| ASMANEX HFA 50 MCG/ACT AEROSOL                     | 3    | QL 13 / 30 day(s)<br>ST                       |
| <i>budesonide inhalation susp 0.25 mg/2ml</i>      | 1    | QL 120 / 30 DAYS<br>VAL Value Preventive List |
| <i>budesonide inhalation susp 0.5 mg/2ml</i>       | 1    | QL 120 / 30 DAYS<br>VAL Value Preventive List |
| <i>budesonide inhalation susp 1 mg/2ml</i>         | 1    | VAL Value Preventive List                     |
| FLOVENT DISKUS 100 MCG/ACT AER POW BA              | 2    | QL 60 / 30 DAYS<br>VAL Value Preventive List  |
| FLOVENT DISKUS 250 MCG/ACT AER POW BA              | 2    | QL 60 / 30 DAYS<br>VAL Value Preventive List  |
| FLOVENT DISKUS 50 MCG/ACT AER POW BA               | 2    | QL 60 / 30 DAYS<br>VAL Value Preventive List  |

| PRODUCT DESCRIPTION                                    | TIER | LIMITS & RESTRICTIONS   |
|--|------|---|
| FLOVENT HFA 110 MCG/ACT AEROSOL                        | 2    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <span style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 12 / 30 DAYS         </div> <div style="display: flex; align-items: center;"> <span style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">VAL</span> Value Preventive List         </div> </div>     |
| FLOVENT HFA 220 MCG/ACT AEROSOL                        | 2    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <span style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 12 / 30 DAYS         </div> <div style="display: flex; align-items: center;"> <span style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">VAL</span> Value Preventive List         </div> </div>     |
| FLOVENT HFA 44 MCG/ACT AEROSOL                         | 2    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <span style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 10.6 / 30 DAYS         </div> <div style="display: flex; align-items: center;"> <span style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">VAL</span> Value Preventive List         </div> </div>   |
| PULMICORT FLEXHALER 180 MCG/ACT AER POW BA             | 2    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <span style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 2 / 30 DAYS         </div> <div style="display: flex; align-items: center;"> <span style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">VAL</span> Value Preventive List         </div> </div>      |
| PULMICORT FLEXHALER 90 MCG/ACT AER POW BA              | 2    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <span style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 2 / 30 DAYS         </div> <div style="display: flex; align-items: center;"> <span style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">VAL</span> Value Preventive List         </div> </div>      |
| QVAR REDHALER 40 MCG/ACT AERO BA                       | 2    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <span style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 10.6 / 30 DAYS         </div> <div style="display: flex; align-items: center;"> <span style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">VAL</span> Value Preventive List         </div> </div>   |
| QVAR REDHALER 80 MCG/ACT AERO BA                       | 2    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <span style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 10.6 / 30 DAYS         </div> <div style="display: flex; align-items: center;"> <span style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">VAL</span> Value Preventive List         </div> </div>   |
| <b>THYMIC STROMAL LYMPHOPOIETIN (TSLP) ANTAGONISTS</b> |      |   |
| TEZSPIRE 210 MG/1.91ML SOLN A-INJ                      | 4    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <span style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">PA</span> </div> <div style="display: flex; align-items: center;"> <span style="background-color: #c0392b; color: white; padding: 2px 5px; border-radius: 3px;">S</span> </div> </div>  |
| TEZSPIRE 210 MG/1.91ML SOLN PRSYR                      | 4    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <span style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">PA</span> </div> <div style="display: flex; align-items: center;"> <span style="background-color: #c0392b; color: white; padding: 2px 5px; border-radius: 3px;">S</span> </div> </div>  |
| <b>XANTHINES</b>                                       |      |   |
| ELIXOPHYLLIN 80 MG/15ML ELIXIR                         | 2    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <span style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">AL1</span> Up to 8 yrs old         </div> <div style="display: flex; align-items: center;"> <span style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">VAL</span> Value Preventive List         </div> </div> |
| <i>theophylline elixir 80 mg/15ml</i>                  | 2    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <span style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">AL1</span> Up to 8 yrs old         </div> <div style="display: flex; align-items: center;"> <span style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">VAL</span> Value Preventive List         </div> </div> |
| THEO-24 100 MG CAP ER 24H                              | 2    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <span style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">VAL</span> Value Preventive List         </div> </div>  |
| THEO-24 200 MG CAP ER 24H                              | 2    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <span style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">VAL</span> Value Preventive List         </div> </div>  |
| THEO-24 300 MG CAP ER 24H                              | 2    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <span style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">VAL</span> Value Preventive List         </div> </div>  |
| THEO-24 400 MG CAP ER 24H                              | 2    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <span style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">VAL</span> Value Preventive List         </div> </div>  |

| PRODUCT DESCRIPTION                    | TIER | LIMITS & RESTRICTIONS                            |
|--|------|--|
| <i>theophylline elixir 80 mg/15ml</i>  | 1    | AL1 Up to 8 yrs old<br>VAL Value Preventive List |
| <i>theophylline soln 80 mg/15ml</i>    | 1    | AL1 Up to 8 yrs old<br>VAL Value Preventive List |
| <i>theophylline tab er 12hr 100 mg</i> | 1    | VAL Value Preventive List                        |
| <i>theophylline tab er 12hr 200 mg</i> | 1    | VAL Value Preventive List                        |
| <i>theophylline tab er 12hr 300 mg</i> | 1    | VAL Value Preventive List                        |
| <i>theophylline tab er 24hr 400 mg</i> | 1    | VAL Value Preventive List                        |
| <i>theophylline tab er 12hr 450 mg</i> | 1    | VAL Value Preventive List                        |
| <i>theophylline tab er 24hr 600 mg</i> | 1    | VAL Value Preventive List                        |
| <b>ANTICOAGULANTS</b>                  |      |  |
| <b>COUMARIN ANTICOAGULANTS</b>         |      |  |
| <i>warfarin sodium tab 1 mg</i>        | 1    | VAL Value Preventive List                        |
| <i>warfarin sodium tab 10 mg</i>       | 1    | VAL Value Preventive List                        |
| <i>warfarin sodium tab 2 mg</i>        | 1    | VAL Value Preventive List                        |
| <i>warfarin sodium tab 2.5 mg</i>      | 1    | VAL Value Preventive List                        |
| <i>warfarin sodium tab 3 mg</i>        | 1    | VAL Value Preventive List                        |
| <i>warfarin sodium tab 4 mg</i>        | 1    | VAL Value Preventive List                        |
| <i>warfarin sodium tab 5 mg</i>        | 1    | VAL Value Preventive List                        |
| <i>warfarin sodium tab 6 mg</i>        | 1    | VAL Value Preventive List                        |
| <i>warfarin sodium tab 7.5 mg</i>      | 1    | VAL Value Preventive List                        |
| <i>warfarin sodium tab 1 mg</i>        | 1    | VAL Value Preventive List                        |
| <i>warfarin sodium tab 10 mg</i>       | 1    | VAL Value Preventive List                        |
| <i>warfarin sodium tab 2 mg</i>        | 1    | VAL Value Preventive List                        |
| <i>warfarin sodium tab 2.5 mg</i>      | 1    | VAL Value Preventive List                        |

| PRODUCT DESCRIPTION                       | TIER | LIMITS & RESTRICTIONS                          |
|---|------|--|
| <i>warfarin sodium tab 3 mg</i>           | 1    | VAL Value Preventive List                      |
| <i>warfarin sodium tab 4 mg</i>           | 1    | VAL Value Preventive List                      |
| <i>warfarin sodium tab 5 mg</i>           | 1    | VAL Value Preventive List                      |
| <i>warfarin sodium tab 6 mg</i>           | 1    | VAL Value Preventive List                      |
| <i>warfarin sodium tab 7.5 mg</i>         | 1    | VAL Value Preventive List                      |
| DIRECT FACTOR XA INHIBITORS               |      |  |
| ELIQUIS 2.5 MG TAB                        | 2    | QL 2 / 1 day(s)<br>VAL Value Preventive List   |
| ELIQUIS 5 MG TAB                          | 2    | QL 2.5 / 1 day(s)<br>VAL Value Preventive List |
| ELIQUIS DVT/PE STARTER PACK 5 MG TAB THPK | 2    | QL 2.5 / 1 day(s)<br>VAL Value Preventive List |
| SAVAYSA 15 MG TAB                         | 3    | QL 30 / 30 DAYS<br>ST                          |
| SAVAYSA 30 MG TAB                         | 3    | QL 30 / 30 DAYS<br>ST                          |
| SAVAYSA 60 MG TAB                         | 3    | QL 30 / 30 DAYS<br>ST                          |
| XARELTO 1 MG/ML RECON SUSP                | 2    | VAL Value Preventive List                      |
| XARELTO 10 MG TAB                         | 2    | QL 30 / 30 DAYS<br>VAL Value Preventive List   |
| XARELTO 15 MG TAB                         | 2    | QL 42 / 30 day(s)<br>VAL Value Preventive List |
| XARELTO 2.5 MG TAB                        | 2    | QL 60 / 30 DAYS<br>VAL Value Preventive List   |
| XARELTO 20 MG TAB                         | 2    | QL 30 / 30 DAYS<br>VAL Value Preventive List   |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS  |
|---|------|--|
| XARELTO STARTER PACK 15 & 20 MG TAB THPK                          | 2    | <span>QL</span> 51 / 30 DAYS<br><span>VAL</span> Value Preventive List |
| <b>HEPARINS AND HEPARINOID-LIKE AGENTS</b>                        |      |  |
| <i>heparin sodium (porcine) lock flush pf iv soln 100 unit/ml</i> | 1    |  |
| <i>heparin sodium (porcine) lock flush iv soln 10 unit/ml</i>     | 1    |  |
| <i>heparin sodium (porcine) lock flush pf iv soln 10 unit/ml</i>  | 1    |  |
| <i>heparin sodium (porcine) lock flush pf iv soln 100 unit/ml</i> | 1    |  |
| <i>heparin sodium (porcine) inj 1000 unit/ml</i>                  | 1    |  |
| <i>heparin sodium (porcine) inj 10000 unit/ml</i>                 | 1    |  |
| <i>heparin sodium (porcine) inj 5000 unit/ml</i>                  | 1    |  |
| <i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>            | 1    |  |
| <i>heparin sodium (porcine) lock flush iv soln 100 unit/ml</i>    | 1    |  |
| <b>LOW MOLECULAR WEIGHT HEPARINS</b>                              |      |  |
| <i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>              | 2    | <span>QL</span> 2 / 1 day(s)   |
| <i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>           | 2    | <span>QL</span> 1.6 / 1 day(s)   |
| <i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>              | 2    | <span>QL</span> 2 / 1 day(s)   |
| <i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>            | 2    | <span>QL</span> 0.6 / 1 day(s)   |
| <i>enoxaparin sodium inj 300 mg/3ml</i>                           | 2    | <span>QL</span> 3 / 1 day(s)<br><span>MFL</span> 1 / 30 DAYS           |
| <i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>            | 2    | <span>QL</span> 0.8 / 1 day(s)   |
| <i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>            | 2    | <span>QL</span> 1.2 / 1 day(s)   |
| <i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>            | 2    | <span>QL</span> 1.6 / 1 day(s)   |
| FRAGMIN 10000 UNIT/4ML SOLUTION                                   | 3    | <span>QL</span> 2 / 1 day(s)   |
| FRAGMIN 10000 UNIT/ML SOLN PRSYR                                  | 3    | <span>QL</span> 2 / 1 day(s)   |
| FRAGMIN 12500 UNIT/0.5ML SOLN PRSYR                               | 3    | <span>QL</span> 1 / 1 day(s)   |
| FRAGMIN 15000 UNIT/0.6ML SOLN PRSYR                               | 3    | <span>QL</span> 1.2 / 1 day(s)   |



| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS   |
|---|------|-------------------------|
| FRAGMIN 18000 UNT/0.72ML SOLN PRSYR                                 | 3    | QL 1.44 / 1 day(s)      |
| FRAGMIN 2500 UNIT/0.2ML SOLN PRSYR                                  | 3    | QL 0.4 / 1 day(s)       |
| FRAGMIN 5000 UNIT/0.2ML SOLN PRSYR                                  | 3    | QL 0.4 / 1 day(s)       |
| FRAGMIN 7500 UNIT/0.3ML SOLN PRSYR                                  | 3    | QL 0.6 / 1 day(s)       |
| FRAGMIN 95000 UNIT/3.8ML SOLUTION                                   | 3    | QL 7.6 / 1 day(s)       |
| <b>SYNTHETIC HEPARINOID-LIKE AGENTS</b>                             |      |                         |
| <i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>             | 2    | QL 0.8 / 1 day(s)       |
| <i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>            | 2    | QL 0.5 / 1 day(s)       |
| <i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>              | 2    | QL 0.4 / 1 day(s)       |
| <i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>            | 2    | QL 0.6 / 1 day(s)       |
| <b>THROMBIN INHIBITORS - SELECTIVE DIRECT &amp; REVERSIBLE</b>      |      |                         |
| <i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq)</i> | 2    | QL 60 / 30 day(s)       |
| <i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq)</i>  | 2    | QL 60 / 30 day(s)       |
| PRADAXA 110 MG CAP  | 2    | QL 60 / 30 DAYS         |
| <b>ANTICONVULSANTS</b>  |      |                         |
| <b>AMPA GLUTAMATE RECEPTOR ANTAGONISTS</b>                          |      |                         |
| FYCOMPA 0.5 MG/ML SUSPENSION  | 3    | QL 30 / 30 day(s)<br>ST |
| FYCOMPA 10 MG TAB   | 3    | QL 30 / 30 day(s)<br>ST |
| FYCOMPA 12 MG TAB   | 3    | QL 30 / 30 day(s)<br>ST |
| FYCOMPA 2 MG TAB  | 3    | QL 30 / 30 day(s)<br>ST |
| FYCOMPA 4 MG TAB  | 3    | QL 30 / 30 day(s)<br>ST |

| PRODUCT DESCRIPTION                                  | TIER | LIMITS & RESTRICTIONS   |
|--|------|-------------------------|
| FYCOMPA 6 MG TAB                                     | 3    | QL 30 / 30 day(s)<br>ST |
| FYCOMPA 8 MG TAB                                     | 3    | QL 30 / 30 day(s)<br>ST |
| <b>ANTICONVULSANTS - BENZODIAZEPINES</b>             |      |                         |
| <i>clobazam tab 10 mg</i>                            | 1    |                         |
| <i>clobazam suspension 2.5 mg/ml</i>                 | 1    |                         |
| <i>clobazam tab 20 mg</i>                            | 1    |                         |
| <i>clonazepam orally disintegrating tab 0.125 mg</i> | 1    |                         |
| <i>clonazepam orally disintegrating tab 0.25 mg</i>  | 1    |                         |
| <i>clonazepam tab 0.5 mg</i>                         | 1    | QL 90 / 30 DAYS         |
| <i>clonazepam orally disintegrating tab 0.5 mg</i>   | 1    |                         |
| <i>clonazepam tab 1 mg</i>                           | 1    | QL 90 / 30 DAYS         |
| <i>clonazepam orally disintegrating tab 1 mg</i>     | 1    | QL 90 / 30 DAYS         |
| <i>clonazepam tab 2 mg</i>                           | 1    | QL 90 / 30 DAYS         |
| <i>clonazepam orally disintegrating tab 2 mg</i>     | 1    |                         |
| NAYZILAM 5 MG/0.1ML SOLUTION                         | 3    | PA                      |
| ONFI 10 MG TAB                                       | 3    |                         |
| ONFI 20 MG TAB                                       | 3    |                         |
| VALTOCO 10 MG DOSE 10 MG/0.1ML LIQUID                | 3    | PA                      |
| VALTOCO 15 MG DOSE 7.5 MG/0.1ML LIQD THPK            | 3    | PA                      |
| VALTOCO 20 MG DOSE 10 MG/0.1ML LIQD THPK             | 3    | PA                      |
| VALTOCO 5 MG DOSE 5 MG/0.1ML LIQUID                  | 3    | PA                      |
| <b>ANTICONVULSANTS - MISC.</b>                       |      |                         |
| BRIVIACT 10 MG TAB                                   | 3    | ST                      |
| BRIVIACT 10 MG/ML SOLUTION                           | 3    | ST                      |

| PRODUCT DESCRIPTION                      | TIER | LIMITS & RESTRICTIONS                        |
|--|------|--|
| BRIVIACT 100 MG TAB                      | 3    | ST   |
| BRIVIACT 25 MG TAB                       | 3    | ST   |
| BRIVIACT 50 MG TAB                       | 3    | ST   |
| BRIVIACT 75 MG TAB                       | 3    | ST   |
| <i>carbamazepine chew tab 100 mg</i>     | 1    |  |
| <i>carbamazepine susp 100 mg/5ml</i>     | 1    |  |
| <i>carbamazepine tab 200 mg</i>          | 1    |  |
| <i>carbamazepine cap er 12hr 100 mg</i>  | 1    |  |
| <i>carbamazepine tab er 12hr 100 mg</i>  | 1    |  |
| <i>carbamazepine cap er 12hr 200 mg</i>  | 1    |  |
| <i>carbamazepine tab er 12hr 200 mg</i>  | 1    |  |
| <i>carbamazepine cap er 12hr 300 mg</i>  | 1    |  |
| <i>carbamazepine tab er 12hr 400 mg</i>  | 1    |  |
| EPIDIOLEX 100 MG/ML SOLUTION             | 4    | PA<br>S                                      |
| <i>carbamazepine tab 200 mg</i>          | 1    |  |
| EPRONTIA 25 MG/ML SOLUTION               | 2    | QL 16 / 1 day(s)<br>AL1 Up to 8 yrs old      |
| <i>gabapentin cap 100 mg</i>             | 1    |  |
| <i>gabapentin oral soln 250 mg/5ml</i>   | 1    |  |
| <i>gabapentin cap 300 mg</i>             | 1    |  |
| <i>gabapentin oral soln 250 mg/5ml</i>   | 1    |  |
| <i>gabapentin cap 400 mg</i>             | 1    |  |
| <i>gabapentin tab 600 mg</i>             | 1    |  |
| <i>gabapentin tab 800 mg</i>             | 1    |  |
| <i>lacosamide oral solution 10 mg/ml</i> | 2    | QL 40 / 1 day(s)<br>ST<br>AL1 0 to 8 yrs old |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>lacosamide tab 100 mg</i>                                    | 2    | QL 60 / 30 day(s)     |
| <i>lacosamide tab 150 mg</i>                                    | 2    | QL 60 / 30 day(s)     |
| <i>lacosamide tab 200 mg</i>                                    | 2    | QL 60 / 30 day(s)     |
| <i>lacosamide tab 50 mg</i>                                     | 2    | QL 60 / 30 day(s)     |
| <i>lamotrigine tab 100 mg</i>                                   | 1    |                       |
| <i>lamotrigine tab 150 mg</i>                                   | 1    |                       |
| <i>lamotrigine tab 200 mg</i>                                   | 1    |                       |
| <i>lamotrigine tab chewable dispersible 25 mg</i>               | 1    |                       |
| <i>lamotrigine tab 25 mg</i>                                    | 1    |                       |
| <i>lamotrigine tab chewable dispersible 5 mg</i>                | 1    |                       |
| <i>lamotrigine tab er 24hr 100 mg</i>                           | 1    | QL 30 / 30 DAYS       |
| <i>lamotrigine tab er 24hr 200 mg</i>                           | 1    | QL 2 / 1 day(s)       |
| <i>lamotrigine tab er 24hr 25 mg</i>                            | 1    | QL 30 / 30 DAYS       |
| <i>lamotrigine tab er 24hr 250 mg</i>                           | 1    | QL 30 / 30 DAYS       |
| <i>lamotrigine tab er 24hr 300 mg</i>                           | 1    | QL 30 / 30 DAYS       |
| <i>lamotrigine tab er 24hr 50 mg</i>                            | 1    | QL 30 / 30 DAYS       |
| <i>lamotrigine tab 35 x 25 mg starter kit</i>                   | 1    |                       |
| <i>lamotrigine tab 84 x 25 mg &amp; 14 x 100 mg starter kit</i> | 1    |                       |
| <i>lamotrigine tab 25 mg (42) &amp; 100 mg (7) starter kit</i>  | 1    |                       |
| <i>levetiracetam oral soln 100 mg/ml</i>                        | 1    |                       |
| <i>levetiracetam tab 1000 mg</i>                                | 1    |                       |
| <i>levetiracetam tab 250 mg</i>                                 | 1    |                       |
| <i>levetiracetam tab 500 mg</i>                                 | 1    |                       |
| <i>levetiracetam tab 750 mg</i>                                 | 1    |                       |
| <i>levetiracetam tab er 24hr 500 mg</i>                         | 1    | QL 180 / 30 DAYS      |
| <i>levetiracetam tab er 24hr 750 mg</i>                         | 1    | QL 120 / 30 DAYS      |

| PRODUCT DESCRIPTION                             | TIER | LIMITS & RESTRICTIONS    |
|---|------|--------------------------|
| LYRICA 20 MG/ML SOLUTION                        | 3    | QL 900 / 30 DAYS<br>PA   |
| <i>oxcarbazepine tab 150 mg</i>                 | 1    |                          |
| <i>oxcarbazepine tab 300 mg</i>                 | 1    |                          |
| <i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i> | 1    |                          |
| <i>oxcarbazepine tab 600 mg</i>                 | 1    |                          |
| <i>pregabalin cap 100 mg</i>                    | 1    | QL 120 / 30 DAYS         |
| <i>pregabalin cap 150 mg</i>                    | 1    | QL 120 / 30 DAYS         |
| <i>pregabalin soln 20 mg/ml</i>                 | 1    | QL 900 / 30 day(s)       |
| <i>pregabalin cap 200 mg</i>                    | 1    | QL 90 / 30 DAYS          |
| <i>pregabalin cap 225 mg</i>                    | 1    | QL 60 / 30 DAYS          |
| <i>pregabalin cap 25 mg</i>                     | 1    | QL 120 / 30 DAYS         |
| <i>pregabalin cap 300 mg</i>                    | 1    | QL 60 / 30 DAYS          |
| <i>pregabalin cap 50 mg</i>                     | 1    | QL 120 / 30 DAYS         |
| <i>pregabalin cap 75 mg</i>                     | 1    | QL 120 / 30 DAYS         |
| PRIMIDONE 125 MG TAB                            | 1    |                          |
| <i>primidone tab 250 mg</i>                     | 1    |                          |
| <i>primidone tab 50 mg</i>                      | 1    |                          |
| <i>levetiracetam tab 1000 mg</i>                | 1    |                          |
| <i>levetiracetam tab 500 mg</i>                 | 1    |                          |
| <i>levetiracetam tab 750 mg</i>                 | 1    |                          |
| <i>levetiracetam tab er 24hr 500 mg</i>         | 1    | QL 180 / 30 DAYS         |
| <i>levetiracetam tab er 24hr 750 mg</i>         | 1    | QL 120 / 30 DAYS         |
| <i>rufinamide tab 200 mg</i>                    | 2    | QL 240 / 30 day(s)<br>PA |
| <i>rufinamide susp 40 mg/ml</i>                 | 2    | PA                       |

| PRODUCT DESCRIPTION                           | TIER | LIMITS & RESTRICTIONS    |
|---|------|--------------------------|
| <i>rufinamide tab 400 mg</i>                  | 2    | QL 240 / 30 day(s)<br>PA |
| <i>lamotrigine tab 100 mg</i>                 | 1    |                          |
| <i>lamotrigine tab 150 mg</i>                 | 1    |                          |
| <i>lamotrigine tab 200 mg</i>                 | 1    |                          |
| <i>lamotrigine tab 25 mg</i>                  | 1    |                          |
| TEGRETOL 100 MG/5ML SUSPENSION                | 3    | PA                       |
| TEGRETOL 200 MG TAB                           | 3    | PA                       |
| TEGRETOL-XR 100 MG TAB ER 12H                 | 3    | PA                       |
| TEGRETOL-XR 200 MG TAB ER 12H                 | 3    | PA                       |
| TEGRETOL-XR 400 MG TAB ER 12H                 | 3    | PA                       |
| <i>topiramate tab 100 mg</i>                  | 1    | QL 120 / 30 DAYS         |
| <i>topiramate sprinkle cap 15 mg</i>          | 1    | QL 375 / 30 DAYS         |
| <i>topiramate tab 200 mg</i>                  | 1    | QL 60 / 30 DAYS          |
| <i>topiramate sprinkle cap 25 mg</i>          | 1    | QL 480 / 30 DAYS         |
| <i>topiramate tab 25 mg</i>                   | 1    | QL 480 / 30 DAYS         |
| <i>topiramate tab 50 mg</i>                   | 1    | QL 240 / 30 DAYS         |
| <i>topiramate cap er 24hr sprinkle 100 mg</i> | 2    | QL 120 / 30 DAYS<br>PA   |
| <i>topiramate cap er 24hr sprinkle 150 mg</i> | 2    | QL 60 / 30 DAYS<br>PA    |
| <i>topiramate cap er 24hr sprinkle 200 mg</i> | 2    | QL 60 / 30 DAYS<br>PA    |
| <i>topiramate cap er 24hr sprinkle 25 mg</i>  | 2    | QL 480 / 30 DAYS<br>PA   |
| <i>topiramate cap er 24hr sprinkle 50 mg</i>  | 2    | QL 240 / 30 DAYS<br>PA   |

| PRODUCT DESCRIPTION                              | TIER | LIMITS & RESTRICTIONS   |
|--|------|---|
| VIMPAT 10 MG/ML SOLUTION                         | 3    | <span>QL</span> 1200 / 30 DAYS<br><span>AL1</span> 0 to 8 yrs old |
| <i>zonisamide cap 100 mg</i>                     | 1    |   |
| <i>zonisamide cap 25 mg</i>                      | 1    |   |
| <i>zonisamide cap 50 mg</i>                      | 1    |   |
| <b>CARBAMATES</b>                                |      |   |
| <i>felbamate tab 400 mg</i>                      | 2    |   |
| <i>felbamate tab 600 mg</i>                      | 2    |   |
| <i>felbamate susp 600 mg/5ml</i>                 | 2    |   |
| XCOPRI (250 MG DAILY DOSE) 100 & 150 MG TAB THPK | 3    | <span>QL</span> 1 / 1 day(s)<br><span>ST</span>                   |
| XCOPRI (250 MG DAILY DOSE) 50 & 200 MG TAB THPK  | 3    | <span>QL</span> 1 / 1 day(s)<br><span>ST</span>                   |
| XCOPRI (350 MG DAILY DOSE) 150 & 200 MG TAB THPK | 3    | <span>QL</span> 1 / 1 day(s)<br><span>ST</span>                   |
| XCOPRI 100 MG TAB                                | 3    | <span>QL</span> 1 / 1 day(s)<br><span>ST</span>                   |
| XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK        | 3    | <span>QL</span> 1 / 1 day(s)<br><span>ST</span>                   |
| XCOPRI 14 X 150 MG & 14 X 200 MG TAB THPK        | 3    | <span>QL</span> 1 / 1 day(s)<br><span>ST</span>                   |
| XCOPRI 14 X 50 MG & 14 X 100 MG TAB THPK         | 3    | <span>QL</span> 1 / 1 day(s)<br><span>ST</span>                   |
| XCOPRI 150 MG TAB                                | 3    | <span>QL</span> 1 / 1 day(s)<br><span>ST</span>                   |
| XCOPRI 200 MG TAB                                | 3    | <span>QL</span> 1 / 1 day(s)<br><span>ST</span>                   |
| XCOPRI 50 MG TAB                                 | 3    | <span>QL</span> 1 / 1 day(s)<br><span>ST</span>                   |

| PRODUCT DESCRIPTION                         | TIER | LIMITS & RESTRICTIONS  |
|---|------|--|
| <b>GABA MODULATORS</b>                      |      |  |
| <i>tiagabine hcl tab 12 mg</i>              | 1    |  |
| <i>tiagabine hcl tab 16 mg</i>              | 1    |  |
| <i>tiagabine hcl tab 2 mg</i>               | 1    |  |
| <i>tiagabine hcl tab 4 mg</i>               | 1    |  |
| <i>vigabatrin powd pack 500 mg</i>          | 2    | <span>QL</span> 180 / 30 DAYS<br><span>PA</span><br><span>S</span> |
| <i>vigabatrin tab 500 mg</i>                | 2    | <span>QL</span> 180 / 30 DAYS<br><span>PA</span><br><span>S</span> |
| <i>vigabatrin tab 500 mg</i>                | 2    | <span>QL</span> 180 / 30 DAYS<br><span>PA</span><br><span>S</span> |
| <b>HYDANTOINS</b>                           |      |  |
| DILANTIN 30 MG CAP                          | 3    |  |
| PEGANONE 250 MG TAB                         | 3    |  |
| <i>phenytoin susp 125 mg/5ml</i>            | 1    |  |
| <i>phenytoin susp 125 mg/5ml</i>            | 1    |  |
| <i>phenytoin chew tab 50 mg</i>             | 1    |  |
| <i>phenytoin chew tab 50 mg</i>             | 1    |  |
| <i>phenytoin sodium extended cap 100 mg</i> | 1    |  |
| <i>phenytoin sodium extended cap 200 mg</i> | 1    |  |
| <i>phenytoin sodium extended cap 300 mg</i> | 1    |  |
| <b>SUCCINIMIDES</b>                         |      |  |
| <i>ethosuximide cap 250 mg</i>              | 1    |  |
| <i>ethosuximide soln 250 mg/5ml</i>         | 1    |  |
| <i>methsuximide cap 300 mg</i>              | 2    |  |



| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <b>VALPROIC ACID</b>   |      |                       |
| <i>divalproex sodium cap delayed release sprinkle 125 mg</i> | 1    |                       |
| <i>divalproex sodium tab delayed release 125 mg</i>          | 1    |                       |
| <i>divalproex sodium tab delayed release 250 mg</i>          | 1    |                       |
| <i>divalproex sodium tab delayed release 500 mg</i>          | 1    |                       |
| <i>divalproex sodium tab er 24 hr 250 mg</i>                 | 1    |                       |
| <i>divalproex sodium tab er 24 hr 500 mg</i>                 | 1    |                       |
| <i>valproic acid cap 250 mg</i>                              | 1    |                       |
| <i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>    | 1    |                       |
| <b>ANTIDEPRESSANTS</b>                                       |      |                       |
| <b>ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)</b>           |      |                       |
| <i>mirtazapine tab 15 mg</i>                                 | 1    | QL 30 / 30 DAYS       |
| <i>mirtazapine orally disintegrating tab 15 mg</i>           | 1    | QL 30 / 30 DAYS       |
| <i>mirtazapine tab 30 mg</i>                                 | 1    | QL 30 / 30 DAYS       |
| <i>mirtazapine orally disintegrating tab 30 mg</i>           | 1    | QL 30 / 30 DAYS       |
| <i>mirtazapine tab 45 mg</i>                                 | 1    | QL 30 / 30 DAYS       |
| <i>mirtazapine orally disintegrating tab 45 mg</i>           | 1    | QL 30 / 30 DAYS       |
| <i>mirtazapine tab 7.5 mg</i>                                | 1    | QL 30 / 30 DAYS       |
| <b>ANTIDEPRESSANTS - MISC.</b>                               |      |                       |
| APLENZIN 174 MG TAB ER 24H                                   | 3    | QL 30 / 30 DAYS<br>ST |
| APLENZIN 348 MG TAB ER 24H                                   | 3    | QL 30 / 30 DAYS<br>ST |
| APLENZIN 522 MG TAB ER 24H                                   | 3    | QL 30 / 30 DAYS<br>ST |
| <i>bupropion hcl tab 100 mg</i>                              | 1    | QL 60 / 30 DAYS       |
| <i>bupropion hcl tab 75 mg</i>                               | 1    | QL 180 / 30 DAYS      |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS                         |
|---|------|---|
| <i>bupropion hcl tab er 12hr 100 mg</i>                     | 1    | QL 60 / 30 DAYS                               |
| <i>bupropion hcl tab er 12hr 150 mg</i>                     | 1    | QL 3 / 1 day(s)                               |
| <i>bupropion hcl tab er 12hr 200 mg</i>                     | 1    | QL 60 / 30 DAYS                               |
| <i>bupropion hcl tab er 24hr 150 mg</i>                     | 1    | QL 3 / 1 day(s)                               |
| <i>bupropion hcl tab er 24hr 300 mg</i>                     | 1    | QL 60 / 30 DAYS                               |
| MAPROTILINE HCL 25 MG TAB                                   | 2    | QL 270 / 30 DAYS                              |
| MAPROTILINE HCL 50 MG TAB                                   | 2    | QL 135 / 30 DAYS                              |
| MAPROTILINE HCL 75 MG TAB                                   | 2    |   |
| <b>MONOAMINE OXIDASE INHIBITORS (MAOIS)</b>                 |      |   |
| EMSAM 12 MG/24HR PATCH 24HR                                 | 3    | ST  |
| EMSAM 6 MG/24HR PATCH 24HR                                  | 3    | ST  |
| EMSAM 9 MG/24HR PATCH 24HR                                  | 3    | ST  |
| MARPLAN 10 MG TAB   | 3    |   |
| PHENELZINE SULFATE 15 MG TAB                                | 1    |   |
| <i>phenelzine sulfate tab 15 mg</i>                         | 1    |   |
| <i>tranylcypromine sulfate tab 10 mg</i>                    | 2    |   |
| <b>N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS</b> |      |   |
| SPRAVATO (56 MG DOSE) 28 MG/DEVICE SOLN THPK                | 3    | QL 16 / 28 DAYS<br>PA                         |
| SPRAVATO (84 MG DOSE) 28 MG/DEVICE SOLN THPK                | 3    | QL 16 / 28 DAYS<br>PA                         |
| <b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)</b>      |      |   |
| <i>citalopram hydrobromide tab 10 mg (base equiv)</i>       | 1    | QL 30 / 30 DAYS<br>VAL Value Preventive List  |
| <i>citalopram hydrobromide oral soln 10 mg/5ml</i>          | 1    | QL 600 / 30 DAYS<br>VAL Value Preventive List |
| <i>citalopram hydrobromide tab 20 mg (base equiv)</i>       | 1    | QL 45 / 30 DAYS<br>VAL Value Preventive List  |

| PRODUCT DESCRIPTION                                    | TIER | LIMITS & RESTRICTIONS  |
|--|------|--|
| <i>citalopram hydrobromide tab 40 mg (base equiv)</i>  | 1    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div><span style="background-color: #8e44ad; padding: 2px;">QL</span> 30 / 30 DAYS</div> <div><span style="background-color: #27ae60; padding: 2px;">VAL</span> Value Preventive List</div> </div>  |
| <i>escitalopram oxalate tab 10 mg (base equiv)</i>     | 1    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div><span style="background-color: #8e44ad; padding: 2px;">QL</span> 60 / 30 DAYS</div> <div><span style="background-color: #27ae60; padding: 2px;">VAL</span> Value Preventive List</div> </div>  |
| <i>escitalopram oxalate tab 20 mg (base equiv)</i>     | 1    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div><span style="background-color: #8e44ad; padding: 2px;">QL</span> 60 / 30 DAYS</div> <div><span style="background-color: #27ae60; padding: 2px;">VAL</span> Value Preventive List</div> </div>  |
| <i>escitalopram oxalate tab 5 mg (base equiv)</i>      | 1    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div><span style="background-color: #8e44ad; padding: 2px;">QL</span> 120 / 30 DAYS</div> <div><span style="background-color: #27ae60; padding: 2px;">VAL</span> Value Preventive List</div> </div> |
| <i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i> | 1    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div><span style="background-color: #8e44ad; padding: 2px;">QL</span> 620 / 30 DAYS</div> <div><span style="background-color: #27ae60; padding: 2px;">VAL</span> Value Preventive List</div> </div> |
| <i>fluoxetine hcl cap 10 mg</i>                        | 1    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div><span style="background-color: #8e44ad; padding: 2px;">QL</span> 90 / 30 DAYS</div> <div><span style="background-color: #27ae60; padding: 2px;">VAL</span> Value Preventive List</div> </div>  |
| <i>fluoxetine hcl tab 10 mg</i>                        | 1    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div><span style="background-color: #8e44ad; padding: 2px;">QL</span> 90 / 30 DAYS</div> <div><span style="background-color: #27ae60; padding: 2px;">VAL</span> Value Preventive List</div> </div>  |
| <i>fluoxetine hcl cap 20 mg</i>                        | 1    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div><span style="background-color: #8e44ad; padding: 2px;">QL</span> 90 / 30 DAYS</div> <div><span style="background-color: #27ae60; padding: 2px;">VAL</span> Value Preventive List</div> </div>  |
| <i>fluoxetine hcl tab 20 mg</i>                        | 1    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div><span style="background-color: #8e44ad; padding: 2px;">QL</span> 90 / 30 DAYS</div> <div><span style="background-color: #27ae60; padding: 2px;">VAL</span> Value Preventive List</div> </div>  |
| <i>fluoxetine hcl solution 20 mg/5ml</i>               | 1    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div><span style="background-color: #8e44ad; padding: 2px;">QL</span> 600 / 30 DAYS</div> <div><span style="background-color: #27ae60; padding: 2px;">VAL</span> Value Preventive List</div> </div> |
| <i>fluoxetine hcl cap 40 mg</i>                        | 1    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div><span style="background-color: #8e44ad; padding: 2px;">QL</span> 60 / 30 DAYS</div> <div><span style="background-color: #27ae60; padding: 2px;">VAL</span> Value Preventive List</div> </div>  |
| <i>fluoxetine hcl tab 60 mg</i>                        | 2    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div><span style="background-color: #8e44ad; padding: 2px;">QL</span> 30 / 30 DAYS</div> </div>   |
| FLUOXETINE HCL 90 MG CAP DR                            | 1    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div><span style="background-color: #8e44ad; padding: 2px;">QL</span> 4 / 28 DAYS</div> </div>  |
| <i>fluvoxamine maleate tab 100 mg</i>                  | 1    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div><span style="background-color: #8e44ad; padding: 2px;">QL</span> 90 / 30 DAYS</div> <div><span style="background-color: #27ae60; padding: 2px;">VAL</span> Value Preventive List</div> </div>  |
| <i>fluvoxamine maleate tab 25 mg</i>                   | 1    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div><span style="background-color: #8e44ad; padding: 2px;">QL</span> 360 / 30 DAYS</div> <div><span style="background-color: #27ae60; padding: 2px;">VAL</span> Value Preventive List</div> </div> |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS   |
|--|------|---|
| <i>fluvoxamine maleate tab 50 mg</i>                         | 1    | <ul style="list-style-type: none"> <li>QL 180 / 30 DAYS</li> <li>VAL Value Preventive List</li> </ul> |
| <i>paroxetine hcl tab 10 mg</i>                              | 1    | <ul style="list-style-type: none"> <li>QL 90 / 30 DAYS</li> <li>VAL Value Preventive List</li> </ul>  |
| <i>paroxetine hcl tab 20 mg</i>                              | 1    | <ul style="list-style-type: none"> <li>QL 60 / 30 DAYS</li> <li>VAL Value Preventive List</li> </ul>  |
| <i>paroxetine hcl tab 30 mg</i>                              | 1    | <ul style="list-style-type: none"> <li>QL 60 / 30 DAYS</li> <li>VAL Value Preventive List</li> </ul>  |
| <i>paroxetine hcl tab 40 mg</i>                              | 1    | <ul style="list-style-type: none"> <li>QL 45 / 30 DAYS</li> <li>VAL Value Preventive List</li> </ul>  |
| <i>paroxetine hcl tab er 24hr 12.5 mg</i>                    | 1    | <ul style="list-style-type: none"> <li>QL 60 / 30 DAYS</li> <li>VAL Value Preventive List</li> </ul>  |
| <i>paroxetine hcl tab er 24hr 25 mg</i>                      | 1    | <ul style="list-style-type: none"> <li>QL 60 / 30 DAYS</li> <li>VAL Value Preventive List</li> </ul>  |
| <i>paroxetine hcl tab er 24hr 37.5 mg</i>                    | 1    | <ul style="list-style-type: none"> <li>QL 60 / 30 DAYS</li> <li>VAL Value Preventive List</li> </ul>  |
| <i>sertraline hcl tab 100 mg</i>                             | 1    | <ul style="list-style-type: none"> <li>QL 60 / 30 DAYS</li> <li>VAL Value Preventive List</li> </ul>  |
| <i>sertraline hcl oral concentrate for solution 20 mg/ml</i> | 1    | <ul style="list-style-type: none"> <li>QL 300 / 30 DAYS</li> <li>VAL Value Preventive List</li> </ul> |
| <i>sertraline hcl tab 25 mg</i>                              | 1    | <ul style="list-style-type: none"> <li>QL 240 / 30 DAYS</li> <li>VAL Value Preventive List</li> </ul> |
| <i>sertraline hcl tab 50 mg</i>                              | 1    | <ul style="list-style-type: none"> <li>QL 120 / 30 DAYS</li> <li>VAL Value Preventive List</li> </ul> |
| <b>SEROTONIN MODULATORS</b>                                  |      |   |
| NEFAZODONE HCL 100 MG TAB                                    | 1    | <ul style="list-style-type: none"> <li>QL 180 / 30 DAYS</li> </ul>                                    |
| NEFAZODONE HCL 150 MG TAB                                    | 1    | <ul style="list-style-type: none"> <li>QL 120 / 30 DAYS</li> </ul>                                    |
| NEFAZODONE HCL 200 MG TAB                                    | 1    | <ul style="list-style-type: none"> <li>QL 90 / 30 DAYS</li> </ul>                                     |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS   |
|--|------|-------------------------|
| NEFAZODONE HCL 250 MG TAB  | 1    | QL 72 / 30 DAYS         |
| NEFAZODONE HCL 50 MG TAB   | 1    | QL 360 / 30 DAYS        |
| <i>trazodone hcl tab 100 mg</i>                                  | 1    |                         |
| <i>trazodone hcl tab 150 mg</i>                                  | 1    |                         |
| <i>trazodone hcl tab 50 mg</i>                                   | 1    |                         |
| TRINTELLIX 10 MG TAB   | 3    | QL 30 / 30 DAYS<br>ST   |
| TRINTELLIX 20 MG TAB   | 3    | QL 30 / 30 DAYS<br>ST   |
| TRINTELLIX 5 MG TAB  | 3    | QL 30 / 30 DAYS<br>ST   |
| <i>vilazodone hcl tab 10 mg</i>                                  | 2    | QL 30 / 30 day(s)<br>ST |
| <i>vilazodone hcl tab 20 mg</i>                                  | 2    | QL 30 / 30 day(s)<br>ST |
| <i>vilazodone hcl tab 40 mg</i>                                  | 2    | QL 30 / 30 day(s)<br>ST |
| <b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)</b>      |      |                         |
| DESVENLAFAXINE ER 100 MG TAB ER 24H                              | 1    | QL 30 / 30 DAYS         |
| DESVENLAFAXINE ER 50 MG TAB ER 24H                               | 1    | QL 30 / 30 DAYS         |
| <i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>  | 1    | QL 30 / 30 DAYS         |
| <i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>   | 1    | QL 30 / 30 DAYS         |
| <i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>   | 1    | QL 30 / 30 DAYS         |
| <i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i> | 1    | QL 180 / 30 DAYS        |
| <i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i> | 1    | QL 120 / 30 DAYS        |
| <i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i> | 1    | QL 60 / 30 DAYS         |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| FETZIMA 120 MG CAP ER 24H                                    | 3    | QL 30 / 30 DAYS<br>ST |
| FETZIMA 20 MG CAP ER 24H                                     | 3    | QL 30 / 30 DAYS<br>ST |
| FETZIMA 40 MG CAP ER 24H                                     | 3    | QL 30 / 30 DAYS<br>ST |
| FETZIMA 80 MG CAP ER 24H                                     | 3    | QL 30 / 30 DAYS<br>ST |
| <i>venlafaxine hcl tab 100 mg (base equivalent)</i>          | 1    | QL 30 / 30 DAYS       |
| <i>venlafaxine hcl tab 25 mg (base equivalent)</i>           | 1    | QL 30 / 30 DAYS       |
| <i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>         | 1    | QL 90 / 30 DAYS       |
| <i>venlafaxine hcl tab 50 mg (base equivalent)</i>           | 1    | QL 150 / 30 DAYS      |
| <i>venlafaxine hcl tab 75 mg (base equivalent)</i>           | 1    | QL 150 / 30 DAYS      |
| <i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>  | 1    | QL 60 / 30 DAYS       |
| <i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i> | 1    |                       |
| <i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>   | 1    |                       |
| <b>TRICYCLIC AGENTS</b>                                      |      |                       |
| <i>amitriptyline hcl tab 10 mg</i>                           | 1    |                       |
| <i>amitriptyline hcl tab 100 mg</i>                          | 1    |                       |
| <i>amitriptyline hcl tab 150 mg</i>                          | 1    |                       |
| <i>amitriptyline hcl tab 25 mg</i>                           | 1    |                       |
| <i>amitriptyline hcl tab 50 mg</i>                           | 1    |                       |
| <i>amitriptyline hcl tab 75 mg</i>                           | 1    |                       |
| <i>amoxapine tab 100 mg</i>                                  | 2    |                       |
| <i>amoxapine tab 150 mg</i>                                  | 2    |                       |
| <i>amoxapine tab 25 mg</i>                                   | 2    |                       |
| <i>amoxapine tab 50 mg</i>                                   | 2    |                       |

| PRODUCT DESCRIPTION                  | TIER | LIMITS & RESTRICTIONS |
|--------------------------------------|------|-----------------------|
| <i>clomipramine hcl cap 25 mg</i>    | 1    |                       |
| <i>clomipramine hcl cap 50 mg</i>    | 1    |                       |
| <i>clomipramine hcl cap 75 mg</i>    | 1    |                       |
| <i>desipramine hcl tab 10 mg</i>     | 1    |                       |
| <i>desipramine hcl tab 100 mg</i>    | 1    |                       |
| <i>desipramine hcl tab 150 mg</i>    | 1    |                       |
| <i>desipramine hcl tab 25 mg</i>     | 1    |                       |
| <i>desipramine hcl tab 50 mg</i>     | 1    |                       |
| <i>desipramine hcl tab 75 mg</i>     | 1    |                       |
| <i>doxepin hcl cap 10 mg</i>         | 1    |                       |
| <i>doxepin hcl conc 10 mg/ml</i>     | 1    | AL1 Up to 8 yrs old   |
| <i>doxepin hcl cap 100 mg</i>        | 1    |                       |
| <i>doxepin hcl cap 150 mg</i>        | 1    |                       |
| <i>doxepin hcl cap 25 mg</i>         | 1    |                       |
| <i>doxepin hcl cap 50 mg</i>         | 1    |                       |
| <i>doxepin hcl cap 75 mg</i>         | 1    |                       |
| <i>imipramine hcl tab 10 mg</i>      | 1    |                       |
| <i>imipramine hcl tab 25 mg</i>      | 1    |                       |
| <i>imipramine hcl tab 50 mg</i>      | 1    |                       |
| <i>imipramine pamoate cap 100 mg</i> | 1    |                       |
| <i>imipramine pamoate cap 125 mg</i> | 1    |                       |
| <i>imipramine pamoate cap 150 mg</i> | 1    |                       |
| <i>imipramine pamoate cap 75 mg</i>  | 1    |                       |
| <i>nortriptyline hcl cap 10 mg</i>   | 1    |                       |
| NORTRIPTYLINE HCL 10 MG/5ML SOLUTION | 1    |                       |
| <i>nortriptyline hcl cap 25 mg</i>   | 1    |                       |
| <i>nortriptyline hcl cap 50 mg</i>   | 1    |                       |
| <i>nortriptyline hcl cap 75 mg</i>   | 1    |                       |

| PRODUCT DESCRIPTION                       | TIER | LIMITS & RESTRICTIONS                         |
|---|------|---|
| <i>protriptyline hcl tab 10 mg</i>        | 1    |   |
| <i>protriptyline hcl tab 5 mg</i>         | 1    |   |
| <i>trimipramine maleate cap 100 mg</i>    | 2    |   |
| <i>trimipramine maleate cap 25 mg</i>     | 2    |   |
| <i>trimipramine maleate cap 50 mg</i>     | 2    |   |
| <b>ANTIDIABETICS</b>                      |      |   |
| <b>ALPHA-GLUCOSIDASE INHIBITORS</b>       |      |   |
| <i>acarbose tab 100 mg</i>                | 1    | QL 90 / 30 DAYS                               |
| <i>acarbose tab 25 mg</i>                 | 1    | QL 90 / 30 DAYS                               |
| <i>acarbose tab 50 mg</i>                 | 1    | QL 90 / 30 DAYS                               |
| MIGLITOL 100 MG TAB                       | 1    |   |
| <i>miglitol tab 100 mg</i>                | 1    |   |
| MIGLITOL 25 MG TAB                        | 1    |   |
| <i>miglitol tab 25 mg</i>                 | 1    |   |
| MIGLITOL 50 MG TAB                        | 1    |   |
| <i>miglitol tab 50 mg</i>                 | 1    |   |
| <b>ANTIDIABETIC - AMYLIN ANALOGS</b>      |      |   |
| SYMLINPEN 120 2700 MCG/2.7ML SOLN PEN     | 3    | QL 10 / 30 DAYS<br>PA                         |
| SYMLINPEN 60 1500 MCG/1.5ML SOLN PEN      | 3    | QL 10 / 30 DAYS<br>PA                         |
| <b>BIGUANIDES</b>                         |      |   |
| <i>metformin hcl tab 1000 mg</i>          | 1    | QL 90 / 30 DAYS<br>VAL Value Preventive List  |
| <i>metformin hcl tab 500 mg</i>           | 1    | QL 150 / 30 DAYS<br>VAL Value Preventive List |
| <i>metformin hcl oral soln 500 mg/5ml</i> | 2    | PA<br>AL1 0 to 8 yrs old                      |



| PRODUCT DESCRIPTION                              | TIER | LIMITS & RESTRICTIONS   |
|--|------|---|
| <i>metformin hcl tab 850 mg</i>                  | 1    | <span>QL</span> 90 / 30 DAYS<br><span>VAL</span> Value Preventive List  |
| <i>metformin hcl tab er 24hr 500 mg</i>          | 1    | <span>QL</span> 150 / 30 DAYS<br><span>VAL</span> Value Preventive List |
| <i>metformin hcl tab er 24hr 750 mg</i>          | 1    | <span>QL</span> 90 / 30 DAYS<br><span>VAL</span> Value Preventive List  |
| <b>DIABETIC OTHER</b>                            |      |   |
| BAQSIMI ONE PACK 3 MG/DOSE POWDER                | 2    | <span>QL</span> 2 / 60 day(s)   |
| BAQSIMI TWO PACK 3 MG/DOSE POWDER                | 2    | <span>QL</span> 2 / 60 day(s)   |
| GLUCAGEN HYPOKIT 1 MG RECON SOLN                 | 2    | <span>QL</span> 2 / 60 day(s)   |
| <i>glucagon (rdna) for inj kit 1 mg</i>          | 2    | <span>QL</span> 2 / 60 day(s)   |
| GVOKE HYPOPEN 1-PACK 0.5 MG/0.1ML SOLN A-INJ     | 2    | <span>QL</span> 0.2 / 60 day(s)   |
| GVOKE HYPOPEN 1-PACK 1 MG/0.2ML SOLN A-INJ       | 2    | <span>QL</span> 0.4 / 60 day(s)   |
| GVOKE HYPOPEN 2-PACK 0.5 MG/0.1ML SOLN A-INJ     | 2    | <span>QL</span> 0.2 / 60 day(s)   |
| GVOKE HYPOPEN 2-PACK 1 MG/0.2ML SOLN A-INJ       | 2    | <span>QL</span> 0.4 / 60 day(s)   |
| GVOKE KIT 1 MG/0.2ML SOLUTION                    | 2    | <span>QL</span> 2 / 60 day(s)   |
| GVOKE PFS 0.5 MG/0.1ML SOLN PRSYR                | 2    | <span>QL</span> 0.2 / 60 day(s)   |
| GVOKE PFS 1 MG/0.2ML SOLN PRSYR                  | 2    | <span>QL</span> 0.4 / 60 day(s)   |
| <b>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b> |      |   |
| ALOGLIPTIN BENZOATE 12.5 MG TAB                  | 3    | <span>QL</span> 30 / 30 DAYS<br><span>ST</span>                         |
| ALOGLIPTIN BENZOATE 25 MG TAB                    | 3    | <span>QL</span> 30 / 30 DAYS<br><span>ST</span>                         |
| ALOGLIPTIN BENZOATE 6.25 MG TAB                  | 3    | <span>QL</span> 30 / 30 DAYS<br><span>ST</span>                         |
| JANUVIA 100 MG TAB                               | 2    | <span>QL</span> 1 / 1 day(s)<br><span>ST</span>                         |

| PRODUCT DESCRIPTION                                     | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| JANUVIA 25 MG TAB                                       | 2    | QL 1 / 1 day(s)<br>ST |
| JANUVIA 50 MG TAB                                       | 2    | QL 1 / 1 day(s)<br>ST |
| TRADJENTA 5 MG TAB                                      | 2    | QL 1 / 1 day(s)<br>ST |
| DIPEPTIDYL PEPTIDASE-4 INHIBITOR-BIGUANIDE COMBINATIONS |      |                       |
| JANUMET 50-1000 MG TAB                                  | 2    | QL 2 / 1 day(s)<br>ST |
| JANUMET 50-500 MG TAB                                   | 2    | QL 2 / 1 day(s)<br>ST |
| JANUMET XR 100-1000 MG TAB ER 24H                       | 2    | QL 1 / 1 day(s)<br>ST |
| JANUMET XR 50-1000 MG TAB ER 24H                        | 2    | QL 2 / 1 day(s)<br>ST |
| JANUMET XR 50-500 MG TAB ER 24H                         | 2    | QL 30 / 30 DAYS<br>ST |
| JENTADUETO 2.5-1000 MG TAB                              | 2    | QL 2 / 1 day(s)<br>ST |
| JENTADUETO 2.5-500 MG TAB                               | 2    | QL 2 / 1 day(s)<br>ST |
| JENTADUETO 2.5-850 MG TAB                               | 2    | QL 2 / 1 day(s)<br>ST |
| JENTADUETO XR 2.5-1000 MG TAB ER 24H                    | 2    | QL 2 / 1 day(s)<br>ST |
| JENTADUETO XR 5-1000 MG TAB ER 24H                      | 2    | QL 1 / 1 day(s)<br>ST |

| PRODUCT DESCRIPTION                                    | TIER | LIMITS & RESTRICTIONS                                   |
|--|------|---|
| <b>HUMAN INSULIN</b>                                   |      |   |
| BASAGLAR KWIKPEN 100 UNIT/ML SOLN PEN                  | 2    | <p>QL 2 / 1 day(s)</p> <p>VAL Value Preventive List</p> |
| HUMALOG 100 UNIT/ML SOLN CART                          | 1    | <p>QL 2 / 1 day(s)</p> <p>VAL Value Preventive List</p> |
| HUMALOG 100 UNIT/ML SOLUTION                           | 1    | <p>QL 2 / 1 day(s)</p> <p>VAL Value Preventive List</p> |
| HUMALOG JUNIOR KWIKPEN 100 UNIT/ML SOLN PEN            | 1    | <p>QL 2 / 1 day(s)</p> <p>VAL Value Preventive List</p> |
| HUMALOG KWIKPEN 100 UNIT/ML SOLN PEN                   | 1    | <p>QL 2 / 1 day(s)</p> <p>VAL Value Preventive List</p> |
| HUMALOG KWIKPEN 200 UNIT/ML SOLN PEN                   | 1    | <p>QL 1 / 1 day(s)</p> <p>VAL Value Preventive List</p> |
| HUMALOG MIX 50/50 (50-50) 100 UNIT/ML SUSPENSION       | 1    | <p>QL 2 / 1 day(s)</p> <p>VAL Value Preventive List</p> |
| HUMALOG MIX 50/50 KWIKPEN (50-50) 100 UNIT/ML SUSP PEN | 1    | <p>QL 2 / 1 day(s)</p> <p>VAL Value Preventive List</p> |
| HUMALOG MIX 75/25 (75-25) 100 UNIT/ML SUSPENSION       | 1    | <p>QL 2 / 1 day(s)</p> <p>VAL Value Preventive List</p> |
| HUMALOG MIX 75/25 KWIKPEN (75-25) 100 UNIT/ML SUSP PEN | 1    | <p>QL 2 / 1 day(s)</p> <p>VAL Value Preventive List</p> |
| HUMULIN 70/30 (70-30) 100 UNIT/ML SUSPENSION           | 1    | <p>QL 2 / 1 day(s)</p> <p>VAL Value Preventive List</p> |
| HUMULIN 70/30 KWIKPEN (70-30) 100 UNIT/ML SUSP PEN     | 1    | <p>QL 2 / 1 day(s)</p> <p>VAL Value Preventive List</p> |
| HUMULIN N 100 UNIT/ML SUSPENSION                       | 1    | <p>QL 2 / 1 day(s)</p> <p>VAL Value Preventive List</p> |
| HUMULIN N KWIKPEN 100 UNIT/ML SUSP PEN                 | 1    | <p>QL 2 / 1 day(s)</p> <p>VAL Value Preventive List</p> |

| PRODUCT DESCRIPTION                                       | TIER | LIMITS & RESTRICTIONS                                   |
|---|------|---|
| HUMULIN R 100 UNIT/ML SOLUTION                            | 1    | <p>QL 2 / 1 day(s)</p> <p>VAL Value Preventive List</p> |
| HUMULIN R U-500 (CONCENTRATED) 500 UNIT/ML SOLUTION       | 1    | <p>QL 2 / 1 day(s)</p> <p>VAL Value Preventive List</p> |
| HUMULIN R U-500 KWIKPEN 500 UNIT/ML SOLN PEN              | 1    | <p>QL 1 / 1 day(s)</p> <p>VAL Value Preventive List</p> |
| INSULIN DEGLUDEC 100 UNIT/ML SOLUTION                     | 3    | <p>QL 2 / 1 day(s)</p> <p>PA</p>                        |
| INSULIN DEGLUDEC FLEXTOUCH 100 UNIT/ML SOLN PEN           | 3    | <p>QL 2 / 1 day(s)</p> <p>PA</p>                        |
| INSULIN DEGLUDEC FLEXTOUCH 200 UNIT/ML SOLN PEN           | 3    | <p>QL 0.9 / 1 day(s)</p> <p>PA</p>                      |
| INSULIN GLARGINE 100 UNIT/ML SOLUTION                     | 3    | <p>QL 2 / 1 day(s)</p> <p>PA</p>                        |
| INSULIN GLARGINE SOLOSTAR 100 UNIT/ML SOLN PEN            | 3    | <p>QL 2 / 1 day(s)</p> <p>PA</p>                        |
| INSULIN LISPRO (1 UNIT DIAL) 100 UNIT/ML SOLN PEN         | 1    | <p>QL 2 / 1 day(s)</p> <p>VAL Value Preventive List</p> |
| INSULIN LISPRO 100 UNIT/ML SOLUTION                       | 1    | <p>QL 2 / 1 day(s)</p> <p>VAL Value Preventive List</p> |
| INSULIN LISPRO JUNIOR KWIKPEN 100 UNIT/ML SOLN PEN        | 1    | <p>QL 2 / 1 day(s)</p> <p>VAL Value Preventive List</p> |
| INSULIN LISPRO PROT & LISPRO (75-25) 100 UNIT/ML SUSP PEN | 1    | <p>QL 2 / 1 day(s)</p> <p>VAL Value Preventive List</p> |
| LEVEMIR 100 UNIT/ML SOLUTION                              | 3    | <p>QL 2 / 1 day(s)</p> <p>PA</p>                        |
| LEVEMIR FLEXPEN 100 UNIT/ML SOLN PEN                      | 3    | <p>QL 2 / 1 day(s)</p> <p>PA</p>                        |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS                        |
|--|------|--|
| LEVEMIR FLEXTOUCH 100 UNIT/ML SOLN PEN                             | 3    | QL 2 / 1 day(s)<br>PA                        |
| REZVOGLAR KWIKPEN 100 UNIT/ML SOLN PEN                             | 2    | QL 2 / 1 day(s)<br>VAL Value Preventive List |
| <b>INCRETIN MIMETIC AGENTS (GIP &amp; GLP-1 RECEPTOR AGONISTS)</b> |      |  |
| MOUNJARO 10 MG/0.5ML SOLN PEN                                      | 2    | QL 2 / 28 day(s)<br>PA                       |
| MOUNJARO 12.5 MG/0.5ML SOLN PEN                                    | 2    | QL 2 / 28 day(s)<br>PA                       |
| MOUNJARO 15 MG/0.5ML SOLN PEN                                      | 2    | QL 2 / 28 day(s)<br>PA                       |
| MOUNJARO 2.5 MG/0.5ML SOLN PEN                                     | 2    | QL 2 / 28 day(s)<br>PA                       |
| MOUNJARO 5 MG/0.5ML SOLN PEN                                       | 2    | QL 2 / 28 day(s)<br>PA                       |
| MOUNJARO 7.5 MG/0.5ML SOLN PEN                                     | 2    | QL 2 / 28 day(s)<br>PA                       |
| <b>INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)</b>           |      |  |
| BYDUREON 2 MG PEN  | 2    | QL 4 / 28 DAYS<br>PA                         |
| BYDUREON BCISE 2 MG/0.85ML A-INJ                                   | 2    | QL 3.4 / 28 day(s)<br>PA                     |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/1.5ML SOLN PEN                  | 2    | QL 1.5 / 28 day(s)<br>PA                     |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN                    | 2    | QL 3 / 28 day(s)<br>PA                       |
| OZEMPIC (1 MG/DOSE) 2 MG/1.5ML SOLN PEN                            | 2    | QL 3 / 28 day(s)<br>PA                       |

| PRODUCT DESCRIPTION                          | TIER | LIMITS & RESTRICTIONS                        |
|--|------|--|
| OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN        | 2    | QL 3 / 28 day(s)<br>PA                       |
| OZEMPIC (2 MG/DOSE) 8 MG/3ML SOLN PEN        | 2    | QL 3 / 28 day(s)<br>PA                       |
| RYBELSUS 14 MG TAB                           | 2    | QL 30 / 30 day(s)<br>PA                      |
| RYBELSUS 3 MG TAB                            | 2    | QL 30 / 30 day(s)<br>PA                      |
| RYBELSUS 7 MG TAB                            | 2    | QL 30 / 30 day(s)<br>PA                      |
| TRULICITY 0.75 MG/0.5ML SOLN PEN             | 2    | QL 2 / 28 day(s)<br>PA                       |
| TRULICITY 1.5 MG/0.5ML SOLN PEN              | 2    | QL 2 / 28 day(s)<br>PA                       |
| TRULICITY 3 MG/0.5ML SOLN PEN                | 2    | QL 2 / 28 day(s)<br>PA                       |
| TRULICITY 4.5 MG/0.5ML SOLN PEN              | 2    | QL 2 / 28 day(s)<br>PA                       |
| VICTOZA 18 MG/3ML SOLN PEN                   | 2    | QL 9 / 30 DAYS<br>PA                         |
| <b>INSULIN-INCRETIN MIMETIC COMBINATIONS</b> |      |  |
| SOLIQUA 100-33 UNT-MCG/ML SOLN PEN           | 2    | QL 0.6 / 1 day(s)<br>ST                      |
| XULTOPHY 100-3.6 UNIT-MG/ML SOLN PEN         | 3    | QL 0.5 / 1 day(s)<br>PA                      |
| <b>MEGLITINIDE ANALOGUES</b>                 |      |  |
| <i>nateglinide tab 120 mg</i>                | 1    | QL 90 / 30 DAYS<br>VAL Value Preventive List |

| PRODUCT DESCRIPTION                                       | TIER | LIMITS & RESTRICTIONS   |
|---|------|---|
| <i>nateglinide tab 60 mg</i>                              | 1    | <span>QL</span> 90 / 30 DAYS<br><span>VAL</span> Value Preventive List  |
| <i>repaglinide tab 0.5 mg</i>                             | 1    | <span>QL</span> 240 / 30 DAYS<br><span>VAL</span> Value Preventive List |
| <i>repaglinide tab 1 mg</i>                               | 1    | <span>QL</span> 240 / 30 DAYS<br><span>VAL</span> Value Preventive List |
| <i>repaglinide tab 2 mg</i>                               | 1    | <span>QL</span> 120 / 30 DAYS<br><span>VAL</span> Value Preventive List |
| <b>SGLT2 INHIBITOR - DPP-4 INHIBITOR - BIGUANIDE COMB</b> |      |   |
| TRIJARDY XR 10-5-1000 MG TAB ER 24H                       | 2    | <span>QL</span> 1 / 1 day(s)<br><span>ST</span>                         |
| TRIJARDY XR 12.5-2.5-1000 MG TAB ER 24H                   | 2    | <span>QL</span> 2 / 1 day(s)<br><span>ST</span>                         |
| TRIJARDY XR 25-5-1000 MG TAB ER 24H                       | 2    | <span>QL</span> 1 / 1 day(s)<br><span>ST</span>                         |
| TRIJARDY XR 5-2.5-1000 MG TAB ER 24H                      | 2    | <span>QL</span> 2 / 1 day(s)<br><span>ST</span>                         |
| <b>SGLT2 INHIBITOR - DPP-4 INHIBITOR COMBINATIONS</b>     |      |   |
| GLYXAMBI 10-5 MG TAB                                      | 2    | <span>QL</span> 30 / 30 day(s)<br><span>ST</span>                       |
| GLYXAMBI 25-5 MG TAB                                      | 2    | <span>QL</span> 30 / 30 day(s)<br><span>ST</span>                       |
| <b>SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS</b> |      |   |
| FARXIGA 10 MG TAB   | 2    | <span>QL</span> 30 / 30 days<br><span>ST</span>                         |
| FARXIGA 5 MG TAB  | 2    | <span>QL</span> 30 / 30 days<br><span>ST</span>                         |
| JARDIANCE 10 MG TAB                                       | 2    | <span>QL</span> 30 / 30 DAYS<br><span>ST</span>                         |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS   |
|---|------|-------------------------|
| JARDIANCE 25 MG TAB   | 2    | QL 30 / 30 DAYS<br>ST   |
| <b>SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB</b> |      |                         |
| SYNJARDY 12.5-1000 MG TAB                                       | 2    | QL 60 / 30 DAYS<br>ST   |
| SYNJARDY 12.5-500 MG TAB  | 2    | QL 60 / 30 DAYS<br>ST   |
| SYNJARDY 5-1000 MG TAB  | 2    | QL 60 / 30 DAYS<br>ST   |
| SYNJARDY 5-500 MG TAB   | 2    | QL 60 / 30 DAYS<br>ST   |
| SYNJARDY XR 10-1000 MG TAB ER 24H                               | 2    | QL 60 / 30 days<br>ST   |
| SYNJARDY XR 12.5-1000 MG TAB ER 24H                             | 2    | QL 60 / 30 days<br>ST   |
| SYNJARDY XR 25-1000 MG TAB ER 24H                               | 2    | QL 60 / 30 days<br>ST   |
| SYNJARDY XR 5-1000 MG TAB ER 24H                                | 2    | QL 60 / 30 days<br>ST   |
| XIGDUO XR 10-1000 MG TAB ER 24H                                 | 2    | QL 30 / 30 day(s)<br>ST |
| XIGDUO XR 10-500 MG TAB ER 24H                                  | 2    | QL 30 / 30 day(s)<br>ST |
| XIGDUO XR 2.5-1000 MG TAB ER 24H                                | 2    | QL 30 / 30 day(s)<br>ST |
| XIGDUO XR 5-1000 MG TAB ER 24H                                  | 2    | QL 30 / 30 day(s)<br>ST |
| XIGDUO XR 5-500 MG TAB ER 24H                                   | 2    | QL 30 / 30 day(s)<br>ST |



| PRODUCT DESCRIPTION                           | TIER | LIMITS & RESTRICTIONS                         |
|---|------|---|
| <b>SULFONYLUREA-BIGUANIDE COMBINATIONS</b>    |      |   |
| <i>glipizide-metformin hcl tab 2.5-250 mg</i> | 1    | VAL Value Preventive List                     |
| <i>glipizide-metformin hcl tab 2.5-500 mg</i> | 1    | VAL Value Preventive List                     |
| <i>glipizide-metformin hcl tab 5-500 mg</i>   | 1    | VAL Value Preventive List                     |
| <i>glyburide-metformin tab 1.25-250 mg</i>    | 1    | VAL Value Preventive List                     |
| <i>glyburide-metformin tab 2.5-500 mg</i>     | 1    | VAL Value Preventive List                     |
| <i>glyburide-metformin tab 5-500 mg</i>       | 1    | VAL Value Preventive List                     |
| <b>SULFONYLUREAS</b>                          |      |   |
| <i>glimepiride tab 1 mg</i>                   | 1    | QL 60 / 30 DAYS<br>VAL Value Preventive List  |
| <i>glimepiride tab 2 mg</i>                   | 1    | QL 60 / 30 DAYS<br>VAL Value Preventive List  |
| <i>glimepiride tab 4 mg</i>                   | 1    | QL 60 / 30 DAYS<br>VAL Value Preventive List  |
| <i>glipizide tab 10 mg</i>                    | 1    | QL 120 / 30 DAYS<br>VAL Value Preventive List |
| <i>glipizide tab 5 mg</i>                     | 1    | QL 240 / 30 DAYS<br>VAL Value Preventive List |
| <i>glipizide tab er 24hr 10 mg</i>            | 1    | QL 60 / 30 DAYS<br>VAL Value Preventive List  |
| <i>glipizide tab er 24hr 2.5 mg</i>           | 1    | QL 240 / 30 DAYS<br>VAL Value Preventive List |
| <i>glipizide tab er 24hr 5 mg</i>             | 1    | QL 60 / 30 DAYS<br>VAL Value Preventive List  |
| <i>glipizide tab er 24hr 10 mg</i>            | 1    | QL 60 / 30 DAYS<br>VAL Value Preventive List  |
| <i>glipizide tab er 24hr 2.5 mg</i>           | 1    | QL 240 / 30 DAYS<br>VAL Value Preventive List |

| PRODUCT DESCRIPTION                                 | TIER | LIMITS & RESTRICTIONS   |
|---|------|---|
| <i>glipizide tab er 24hr 5 mg</i>                   | 1    | <span>QL</span> 60 / 30 DAYS<br><span>VAL</span> Value Preventive List  |
| <i>glyburide tab 1.25 mg</i>                        | 1    | <span>QL</span> 480 / 30 DAYS<br><span>VAL</span> Value Preventive List |
| <i>glyburide tab 2.5 mg</i>                         | 1    | <span>QL</span> 240 / 30 DAYS<br><span>VAL</span> Value Preventive List |
| <i>glyburide tab 5 mg</i>                           | 1    | <span>QL</span> 120 / 30 DAYS<br><span>VAL</span> Value Preventive List |
| <i>glyburide micronized tab 1.5 mg</i>              | 1    | <span>QL</span> 120 / 30 DAYS<br><span>VAL</span> Value Preventive List |
| <i>glyburide micronized tab 3 mg</i>                | 1    | <span>QL</span> 60 / 30 DAYS<br><span>VAL</span> Value Preventive List  |
| <i>glyburide micronized tab 6 mg</i>                | 1    | <span>QL</span> 30 / 30 DAYS<br><span>VAL</span> Value Preventive List  |
| <b>THIAZOLIDINEDIONE-BIGUANIDE COMBINATIONS</b>     |      |   |
| <i>pioglitazone hcl-metformin hcl tab 15-500 mg</i> | 1    | <span>VAL</span> Value Preventive List                                  |
| <i>pioglitazone hcl-metformin hcl tab 15-850 mg</i> | 1    | <span>QL</span> 90 / 30 DAYS<br><span>VAL</span> Value Preventive List  |
| <b>THIAZOLIDINEDIONES</b>                           |      |   |
| <i>pioglitazone hcl tab 15 mg (base equiv)</i>      | 1    | <span>QL</span> 30 / 30 DAYS<br><span>VAL</span> Value Preventive List  |
| <i>pioglitazone hcl tab 30 mg (base equiv)</i>      | 1    | <span>QL</span> 30 / 30 DAYS<br><span>VAL</span> Value Preventive List  |
| <i>pioglitazone hcl tab 45 mg (base equiv)</i>      | 1    | <span>QL</span> 30 / 30 DAYS<br><span>VAL</span> Value Preventive List  |
| <b>ANTIDIARRHEAL/PROBIOTIC AGENTS</b>               |      |   |
| <b>ANTIPERISTALTIC AGENTS</b>                       |      |   |
| <i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>   | 1    | <span>QL</span> 80 / 10 DAYS  |

| PRODUCT DESCRIPTION                                  | TIER | LIMITS & RESTRICTIONS                                |
|--|------|--|
| MOTOFEN 1-0.025 MG TAB                               | 3    | QL 16 / 30 day(s)                                    |
| <i>opium tincture 1% (10 mg/ml) (morphine equiv)</i> | 1    | QL 15 / 5 DAYS<br>MFL 2 / 30 DAYS<br>MD 7 / 1 day(s) |
| <b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>            |      |  |
| <b>ANTIDOTES - CHELATING AGENTS</b>                  |      |  |
| CHEMET 100 MG CAP                                    | 3    | PA   |
| <i>deferasirox tab for oral susp 125 mg</i>          | 4    | PA   |
| <i>deferasirox granules packet 180 mg</i>            | 4    | PA   |
| <i>deferasirox tab 180 mg</i>                        | 4    |  |
| <i>deferasirox tab for oral susp 250 mg</i>          | 4    | PA   |
| <i>deferasirox granules packet 360 mg</i>            | 4    | PA   |
| <i>deferasirox tab 360 mg</i>                        | 4    |  |
| <i>deferasirox tab for oral susp 500 mg</i>          | 4    | PA   |
| <i>deferasirox granules packet 90 mg</i>             | 4    | PA   |
| <i>deferasirox tab 90 mg</i>                         | 4    |  |
| <i>deferasirox granules packet 180 mg</i>            | 4    | PA   |
| <i>deferasirox granules packet 360 mg</i>            | 4    | PA   |
| <i>deferasirox granules packet 90 mg</i>             | 4    | PA   |
| <i>deferiprone tab 1000 mg</i>                       | 4    | PA<br>S  |
| <i>deferiprone tab 500 mg</i>                        | 4    | PA<br>S  |
| FERRIPROX 100 MG/ML SOLUTION                         | 4    | PA<br>S  |
| FERRIPROX TWICE-A-DAY 1000 MG TAB                    | 4    | PA<br>S  |

| PRODUCT DESCRIPTION                                 | TIER | LIMITS & RESTRICTIONS                     |
|---|------|---|
| <i>acetylcysteine inj 200 mg/ml</i>                 | 1    |   |
| BRIDION 200 MG/2ML SOLUTION                         | 3    | PA  |
| BRIDION 500 MG/5ML SOLUTION                         | 3    | PA  |
| RADIOGARDASE 0.5 GM CAP                             | 2    |   |
| <b>OPIOID ANTAGONISTS</b>                           |      |   |
| KLOXXADO 8 MG/0.1ML LIQUID                          | 1    | QL 2 / 30 day(s)                          |
| NALOXONE HCL 0.4 MG/ML SOLN CART                    | 1    | QL 2 / 30 day(s)                          |
| <i>naloxone hcl inj 0.4 mg/ml</i>                   | 1    | QL 2 / 30 day(s)                          |
| <i>naloxone hcl soln prefilled syringe 2 mg/2ml</i> | 1    | QL 4 / 30 day(s)                          |
| <i>naloxone hcl nasal spray 4 mg/0.1ml</i>          | 1    | QL 2 / 30 day(s)                          |
| <i>naloxone hcl inj 4 mg/10ml</i>                   | 1    | QL 10 / 30 day(s)                         |
| <i>naltrexone hcl tab 50 mg</i>                     | 1    | QL 60 / 30 DAYS                           |
| OPVEE 2.7 MG/0.1ML SOLUTION                         | 1    | QL 2 / 30 day(s)                          |
| VIVITROL 380 MG RECON SUSP                          | 4    | QL 1 / 0 day(s)<br>MFL 1 / 28 day(s)<br>S |
| ZIMHI 5 MG/0.5ML SOLN PRSYR                         | 2    | QL 1 / 30 day(s)                          |
| <b>ANTIEMETICS</b>                                  |      |   |
| <b>5-HT3 RECEPTOR ANTAGONISTS</b>                   |      |   |
| ANZEMET 100 MG TAB                                  | 3    | QL 7 / 30 DAYS<br>PA                      |
| ANZEMET 50 MG TAB                                   | 3    | QL 7 / 30 DAYS<br>PA                      |
| <i>granisetron hcl tab 1 mg</i>                     | 1    | QL 14 / 30 DAYS                           |
| <i>ondansetron orally disintegrating tab 4 mg</i>   | 1    | QL 180 / 30 DAYS                          |
| <i>ondansetron orally disintegrating tab 8 mg</i>   | 1    | QL 180 / 30 DAYS                          |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>ondansetron hcl tab 4 mg</i>                            | 1    | QL 180 / 30 DAYS      |
| ONDANSETRON HCL 4 MG/2ML SOLN PRSYR                        | 2    | PA                    |
| <i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>              | 2    | PA                    |
| <i>ondansetron hcl oral soln 4 mg/5ml</i>                  | 1    | QL 100 / 30 DAYS      |
| <i>ondansetron hcl tab 8 mg</i>                            | 1    | QL 180 / 30 DAYS      |
| SANCUSO 3.1 MG/24HR PATCH                                  | 3    | QL 1 / 7 DAYS<br>PA   |
| SUSTOL 10 MG/0.4ML PRSYR                                   | 3    | PA<br>S               |
| ZUPLENZ 4 MG FILM  | 3    | PA                    |
| ZUPLENZ 8 MG FILM  | 3    | PA                    |
| <b>ANTIEMETIC COMBINATIONS</b>                             |      |                       |
| AKYNZEO 300-0.5 MG CAP                                     | 3    | QL 1 / 0 DAYS<br>PA   |
| <b>ANTIEMETICS - ANTICHOLINERGIC</b>                       |      |                       |
| <i>meclizine hcl tab 25 mg</i>                             | 1    |                       |
| <i>scopolamine td patch 72hr 1 mg/3days</i>                | 1    |                       |
| <i>trimethobenzamide hcl cap 300 mg</i>                    | 1    |                       |
| <b>ANTIEMETICS - MISCELLANEOUS</b>                         |      |                       |
| <i>dronabinol cap 10 mg</i>                                | 2    | QL 60 / 30 DAYS       |
| <i>dronabinol cap 2.5 mg</i>                               | 2    | QL 60 / 30 DAYS       |
| <i>dronabinol cap 5 mg</i>                                 | 2    | QL 60 / 30 DAYS       |
| <b>SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS</b> |      |                       |
| <i>aprepitant capsule 125 mg</i>                           | 1    | QL 1 / 21 day(s)      |
| <i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>     | 1    | QL 3 / 21 day(s)      |
| <i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>     | 1    | QL 3 / 21 day(s)      |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS  |
|--|------|--|
| <i>aprepitant capsule 80 mg</i>                                | 1    | QL 2 / 21 day(s)   |
| VARUBI (180 MG DOSE) 2 X 90 MG TAB THPK                        | 3    | PA   |
| <b>ANTIFUNGALS</b>   |      |  |
| <b>ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (TRITERPENOID)</b> |      |  |
| BREXAFEMME 150 MG TAB  | 3    | QL 4 / 30 day(s)<br>ST<br>GL Female<br>AL1 At least 12 yrs old |
| <i>flucytosine cap 250 mg</i>                                  | 2    |  |
| <i>flucytosine cap 500 mg</i>                                  | 2    |  |
| <i>griseofulvin microsize susp 125 mg/5ml</i>                  | 1    |  |
| <i>griseofulvin microsize tab 500 mg</i>                       | 2    | QL 30 / 30 DAYS  |
| <i>griseofulvin ultramicrosize tab 125 mg</i>                  | 2    |  |
| <i>griseofulvin ultramicrosize tab 250 mg</i>                  | 2    |  |
| <i>nystatin tab 500000 unit</i>                                | 1    |  |
| <i>terbinafine hcl tab 250 mg</i>                              | 1    | QL 30 / 30 DAYS  |
| <b>IMIDAZOLES</b>  |      |  |
| <i>ketoconazole tab 200 mg</i>                                 | 1    |  |
| <b>TRIAZOLES</b>   |      |  |
| <i>fluconazole for susp 10 mg/ml</i>                           | 1    |  |
| <i>fluconazole tab 100 mg</i>                                  | 1    |  |
| <i>fluconazole tab 150 mg</i>                                  | 1    | QL 180 / 30 DAYS   |
| <i>fluconazole tab 200 mg</i>                                  | 1    |  |
| <i>fluconazole for susp 40 mg/ml</i>                           | 1    |  |
| <i>fluconazole tab 50 mg</i>                                   | 1    |  |
| <i>itraconazole cap 100 mg</i>                                 | 1    |  |
| <i>posaconazole tab delayed release 100 mg</i>                 | 4    | PA   |
| <i>posaconazole susp 40 mg/ml</i>                              | 4    | PA<br>S  |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>voriconazole tab 200 mg</i>                                    | 2    | QL 60 / 30 DAYS       |
| <i>voriconazole for susp 40 mg/ml</i>                             | 1    | AL1 Up to 8 yrs old   |
| <i>voriconazole tab 50 mg</i>                                     | 1    | QL 120 / 30 DAYS      |
| <b>ANTIHISTAMINES</b>   |      |                       |
| <b>ANTIHISTAMINES - ETHANOLAMINES</b>                             |      |                       |
| <i>carbinoxamine maleate tab 4 mg</i>                             | 1    |                       |
| CARBINOXAMINE MALEATE 4 MG/5ML SOLUTION                           | 1    |                       |
| <i>carbinoxamine maleate soln 4 mg/5ml</i>                        | 1    |                       |
| <i>diphenhydramine hcl elixir 12.5 mg/5ml</i>                     | 1    |                       |
| <i>diphenhydramine hcl elixir 12.5 mg/5ml</i>                     | 1    |                       |
| <i>diphenhydramine hcl elixir 12.5 mg/5ml</i>                     | 1    |                       |
| <i>diphenhydramine hcl inj 50 mg/ml</i>                           | 1    |                       |
| <b>ANTIHISTAMINES - NON-SEDATING</b>                              |      |                       |
| DES Loratadine 2.5 MG TAB DISP                                    | 1    | QL 30 / 30 DAYS       |
| <i>desloratadine tab 5 mg</i>                                     | 1    | QL 30 / 30 DAYS       |
| DES Loratadine 5 MG TAB DISP                                      | 1    | QL 30 / 30 DAYS       |
| <i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i> | 1    | QL 300 / 30 DAYS      |
| <i>levocetirizine dihydrochloride tab 5 mg</i>                    | 1    | QL 30 / 30 DAYS       |
| QUZYTIR 10 MG/ML SOLUTION   | 4    | PA                    |
| <b>ANTIHISTAMINES - PHENOTHIAZINES</b>                            |      |                       |
| <i>promethazine hcl suppos 12.5 mg</i>                            | 1    |                       |
| <i>promethazine hcl suppos 25 mg</i>                              | 1    | QL 30 / 30 DAYS       |
| <i>promethazine hcl suppos 12.5 mg</i>                            | 1    |                       |
| <i>promethazine hcl tab 12.5 mg</i>                               | 1    |                       |
| <i>promethazine hcl suppos 25 mg</i>                              | 1    | QL 30 / 30 DAYS       |
| <i>promethazine hcl tab 25 mg</i>                                 | 1    |                       |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS   |
|---|------|---|
| <i>promethazine hcl tab 50 mg</i>   | 1    |   |
| <i>promethazine hcl syrup 6.25 mg/5ml</i>   | 1    |   |
| <i>promethazine hcl syrup 6.25 mg/5ml</i>   | 1    |   |
| <i>promethazine hcl suppos 12.5 mg</i>  | 1    |   |
| <i>promethazine hcl suppos 25 mg</i>  | 1    | QL 30 / 30 DAYS   |
| <b>ANTI-HISTAMINES - PIPERIDINES</b>  |      |   |
| <i>cyproheptadine hcl syrup 2 mg/5ml</i>  | 1    |   |
| <i>cyproheptadine hcl tab 4 mg</i>  | 1    |   |
| <b>ANTIHYPERLIPIDEMICS<br/>ACL INHIB-INTESTINAL CHOLESTEROL ABSORPTION INHIB COMB</b> |      |   |
| NEXLIZET 180-10 MG TAB  | 3    | PA  |
| <b>ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS</b>                          |      |   |
| NEXLETOL 180 MG TAB   | 3    | PA  |
| <b>ANTIHYPERLIPIDEMICS - MISC.</b>  |      |   |
| <i>icosapent ethyl cap 0.5 gm</i>   | 2    | QL 120 / 30 day(s)<br>PA  |
| <i>icosapent ethyl cap 1 gm</i>   | 2    | QL 4 / 1 day(s)<br>PA   |
| <i>omega-3-acid ethyl esters cap 1 gm</i>   | 1    |   |
| <b>BILE ACID SEQUESTRANTS</b>   |      |   |
| <i>cholestyramine powder packets 4 gm</i>   | 1    | VAL Value Preventive List   |
| <i>cholestyramine powder 4 gm/dose</i>  | 1    | VAL Value Preventive List   |
| <i>cholestyramine light powder packets 4 gm</i>                                       | 1    | VAL Value Preventive List   |
| <i>cholestyramine light powder 4 gm/dose</i>  | 1    | VAL Value Preventive List   |
| <i>colesevelam hcl packet for susp 3.75 gm</i>  | 2    | QL 30 / 30 day(s)<br>AL1 Up to 8 yrs old<br>VAL Value Preventive List |
| <i>colesevelam hcl tab 625 mg</i>   | 2    | QL 180 / 30 DAYS<br>VAL Value Preventive List                         |



| PRODUCT DESCRIPTION                             | TIER | LIMITS & RESTRICTIONS                        |
|---|------|--|
| <i>colestipol hcl tab 1 gm</i>                  | 1    | VAL Value Preventive List                    |
| <i>colestipol hcl granules 5 gm</i>             | 1    | VAL Value Preventive List                    |
| <i>colestipol hcl granule packets 5 gm</i>      | 1    | VAL Value Preventive List                    |
| <i>cholestyramine light powder packets 4 gm</i> | 1    | VAL Value Preventive List                    |
| <i>cholestyramine light powder 4 gm/dose</i>    | 1    | VAL Value Preventive List                    |
| <b>FIBRIC ACID DERIVATIVES</b>                  |      |  |
| <i>fenofibrate tab 120 mg</i>                   | 1    | QL 30 / 30 DAYS                              |
| <i>fenofibrate micronized cap 134 mg</i>        | 1    | QL 30 / 30 DAYS<br>VAL Value Preventive List |
| <i>fenofibrate tab 145 mg</i>                   | 1    | QL 30 / 30 DAYS<br>VAL Value Preventive List |
| FENOFIBRATE 150 MG CAP                          | 3    | QL 30 / 30 day(s)                            |
| <i>fenofibrate tab 160 mg</i>                   | 1    | QL 30 / 30 DAYS<br>VAL Value Preventive List |
| <i>fenofibrate micronized cap 200 mg</i>        | 1    | QL 30 / 30 DAYS<br>VAL Value Preventive List |
| <i>fenofibrate tab 40 mg</i>                    | 1    | QL 30 / 30 DAYS                              |
| <i>fenofibrate tab 48 mg</i>                    | 1    | QL 30 / 30 DAYS<br>VAL Value Preventive List |
| FENOFIBRATE 50 MG CAP                           | 3    | QL Quantity Limit                            |
| <i>fenofibrate tab 54 mg</i>                    | 1    | QL 30 / 30 DAYS<br>VAL Value Preventive List |
| <i>fenofibrate micronized cap 67 mg</i>         | 1    | QL 30 / 30 DAYS<br>VAL Value Preventive List |
| <i>fenofibrate micronized cap 130 mg</i>        | 1    | QL 30 / 30 DAYS<br>VAL Value Preventive List |
| <i>fenofibrate micronized cap 134 mg</i>        | 1    | QL 30 / 30 DAYS<br>VAL Value Preventive List |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS  |
|--|------|--|
| <i>fenofibrate micronized cap 200 mg</i>                         | 1    | <span>QL</span> 30 / 30 DAYS<br><span>VAL</span> Value Preventive List |
| <i>fenofibrate micronized cap 43 mg</i>                          | 1    | <span>QL</span> 30 / 30 DAYS<br><span>VAL</span> Value Preventive List |
| <i>fenofibrate micronized cap 67 mg</i>                          | 1    | <span>QL</span> 30 / 30 DAYS<br><span>VAL</span> Value Preventive List |
| FENOFIBRIC ACID 105 MG TAB                                       | 1    | <span>QL</span> 30 / 30 DAYS<br><span>VAL</span> Value Preventive List |
| <i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i> | 1    | <span>QL</span> 30 / 30 DAYS<br><span>VAL</span> Value Preventive List |
| FENOFIBRIC ACID 35 MG TAB  | 1    | <span>QL</span> 30 / 30 DAYS   |
| <i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>  | 1    | <span>QL</span> 30 / 30 DAYS<br><span>VAL</span> Value Preventive List |
| <i>gemfibrozil tab 600 mg</i>                                    | 1    | <span>VAL</span> Value Preventive List                                 |
| LIPOFEN 150 MG CAP   | 3    | <span>QL</span> 30 / 30 day(s)   |
| LIPOFEN 50 MG CAP  | 3    | <span>QL</span> Quantity Limit   |
| <b>HMG COA REDUCTASE INHIBITORS</b>                              |      |  |
| <i>atorvastatin calcium tab 10 mg (base equivalent)</i>          | 1    | <span>QL</span> 30 / 30 DAYS<br><span>PRE</span> Preventative          |
| <i>atorvastatin calcium tab 20 mg (base equivalent)</i>          | 1    | <span>QL</span> 30 / 30 DAYS<br><span>PRE</span> Preventative          |
| <i>atorvastatin calcium tab 40 mg (base equivalent)</i>          | 1    | <span>QL</span> 30 / 30 DAYS<br><span>VAL</span> Value Preventive List |
| <i>atorvastatin calcium tab 80 mg (base equivalent)</i>          | 1    | <span>QL</span> 30 / 30 DAYS<br><span>VAL</span> Value Preventive List |
| <i>fluvastatin sodium cap 20 mg (base equivalent)</i>            | 1    | <span>QL</span> 30 / 30 DAYS<br><span>PRE</span> Preventative          |
| <i>fluvastatin sodium cap 40 mg (base equivalent)</i>            | 1    | <span>QL</span> 60 / 30 DAYS<br><span>PRE</span> Preventative          |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS                        |
|--|------|--|
| <i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i> | 1    | QL 30 / 30 DAYS<br>PRE Preventative          |
| LIVALO 1 MG TAB  | 3    | QL 30 / 30 DAYS<br>PA                        |
| LIVALO 2 MG TAB  | 3    | QL 30 / 30 DAYS<br>PA                        |
| LIVALO 4 MG TAB  | 3    | QL 30 / 30 DAYS<br>PA                        |
| <i>lovastatin tab 10 mg</i>                                    | 1    | QL 30 / 30 DAYS<br>PRE Preventative          |
| <i>lovastatin tab 20 mg</i>                                    | 1    | QL 30 / 30 DAYS<br>PRE Preventative          |
| <i>lovastatin tab 40 mg</i>                                    | 1    | QL 60 / 30 DAYS<br>PRE Preventative          |
| <i>pravastatin sodium tab 10 mg</i>                            | 1    | QL 30 / 30 DAYS<br>PRE Preventative          |
| <i>pravastatin sodium tab 20 mg</i>                            | 1    | QL 30 / 30 DAYS<br>PRE Preventative          |
| <i>pravastatin sodium tab 40 mg</i>                            | 1    | QL 60 / 30 DAYS<br>PRE Preventative          |
| <i>pravastatin sodium tab 80 mg</i>                            | 1    | QL 30 / 30 DAYS<br>PRE Preventative          |
| <i>rosuvastatin calcium tab 10 mg</i>                          | 1    | QL 30 / 30 DAYS<br>PRE Preventative          |
| <i>rosuvastatin calcium tab 20 mg</i>                          | 1    | QL 30 / 30 DAYS<br>VAL Value Preventive List |
| <i>rosuvastatin calcium tab 40 mg</i>                          | 1    | QL 30 / 30 DAYS<br>VAL Value Preventive List |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS  |
|---|------|--|
| <i>rosuvastatin calcium tab 5 mg</i>                            | 1    | <span>QL</span> 30 / 30 DAYS<br><span>PRE</span> Preventative          |
| <i>simvastatin tab 10 mg</i>                                    | 1    | <span>QL</span> 30 / 30 DAYS<br><span>PRE</span> Preventative          |
| <i>simvastatin tab 20 mg</i>                                    | 1    | <span>QL</span> 30 / 30 DAYS<br><span>PRE</span> Preventative          |
| <i>simvastatin tab 40 mg</i>                                    | 1    | <span>QL</span> 30 / 30 DAYS<br><span>PRE</span> Preventative          |
| <i>simvastatin tab 5 mg</i>                                     | 1    | <span>QL</span> 30 / 30 DAYS<br><span>PRE</span> Preventative          |
| <i>simvastatin tab 80 mg</i>                                    | 1    | <span>QL</span> 30 / 30 DAYS<br><span>VAL</span> Value Preventive List |
| <b>INTEST CHOLEST ABSORP INHIB-HMG COA REDUCTASE INHIB COMB</b> |      |  |
| EZETIMIBE-ROSUVASTATIN 10-10 MG TAB                             | 1    | <span>QL</span> 1 / 1 day(s)   |
| EZETIMIBE-ROSUVASTATIN 10-20 MG TAB                             | 1    | <span>QL</span> 1 / 1 day(s)   |
| EZETIMIBE-ROSUVASTATIN 10-40 MG TAB                             | 1    | <span>QL</span> 1 / 1 day(s)   |
| EZETIMIBE-ROSUVASTATIN 10-5 MG TAB                              | 1    | <span>QL</span> 1 / 1 day(s)   |
| <i>ezetimibe-simvastatin tab 10-10 mg</i>                       | 1    | <span>QL</span> 30 / 30 DAYS<br><span>VAL</span> Value Preventive List |
| <i>ezetimibe-simvastatin tab 10-20 mg</i>                       | 1    | <span>QL</span> 30 / 30 DAYS<br><span>VAL</span> Value Preventive List |
| <i>ezetimibe-simvastatin tab 10-40 mg</i>                       | 1    | <span>QL</span> 30 / 30 DAYS<br><span>VAL</span> Value Preventive List |
| <i>ezetimibe-simvastatin tab 10-80 mg</i>                       | 1    | <span>QL</span> 30 / 30 DAYS<br><span>VAL</span> Value Preventive List |
| <b>INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS</b>             |      |  |
| <i>ezetimibe tab 10 mg</i>                                      | 1    | <span>QL</span> 30 / 30 DAYS<br><span>VAL</span> Value Preventive List |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS                          |
|---|------|--|
| <b>NICOTINIC ACID DERIVATIVES</b>                               |      |  |
| <i>niacin tab er 1000 mg (antihyperlipidemic)</i>               | 1    | VAL Value Preventive List                      |
| <i>niacin tab er 500 mg (antihyperlipidemic)</i>                | 1    | VAL Value Preventive List                      |
| <i>niacin tab er 750 mg (antihyperlipidemic)</i>                | 1    | VAL Value Preventive List                      |
| NIACOR 500 MG TAB   | 3    |  |
| <b>PCSK9 INHIBITORS</b>   |      |  |
| REPATHA 140 MG/ML SOLN PRSYR                                    | 2    | ST   |
| REPATHA PUSHTRONEX SYSTEM 420 MG/3.5ML SOLN CART                | 2    | ST   |
| REPATHA SURECLICK 140 MG/ML SOLN A-INJ                          | 2    | ST   |
| <b>SMALL INTERFERING RNA (SIRNA) PCSK9 INHIBITORS</b>           |      |  |
| LEQVIO 284 MG/1.5ML SOLN PRSYR                                  | 4    | PA<br>S  |
| <b>ANTIHYPERTENSIVES</b>  |      |  |
| <b>ACE INHIBITOR &amp; CALCIUM CHANNEL BLOCKER COMBINATIONS</b> |      |  |
| <i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>          | 1    | VAL Value Preventive List                      |
| <i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>          | 1    | VAL Value Preventive List                      |
| <i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>         | 1    | QL 30 / 30 DAYS<br>VAL Value Preventive List   |
| <i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>           | 1    | VAL Value Preventive List                      |
| <i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>           | 1    | VAL Value Preventive List                      |
| <i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>           | 1    | VAL Value Preventive List                      |
| TRANDOLAPRIL-VERAPAMIL HCL ER 1-240 MG TAB ER                   | 1    | VAL Value Preventive List                      |
| <i>trandolapril-verapamil hcl tab er 2-180 mg</i>               | 1    | VAL Value Preventive List                      |
| TRANDOLAPRIL-VERAPAMIL HCL ER 2-180 MG TAB ER                   | 1    | VAL Value Preventive List                      |
| <i>trandolapril-verapamil hcl tab er 2-240 mg</i>               | 1    | VAL Value Preventive List                      |
| TRANDOLAPRIL-VERAPAMIL HCL ER 2-240 MG TAB ER                   | 1    | QL 30 / 30 day(s)<br>VAL Value Preventive List |

| PRODUCT DESCRIPTION                               | TIER | LIMITS & RESTRICTIONS     |
|---|------|---------------------------|
| <i>trandolapril-verapamil hcl tab er 4-240 mg</i> | 1    | VAL Value Preventive List |
| TRANDOLAPRIL-VERAPAMIL HCL ER 4-240 MG TAB ER     | 1    | VAL Value Preventive List |
| <b>ACE INHIBITORS</b>                             |      |                           |
| <i>benazepril hcl tab 10 mg</i>                   | 1    | VAL Value Preventive List |
| <i>benazepril hcl tab 20 mg</i>                   | 1    | VAL Value Preventive List |
| <i>benazepril hcl tab 40 mg</i>                   | 1    | VAL Value Preventive List |
| <i>benazepril hcl tab 5 mg</i>                    | 1    | VAL Value Preventive List |
| <i>captopril tab 100 mg</i>                       | 1    | VAL Value Preventive List |
| <i>captopril tab 12.5 mg</i>                      | 1    | VAL Value Preventive List |
| <i>captopril tab 25 mg</i>                        | 1    | VAL Value Preventive List |
| <i>captopril tab 50 mg</i>                        | 1    | VAL Value Preventive List |
| <i>enalapril maleate oral soln 1 mg/ml</i>        | 2    | AL1 Up to 8 yrs old       |
| <i>enalapril maleate tab 10 mg</i>                | 1    | VAL Value Preventive List |
| <i>enalapril maleate tab 2.5 mg</i>               | 1    | VAL Value Preventive List |
| <i>enalapril maleate tab 20 mg</i>                | 1    | VAL Value Preventive List |
| <i>enalapril maleate tab 5 mg</i>                 | 1    | VAL Value Preventive List |
| <i>fosinopril sodium tab 10 mg</i>                | 1    | VAL Value Preventive List |
| <i>fosinopril sodium tab 20 mg</i>                | 1    | VAL Value Preventive List |
| <i>fosinopril sodium tab 40 mg</i>                | 1    | VAL Value Preventive List |
| <i>lisinopril tab 10 mg</i>                       | 1    | VAL Value Preventive List |
| <i>lisinopril tab 2.5 mg</i>                      | 1    | VAL Value Preventive List |
| <i>lisinopril tab 20 mg</i>                       | 1    | VAL Value Preventive List |
| <i>lisinopril tab 30 mg</i>                       | 1    | VAL Value Preventive List |
| <i>lisinopril tab 40 mg</i>                       | 1    | VAL Value Preventive List |

| PRODUCT DESCRIPTION                  | TIER | LIMITS & RESTRICTIONS                        |
|--------------------------------------|------|--|
| <i>lisinopril tab 5 mg</i>           | 1    | VAL Value Preventive List                    |
| <i>moexipril hcl tab 15 mg</i>       | 1    | VAL Value Preventive List                    |
| <i>moexipril hcl tab 7.5 mg</i>      | 1    | VAL Value Preventive List                    |
| <i>perindopril erbumine tab 2 mg</i> | 1    | VAL Value Preventive List                    |
| <i>perindopril erbumine tab 4 mg</i> | 1    | VAL Value Preventive List                    |
| PERINDOPRIL ERBUMINE 8 MG TAB        | 1    | VAL Value Preventive List                    |
| <i>perindopril erbumine tab 8 mg</i> | 1    | VAL Value Preventive List                    |
| QBRELIS 1 MG/ML SOLUTION             | 2    | AL1 Up to 8 yrs old                          |
| <i>quinapril hcl tab 10 mg</i>       | 1    | VAL Value Preventive List                    |
| <i>quinapril hcl tab 20 mg</i>       | 1    | VAL Value Preventive List                    |
| <i>quinapril hcl tab 40 mg</i>       | 1    | VAL Value Preventive List                    |
| <i>quinapril hcl tab 5 mg</i>        | 1    | VAL Value Preventive List                    |
| <i>ramipril cap 1.25 mg</i>          | 1    | QL 30 / 30 DAYS<br>VAL Value Preventive List |
| <i>ramipril cap 10 mg</i>            | 1    | QL 60 / 30 DAYS<br>VAL Value Preventive List |
| <i>ramipril cap 2.5 mg</i>           | 1    | QL 30 / 30 DAYS<br>VAL Value Preventive List |
| <i>ramipril cap 5 mg</i>             | 1    | QL 30 / 30 DAYS<br>VAL Value Preventive List |
| <i>trandolapril tab 1 mg</i>         | 1    | QL 30 / 30 DAYS<br>VAL Value Preventive List |
| <i>trandolapril tab 2 mg</i>         | 1    | QL 30 / 30 DAYS<br>VAL Value Preventive List |
| <i>trandolapril tab 4 mg</i>         | 1    | QL 60 / 30 DAYS<br>VAL Value Preventive List |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS                          |
|--|------|--|
| <b>ACE INHIBITORS &amp; THIAZIDE/THIAZIDE-LIKE</b>                 |      |  |
| <i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</i>         | 1    | VAL Value Preventive List                      |
| <i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</i>         | 1    | VAL Value Preventive List                      |
| <i>benazepril &amp; hydrochlorothiazide tab 20-25 mg</i>           | 1    | VAL Value Preventive List                      |
| <i>benazepril &amp; hydrochlorothiazide tab 5-6.25 mg</i>          | 1    | VAL Value Preventive List                      |
| CAPTOPRIL-HYDROCHLOROTHIAZIDE 25-15 MG TAB                         | 1    | VAL Value Preventive List                      |
| CAPTOPRIL-HYDROCHLOROTHIAZIDE 25-25 MG TAB                         | 1    | VAL Value Preventive List                      |
| CAPTOPRIL-HYDROCHLOROTHIAZIDE 50-15 MG TAB                         | 1    | VAL Value Preventive List                      |
| CAPTOPRIL-HYDROCHLOROTHIAZIDE 50-25 MG TAB                         | 1    | VAL Value Preventive List                      |
| <i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i>    | 1    | VAL Value Preventive List                      |
| <i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i>   | 1    | VAL Value Preventive List                      |
| <i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i>  | 1    | VAL Value Preventive List                      |
| <i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i>  | 1    | VAL Value Preventive List                      |
| <i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i>         | 1    | VAL Value Preventive List                      |
| <i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i>         | 1    | VAL Value Preventive List                      |
| <i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i>           | 1    | VAL Value Preventive List                      |
| <i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>                | 1    | VAL Value Preventive List                      |
| QUINAPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB                       | 1    | VAL Value Preventive List                      |
| <i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>                | 1    | VAL Value Preventive List                      |
| <i>quinapril-hydrochlorothiazide tab 20-25 mg</i>                  | 1    | VAL Value Preventive List                      |
| <b>AGENTS FOR PHEOCHROMOCYTOMA</b>                                 |      |  |
| <i>phenoxybenzamine hcl cap 10 mg</i>                              | 4    | PA   |
| <b>ANGIOTENSIN II RECEPTOR ANT-CA CHANNEL BLOCKER-THIAZIDES</b>    |      |  |
| <i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i> | 1    | QL 30 / 30 day(s)<br>VAL Value Preventive List |



| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS                          |
|--|------|--|
| <i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>   | 1    | QL 30 / 30 day(s)<br>VAL Value Preventive List |
| <i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>   | 1    | QL 30 / 30 day(s)<br>VAL Value Preventive List |
| <i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>  | 1    | QL 30 / 30 day(s)<br>VAL Value Preventive List |
| <i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>    | 1    | QL 30 / 30 day(s)<br>VAL Value Preventive List |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>  | 1    | VAL Value Preventive List                      |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i> | 1    | VAL Value Preventive List                      |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>   | 1    | VAL Value Preventive List                      |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>  | 1    | VAL Value Preventive List                      |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>    | 1    | VAL Value Preventive List                      |
| <b>ANGIOTENSIN II RECEPTOR ANTAG &amp; CA CHANNEL BLOCKER COMB</b> |      |  |
| <i>amlodipine besylate-valsartan tab 10-160 mg</i>                 | 1    | VAL Value Preventive List                      |
| <i>amlodipine besylate-valsartan tab 10-320 mg</i>                 | 1    | VAL Value Preventive List                      |
| <i>amlodipine besylate-valsartan tab 5-160 mg</i>                  | 1    | QL 30 / 30 DAYS<br>VAL Value Preventive List   |
| <i>amlodipine besylate-valsartan tab 5-320 mg</i>                  | 1    | QL 30 / 30 DAYS<br>VAL Value Preventive List   |
| <i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>       | 1    | VAL Value Preventive List                      |
| <i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>       | 1    | VAL Value Preventive List                      |
| <i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>        | 1    | VAL Value Preventive List                      |
| <i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>        | 1    | VAL Value Preventive List                      |
| TELMISARTAN-AMLODIPINE 40-10 MG TAB                                | 1    | QL 30 / 30 DAYS<br>VAL Value Preventive List   |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS  |
|---|------|--|
| <i>telmisartan-amlodipine tab 40-10 mg</i>                          | 1    | <span>QL</span> 30 / 30 DAYS<br><span>VAL</span> Value Preventive List |
| TELMISARTAN-AMLODIPINE 40-5 MG TAB                                  | 1    | <span>QL</span> 30 / 30 DAYS<br><span>VAL</span> Value Preventive List |
| <i>telmisartan-amlodipine tab 40-5 mg</i>                           | 1    | <span>QL</span> 30 / 30 DAYS<br><span>VAL</span> Value Preventive List |
| TELMISARTAN-AMLODIPINE 80-10 MG TAB                                 | 1    | <span>QL</span> 30 / 30 DAYS<br><span>VAL</span> Value Preventive List |
| <i>telmisartan-amlodipine tab 80-10 mg</i>                          | 1    | <span>QL</span> 30 / 30 DAYS<br><span>VAL</span> Value Preventive List |
| TELMISARTAN-AMLODIPINE 80-5 MG TAB                                  | 1    | <span>QL</span> 30 / 30 DAYS<br><span>VAL</span> Value Preventive List |
| <i>telmisartan-amlodipine tab 80-5 mg</i>                           | 1    | <span>QL</span> 30 / 30 DAYS<br><span>VAL</span> Value Preventive List |
| <b>ANGIOTENSIN II RECEPTOR ANTAG &amp; THIAZIDE/THIAZIDE-LIKE</b>   |      |  |
| <i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>     | 1    | <span>VAL</span> Value Preventive List                                 |
| <i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>     | 1    | <span>VAL</span> Value Preventive List                                 |
| <i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>       | 1    | <span>VAL</span> Value Preventive List                                 |
| <i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>               | 1    | <span>VAL</span> Value Preventive List                                 |
| <i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>               | 1    | <span>VAL</span> Value Preventive List                                 |
| <i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i> | 1    | <span>VAL</span> Value Preventive List                                 |
| <i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i>   | 1    | <span>VAL</span> Value Preventive List                                 |
| <i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i>  | 1    | <span>VAL</span> Value Preventive List                                 |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>      | 1    | <span>QL</span> 30 / 30 DAYS<br><span>VAL</span> Value Preventive List |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>      | 1    | <span>QL</span> 30 / 30 DAYS<br><span>VAL</span> Value Preventive List |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS                        |
|--|------|--|
| <i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i> | 1    | VAL Value Preventive List                    |
| <i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>        | 1    | QL 30 / 30 DAYS<br>VAL Value Preventive List |
| <i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>        | 1    | QL 30 / 30 DAYS<br>VAL Value Preventive List |
| <i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>          | 1    | QL 30 / 30 DAYS<br>VAL Value Preventive List |
| <i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>         | 1    | VAL Value Preventive List                    |
| <i>valsartan-hydrochlorothiazide tab 160-25 mg</i>           | 1    | VAL Value Preventive List                    |
| <i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>         | 1    | VAL Value Preventive List                    |
| <i>valsartan-hydrochlorothiazide tab 320-25 mg</i>           | 1    | VAL Value Preventive List                    |
| <i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>          | 1    | VAL Value Preventive List                    |
| <b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>                   |      |  |
| <i>candesartan cilixetil tab 16 mg</i>                       | 1    | QL 30 / 30 DAYS<br>VAL Value Preventive List |
| <i>candesartan cilixetil tab 32 mg</i>                       | 1    | QL 30 / 30 DAYS<br>VAL Value Preventive List |
| <i>candesartan cilixetil tab 4 mg</i>                        | 1    | QL 30 / 30 DAYS<br>VAL Value Preventive List |
| <i>candesartan cilixetil tab 8 mg</i>                        | 1    | QL 30 / 30 DAYS<br>VAL Value Preventive List |
| EDARBI 40 MG TAB   | 3    | QL 30 / 30 DAYS                              |
| EDARBI 80 MG TAB   | 3    | QL 30 / 30 DAYS                              |
| EPROSARTAN MESYLATE 600 MG TAB                               | 1    | QL 30 / 30 DAYS<br>VAL Value Preventive List |
| <i>irbesartan tab 150 mg</i>                                 | 1    | QL 30 / 30 DAYS<br>VAL Value Preventive List |

| PRODUCT DESCRIPTION                          | TIER | LIMITS & RESTRICTIONS  |
|--|------|--|
| <i>irbesartan tab 300 mg</i>                 | 1    | <span>QL</span> 30 / 30 DAYS<br><span>VAL</span> Value Preventive List |
| <i>irbesartan tab 75 mg</i>                  | 1    | <span>QL</span> 30 / 30 DAYS<br><span>VAL</span> Value Preventive List |
| <i>losartan potassium tab 100 mg</i>         | 1    | <span>QL</span> 60 / 30 DAYS<br><span>VAL</span> Value Preventive List |
| <i>losartan potassium tab 25 mg</i>          | 1    | <span>QL</span> 60 / 30 DAYS<br><span>VAL</span> Value Preventive List |
| <i>losartan potassium tab 50 mg</i>          | 1    | <span>QL</span> 60 / 30 DAYS<br><span>VAL</span> Value Preventive List |
| <i>olmesartan medoxomil tab 20 mg</i>        | 1    | <span>VAL</span> Value Preventive List                                 |
| <i>olmesartan medoxomil tab 40 mg</i>        | 1    | <span>VAL</span> Value Preventive List                                 |
| <i>olmesartan medoxomil tab 5 mg</i>         | 1    | <span>VAL</span> Value Preventive List                                 |
| <i>telmisartan tab 20 mg</i>                 | 1    | <span>VAL</span> Value Preventive List                                 |
| <i>telmisartan tab 40 mg</i>                 | 1    | <span>VAL</span> Value Preventive List                                 |
| <i>telmisartan tab 80 mg</i>                 | 1    | <span>VAL</span> Value Preventive List                                 |
| <i>valsartan tab 160 mg</i>                  | 1    | <span>QL</span> 30 / 30 DAYS<br><span>VAL</span> Value Preventive List |
| <i>valsartan tab 320 mg</i>                  | 1    | <span>QL</span> 90 / 30 DAYS<br><span>VAL</span> Value Preventive List |
| <i>valsartan tab 40 mg</i>                   | 1    | <span>QL</span> 90 / 30 DAYS<br><span>VAL</span> Value Preventive List |
| <i>valsartan tab 80 mg</i>                   | 1    | <span>QL</span> 30 / 30 DAYS<br><span>VAL</span> Value Preventive List |
| <b>ANTIADRENERGICS - CENTRALLY ACTING</b>    |      |  |
| <i>clonidine td patch weekly 0.1 mg/24hr</i> | 1    | <span>VAL</span> Value Preventive List                                 |
| <i>clonidine td patch weekly 0.2 mg/24hr</i> | 1    | <span>VAL</span> Value Preventive List                                 |

| PRODUCT DESCRIPTION                              | TIER | LIMITS & RESTRICTIONS                        |
|--|------|--|
| <i>clonidine td patch weekly 0.3 mg/24hr</i>     | 1    | VAL Value Preventive List                    |
| <i>clonidine hcl tab 0.1 mg</i>                  | 1    | VAL Value Preventive List                    |
| <i>clonidine hcl tab 0.2 mg</i>                  | 1    | VAL Value Preventive List                    |
| <i>clonidine hcl tab 0.3 mg</i>                  | 1    | VAL Value Preventive List                    |
| <i>guanfacine hcl tab 1 mg</i>                   | 1    | VAL Value Preventive List                    |
| <i>guanfacine hcl tab 2 mg</i>                   | 1    | VAL Value Preventive List                    |
| METHYLDOPA 250 MG TAB                            | 1    | VAL Value Preventive List                    |
| <i>methyldopa tab 250 mg</i>                     | 1    | VAL Value Preventive List                    |
| METHYLDOPA 500 MG TAB                            | 1    | VAL Value Preventive List                    |
| <i>methyldopa tab 500 mg</i>                     | 1    | VAL Value Preventive List                    |
| <b>ANTIADRENERGICS - PERIPHERALLY ACTING</b>     |      |  |
| <i>doxazosin mesylate tab 1 mg</i>               | 1    | QL 30 / 30 DAYS<br>VAL Value Preventive List |
| <i>doxazosin mesylate tab 2 mg</i>               | 1    | QL 30 / 30 DAYS<br>VAL Value Preventive List |
| <i>doxazosin mesylate tab 4 mg</i>               | 1    | QL 30 / 30 DAYS<br>VAL Value Preventive List |
| <i>doxazosin mesylate tab 8 mg</i>               | 1    | QL 60 / 30 DAYS<br>VAL Value Preventive List |
| <i>prazosin hcl cap 1 mg</i>                     | 1    | VAL Value Preventive List                    |
| <i>prazosin hcl cap 2 mg</i>                     | 1    | VAL Value Preventive List                    |
| <i>prazosin hcl cap 5 mg</i>                     | 1    | VAL Value Preventive List                    |
| <i>terazosin hcl cap 1 mg (base equivalent)</i>  | 1    | QL 30 / 30 DAYS<br>VAL Value Preventive List |
| <i>terazosin hcl cap 10 mg (base equivalent)</i> | 1    | QL 60 / 30 DAYS<br>VAL Value Preventive List |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS  |
|---|------|--|
| <i>terazosin hcl cap 2 mg (base equivalent)</i>             | 1    | <span>QL</span> 30 / 30 DAYS<br><span>VAL</span> Value Preventive List |
| <i>terazosin hcl cap 5 mg (base equivalent)</i>             | 1    | <span>QL</span> 30 / 30 DAYS<br><span>VAL</span> Value Preventive List |
| <b>BETA BLOCKER &amp; DIURETIC COMBINATIONS</b>             |      |  |
| <i>atenolol &amp; chlorthalidone tab 100-25 mg</i>          | 1    | <span>VAL</span> Value Preventive List                                 |
| <i>atenolol &amp; chlorthalidone tab 50-25 mg</i>           | 1    | <span>VAL</span> Value Preventive List                                 |
| <i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i>  | 1    | <span>VAL</span> Value Preventive List                                 |
| <i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i> | 1    | <span>VAL</span> Value Preventive List                                 |
| <i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>   | 1    | <span>VAL</span> Value Preventive List                                 |
| <i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i>   | 1    | <span>VAL</span> Value Preventive List                                 |
| <i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i>   | 1    | <span>VAL</span> Value Preventive List                                 |
| <i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i>    | 1    | <span>VAL</span> Value Preventive List                                 |
| PROPRANOLOL-HCTZ 40-25 MG TAB                               | 1    | <span>VAL</span> Value Preventive List                                 |
| PROPRANOLOL-HCTZ 80-25 MG TAB                               | 1    | <span>VAL</span> Value Preventive List                                 |
| <b>DIRECT RENIN INHIBITORS</b>                              |      |  |
| <i>aliskiren fumarate tab 150 mg (base equivalent)</i>      | 2    | <span>VAL</span> Value Preventive List                                 |
| <i>aliskiren fumarate tab 300 mg (base equivalent)</i>      | 2    | <span>VAL</span> Value Preventive List                                 |
| <b>DOPAMINE D1 RECEPTOR AGONISTS</b>                        |      |  |
| CORLOPAM 20 MG/2ML SOLUTION                                 | 3    | <span>PA</span>  |
| <b>SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)</b>   |      |  |
| <i>eplerenone tab 25 mg</i>                                 | 1    | <span>QL</span> 60 / 30 DAYS<br><span>VAL</span> Value Preventive List |
| <i>eplerenone tab 50 mg</i>                                 | 1    | <span>QL</span> 60 / 30 DAYS<br><span>VAL</span> Value Preventive List |

| PRODUCT DESCRIPTION                                  | TIER | LIMITS & RESTRICTIONS     |
|--|------|---------------------------|
| <b>VASODILATORS</b>                                  |      |                           |
| <i>hydralazine hcl tab 10 mg</i>                     | 1    | VAL Value Preventive List |
| <i>hydralazine hcl tab 100 mg</i>                    | 1    | VAL Value Preventive List |
| <i>hydralazine hcl tab 25 mg</i>                     | 1    | VAL Value Preventive List |
| <i>hydralazine hcl tab 50 mg</i>                     | 1    | VAL Value Preventive List |
| <i>minoxidil tab 10 mg</i>                           | 1    |                           |
| <i>minoxidil tab 2.5 mg</i>                          | 1    |                           |
| <b>ANTIMALARIALS</b>                                 |      |                           |
| <b>ANTIMALARIAL COMBINATIONS</b>                     |      |                           |
| <i>atovaquone-proguanil hcl tab 250-100 mg</i>       | 1    |                           |
| <i>atovaquone-proguanil hcl tab 62.5-25 mg</i>       | 1    |                           |
| COARTEM 20-120 MG TAB                                | 2    |                           |
| <i>chloroquine phosphate tab 250 mg</i>              | 1    |                           |
| <i>chloroquine phosphate tab 500 mg</i>              | 1    |                           |
| <i>hydroxychloroquine sulfate tab 100 mg</i>         | 1    |                           |
| <i>hydroxychloroquine sulfate tab 200 mg</i>         | 1    |                           |
| <i>hydroxychloroquine sulfate tab 300 mg</i>         | 1    |                           |
| <i>hydroxychloroquine sulfate tab 400 mg</i>         | 1    |                           |
| <i>mefloquine hcl tab 250 mg</i>                     | 1    |                           |
| <i>primaquine phosphate tab 26.3 mg (15 mg base)</i> | 1    |                           |
| <i>pyrimethamine tab 25 mg</i>                       | 4    | PA<br>S                   |
| <i>quinine sulfate cap 324 mg</i>                    | 1    |                           |
| <b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>             |      |                           |
| GUANIDINE HCL 125 MG TAB                             | 2    |                           |
| <i>pyridostigmine bromide tab 60 mg</i>              | 1    |                           |
| <i>pyridostigmine bromide oral soln 60 mg/5ml</i>    | 2    | PA                        |
| RUZURGI 10 MG TAB                                    | 4    | PA<br>S                   |

| PRODUCT DESCRIPTION                             | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <b>ANTIMYCOBACTERIAL AGENTS</b>                 |      |                       |
| <b>ANTI TB COMBINATIONS</b>                     |      |                       |
| RIFATER 50-120-300 MG TAB                       | 3    |                       |
| <i>cycloserine cap 250 mg</i>                   | 2    |                       |
| <i>ethambutol hcl tab 100 mg</i>                | 1    |                       |
| <i>ethambutol hcl tab 400 mg</i>                | 1    |                       |
| ISONIAZID 100 MG TAB                            | 1    |                       |
| <i>isoniazid tab 100 mg</i>                     | 1    |                       |
| <i>isoniazid tab 300 mg</i>                     | 1    |                       |
| <i>isoniazid syrup 50 mg/5ml</i>                | 1    |                       |
| PRETOMANID 200 MG TAB                           | 3    |                       |
| PRIFTIN 150 MG TAB                              | 3    |                       |
| <i>pyrazinamide tab 500 mg</i>                  | 2    |                       |
| <i>rifabutin cap 150 mg</i>                     | 2    |                       |
| <i>rifampin cap 150 mg</i>                      | 1    |                       |
| <i>rifampin cap 300 mg</i>                      | 1    |                       |
| SIRTURO 100 MG TAB                              | 4    | PA<br>S               |
| SIRTURO 20 MG TAB                               | 4    | PA<br>S               |
| TRECTOR 250 MG TAB                              | 3    |                       |
| <b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</b> |      |                       |
| <b>ALKYLATING AGENTS</b>                        |      |                       |
| MYLERAN 2 MG TAB                                | 4    | PA<br>S               |
| <b>ANDROGEN BIOSYNTHESIS INHIBITORS</b>         |      |                       |
| <i>abiraterone acetate tab 250 mg</i>           | 2    |                       |



| PRODUCT DESCRIPTION                                       | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <b>ANTIADRENALS</b>                                       |      |                       |
| LYSODREN 500 MG TAB                                       | 4    | PA<br>S               |
| <b>ANTIANDROGENS</b>                                      |      |                       |
| <i>bicalutamide tab 50 mg</i>                             | 1    | QL 30 / 30 DAYS       |
| ERLEADA 240 MG TAB  | 4    | PA<br>S               |
| ERLEADA 60 MG TAB   | 4    | PA<br>S               |
| FLUTAMIDE 125 MG CAP                                      | 1    | S                     |
| <i>flutamide cap 125 mg</i>                               | 1    | S                     |
| <i>nilutamide tab 150 mg</i>                              | 2    | QL 60 / 30 DAYS<br>PA |
| XTANDI 40 MG CAP  | 4    | PA<br>S               |
| XTANDI 40 MG TAB  | 4    | PA<br>S               |
| XTANDI 80 MG TAB  | 4    | PA<br>S               |
| <b>ANTIESTROGENS</b>                                      |      |                       |
| <i>tamoxifen citrate tab 10 mg (base equivalent)</i>      | 1    | PRE Preventative      |
| <i>tamoxifen citrate tab 20 mg (base equivalent)</i>      | 1    | PRE Preventative      |
| <i>toremifene citrate tab 60 mg (base equivalent)</i>     | 2    | QL 30 / 30 DAYS       |
| <b>ANTIMETABOLITES</b>                                    |      |                       |
| <i>capecitabine tab 150 mg</i>                            | 2    |                       |
| <i>capecitabine tab 500 mg</i>                            | 2    |                       |
| <i>mercaptopurine tab 50 mg</i>                           | 1    |                       |
| <i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i> | 1    |                       |

| PRODUCT DESCRIPTION                                       | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>  | 1    |                       |
| <i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>    | 1    |                       |
| <i>methotrexate sodium for inj 1 gm</i>                   | 1    |                       |
| <i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i> | 1    |                       |
| <i>methotrexate sodium tab 2.5 mg (base equiv)</i>        | 1    |                       |
| METHOTREXATE SODIUM 250 MG/10ML SOLUTION                  | 1    |                       |
| <i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>       | 1    |                       |
| PURIXAN 2000 MG/100ML SUSPENSION                          | 4    | PA<br>S               |
| TABLOID 40 MG TAB   | 4    | PA<br>S               |
| TREXALL 10 MG TAB   | 4    | PA<br>S               |
| TREXALL 15 MG TAB   | 4    | PA<br>S               |
| TREXALL 5 MG TAB  | 4    | PA<br>S               |
| TREXALL 7.5 MG TAB  | 4    | PA<br>S               |
| <b>ANTINEOPLASTIC - ALK INHIBITORS</b>                    |      |                       |
| ALECENSA 150 MG CAP                                       | 4    | PA<br>S               |
| XALKORI 200 MG CAP  | 4    | PA<br>S               |
| XALKORI 250 MG CAP  | 4    | PA<br>S               |
| ZYKADIA 150 MG TAB  | 4    | PA<br>S               |

| PRODUCT DESCRIPTION                                   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <b>ANTINEOPLASTIC - ANTI-HER2 AGENTS</b>              |      |                       |
| TUKYSA 150 MG TAB                                     | 4    | PA<br>S               |
| TUKYSA 50 MG TAB                                      | 4    | PA<br>S               |
| <b>ANTINEOPLASTIC - BCL-2 INHIBITORS</b>              |      |                       |
| VENCLEXTA 10 MG TAB                                   | 4    | PA<br>S               |
| VENCLEXTA 100 MG TAB                                  | 4    | PA<br>S               |
| VENCLEXTA 50 MG TAB                                   | 4    | PA<br>S               |
| <b>ANTINEOPLASTIC - BCR-ABL KINASE INHIBITORS</b>     |      |                       |
| BOSULIF 100 MG TAB                                    | 4    | PA<br>S               |
| BOSULIF 400 MG TAB                                    | 4    | PA<br>S               |
| BOSULIF 500 MG TAB                                    | 4    | PA<br>S               |
| ICLUSIG 10 MG TAB                                     | 4    | PA<br>S               |
| ICLUSIG 15 MG TAB                                     | 4    | PA<br>S               |
| ICLUSIG 30 MG TAB                                     | 4    | PA<br>S               |
| ICLUSIG 45 MG TAB                                     | 4    | PA<br>S               |
| <i>imatinib mesylate tab 100 mg (base equivalent)</i> | 2    | QL 90 / 30 DAYS       |

| PRODUCT DESCRIPTION                                   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>imatinib mesylate tab 400 mg (base equivalent)</i> | 2    | QL 60 / 30 DAYS       |
| SCEMBLIX 20 MG TAB                                    | 4    | PA<br>S               |
| SCEMBLIX 40 MG TAB                                    | 4    | PA<br>S               |
| SPRYCEL 100 MG TAB                                    | 4    | PA<br>S               |
| SPRYCEL 140 MG TAB                                    | 4    | PA<br>S               |
| SPRYCEL 20 MG TAB                                     | 4    | PA<br>S               |
| SPRYCEL 50 MG TAB                                     | 4    | PA<br>S               |
| SPRYCEL 70 MG TAB                                     | 4    | PA<br>S               |
| SPRYCEL 80 MG TAB                                     | 4    | PA<br>S               |
| TASIGNA 150 MG CAP                                    | 4    | PA<br>S               |
| TASIGNA 200 MG CAP                                    | 4    | PA<br>S               |
| TASIGNA 50 MG CAP                                     | 4    | PA<br>S               |
| <b>ANTINEOPLASTIC - BRAF KINASE INHIBITORS</b>        |      |                       |
| BRAFTOVI 50 MG CAP                                    | 4    | PA<br>S               |
| BRAFTOVI 75 MG CAP                                    | 4    | PA<br>S               |

| PRODUCT DESCRIPTION                    | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| TAFINLAR 10 MG TAB SOL                 | 4    | PA<br>S               |
| TAFINLAR 50 MG CAP                     | 4    | PA<br>S               |
| TAFINLAR 75 MG CAP                     | 4    | PA<br>S               |
| ZELBORAF 240 MG TAB                    | 4    | PA<br>S               |
| <b>ANTINEOPLASTIC - BTK INHIBITORS</b> |      |                       |
| BRUKINSA 80 MG CAP                     | 4    | PA<br>S               |
| CALQUENCE 100 MG CAP                   | 4    | PA<br>S               |
| CALQUENCE 100 MG TAB                   | 4    | PA<br>S               |
| IMBRUVICA 140 MG CAP                   | 4    | PA<br>S               |
| IMBRUVICA 420 MG TAB                   | 4    | PA<br>S               |
| IMBRUVICA 560 MG TAB                   | 4    | PA<br>S               |
| IMBRUVICA 70 MG CAP                    | 4    | PA<br>S               |
| IMBRUVICA 70 MG/ML SUSPENSION          | 4    | PA<br>S               |
| JAYPIRCA 100 MG TAB                    | 4    | PA<br>S               |
| JAYPIRCA 50 MG TAB                     | 4    | PA<br>S               |

| PRODUCT DESCRIPTION                               | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <b>ANTINEOPLASTIC - EGFR INHIBITORS</b>           |      |                       |
| <i>erlotinib hcl tab 100 mg (base equivalent)</i> | 4    | PA                    |
| <i>erlotinib hcl tab 150 mg (base equivalent)</i> | 4    | PA                    |
| <i>erlotinib hcl tab 25 mg (base equivalent)</i>  | 4    | PA                    |
| EXKIVITY 40 MG CAP                                | 4    | PA<br>S               |
| <i>gefitinib tab 250 mg</i>                       | 4    | PA<br>S               |
| GILOTRIF 20 MG TAB                                | 4    | PA<br>S               |
| GILOTRIF 30 MG TAB                                | 4    | PA<br>S               |
| GILOTRIF 40 MG TAB                                | 4    | PA<br>S               |
| TAGRISSO 40 MG TAB                                | 4    | PA<br>S               |
| TAGRISSO 80 MG TAB                                | 4    | PA<br>S               |
| <b>ANTINEOPLASTIC - FGFR KINASE INHIBITORS</b>    |      |                       |
| BALVERSA 3 MG TAB                                 | 4    | PA<br>S               |
| BALVERSA 4 MG TAB                                 | 4    | PA<br>S               |
| BALVERSA 5 MG TAB                                 | 4    | PA<br>S               |
| LYTGOBI (12 MG DAILY DOSE) 4 MG TAB THPK          | 4    | PA<br>S               |
| LYTGOBI (16 MG DAILY DOSE) 4 MG TAB THPK          | 4    | PA<br>S               |

| PRODUCT DESCRIPTION                                    | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| LYTGOBI (20 MG DAILY DOSE) 4 MG TAB THPK               | 4    | PA<br>S               |
| PEMAZYRE 13.5 MG TAB                                   | 4    | PA<br>S               |
| PEMAZYRE 4.5 MG TAB                                    | 4    | PA<br>S               |
| PEMAZYRE 9 MG TAB                                      | 4    | PA<br>S               |
| TRUSELTIQ (100MG DAILY DOSE) 100 MG CAP THPK           | 4    | PA<br>S               |
| TRUSELTIQ (125MG DAILY DOSE) 100 & 25 MG CAP THPK      | 4    | PA<br>S               |
| TRUSELTIQ (50MG DAILY DOSE) 25 MG CAP THPK             | 4    | PA<br>S               |
| TRUSELTIQ (75MG DAILY DOSE) 25 MG CAP THPK             | 4    | PA<br>S               |
| <b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS</b>    |      |                       |
| ERIVEDGE 150 MG CAP                                    | 4    | PA<br>S               |
| ODOMZO 200 MG CAP                                      | 4    | PA<br>S               |
| <b>ANTINEOPLASTIC - HIF-2-ALPHA INHIBITORS</b>         |      |                       |
| WELIREG 40 MG TAB                                      | 4    | PA<br>S               |
| <b>ANTINEOPLASTIC - HISTONE DEACETYLASE INHIBITORS</b> |      |                       |
| FARYDAK 10 MG CAP                                      | 4    | PA<br>S               |
| FARYDAK 15 MG CAP                                      | 4    | PA<br>S               |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| FARYDAK 20 MG CAP   | 4    | PA<br>S               |
| ZOLINZA 100 MG CAP  | 4    | PA<br>S               |
| <b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENT COMBINATIONS</b> |      |                       |
| AKEEGA 100-500 MG TAB   | 4    | PA<br>S               |
| AKEEGA 50-500 MG TAB  | 4    | PA<br>S               |
| <b>ANTINEOPLASTIC - IMMUNOMODULATORS</b>                        |      |                       |
| POMALYST 1 MG CAP   | 4    | PA<br>S               |
| POMALYST 2 MG CAP   | 4    | PA<br>S               |
| POMALYST 3 MG CAP   | 4    | PA<br>S               |
| POMALYST 4 MG CAP   | 4    | PA<br>S               |
| <b>ANTINEOPLASTIC - KRAS INHIBITORS</b>                         |      |                       |
| KRAZATI 200 MG TAB  | 4    | PA<br>S               |
| LUMAKRAS 120 MG TAB   | 4    | PA<br>S               |
| LUMAKRAS 320 MG TAB   | 4    | PA<br>S               |
| <b>ANTINEOPLASTIC - MEK INHIBITORS</b>                          |      |                       |
| COTELLIC 20 MG TAB  | 4    | PA<br>S               |
| KOSELUGO 10 MG CAP  | 4    | PA<br>S               |



| PRODUCT DESCRIPTION                                  | TIER | LIMITS & RESTRICTIONS        |
|--|------|------------------------------|
| KOSELUGO 25 MG CAP                                   | 4    | PA<br>S                      |
| MEKINIST 0.05 MG/ML RECON SOLN                       | 4    | PA<br>S                      |
| MEKINIST 0.5 MG TAB                                  | 4    | PA<br>S                      |
| MEKINIST 2 MG TAB                                    | 4    | PA<br>S                      |
| MEKTOVI 15 MG TAB                                    | 4    | PA<br>S                      |
| <b>ANTINEOPLASTIC - MET INHIBITORS</b>               |      |                              |
| TABRECTA 150 MG TAB                                  | 4    | PA<br>S                      |
| TABRECTA 200 MG TAB                                  | 4    | PA<br>S                      |
| TEPMETKO 225 MG TAB                                  | 4    | PA<br>S                      |
| <b>ANTINEOPLASTIC - METHYLTRANSFERASE INHIBITORS</b> |      |                              |
| TAZVERIK 200 MG TAB                                  | 4    | PA<br>S                      |
| <b>ANTINEOPLASTIC - MTOR KINASE INHIBITORS</b>       |      |                              |
| <i>everolimus tab 10 mg</i>                          | 4    | PA<br>S                      |
| <i>everolimus tab for oral susp 2 mg</i>             | 4    | PA<br>S                      |
| <i>everolimus tab 2.5 mg</i>                         | 4    | QL 30 / 30 day(s)<br>PA<br>S |
| <i>everolimus tab for oral susp 3 mg</i>             | 4    | PA<br>S                      |

| PRODUCT DESCRIPTION                                | TIER | LIMITS & RESTRICTIONS   |
|--|------|---|
| <i>everolimus tab 5 mg</i>                         | 4    | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL</div> <div>30 / 30 day(s)</div> </div> <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #A52A2A; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> |
| <i>everolimus tab for oral susp 5 mg</i>           | 4    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #A52A2A; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div>  |
| <i>everolimus tab 7.5 mg</i>                       | 4    | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL</div> <div>30 / 30 day(s)</div> </div> <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #A52A2A; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> |
| <b>ANTINEOPLASTIC - MULTIKINASE INHIBITORS</b>     |      |   |
| CABOMETYX 20 MG TAB                                | 4    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #A52A2A; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div>  |
| CABOMETYX 40 MG TAB                                | 4    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #A52A2A; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div>  |
| CABOMETYX 60 MG TAB                                | 4    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #A52A2A; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div>  |
| CAPRELSA 100 MG TAB                                | 4    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #A52A2A; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div>  |
| CAPRELSA 300 MG TAB                                | 4    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #A52A2A; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div>  |
| COMETRIQ (100 MG DAILY DOSE) 80 & 20 MG KIT        | 4    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #A52A2A; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div>  |
| COMETRIQ (140 MG DAILY DOSE) 3 X 20 MG & 80 MG KIT | 4    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #A52A2A; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div>  |
| COMETRIQ (60 MG DAILY DOSE) 20 MG KIT              | 4    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #A52A2A; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div>  |
| FOTIVDA 0.89 MG CAP                                | 4    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #A52A2A; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div>  |
| FOTIVDA 1.34 MG CAP                                | 4    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #A52A2A; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div>  |

| PRODUCT DESCRIPTION                                    | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>lapatinib ditosylate tab 250 mg (base equiv)</i>    | 4    | PA<br>S               |
| NERLYNX 40 MG TAB                                      | 4    | PA<br>S               |
| QINLOCK 50 MG TAB                                      | 4    | PA<br>S               |
| <i>sorafenib tosylate tab 200 mg (base equivalent)</i> | 4    | PA<br>S               |
| STIVARGA 40 MG TAB                                     | 4    | PA<br>S               |
| <i>sunitinib malate cap 12.5 mg (base equivalent)</i>  | 4    | PA<br>S               |
| <i>sunitinib malate cap 25 mg (base equivalent)</i>    | 4    | PA<br>S               |
| <i>sunitinib malate cap 37.5 mg (base equivalent)</i>  | 4    | PA<br>S               |
| <i>sunitinib malate cap 50 mg (base equivalent)</i>    | 4    | PA<br>S               |
| TURALIO 125 MG CAP                                     | 4    | PA<br>S               |
| TURALIO 200 MG CAP                                     | 4    | PA<br>S               |
| UKONIQ 200 MG TAB                                      | 4    | PA<br>S               |
| VOTRIENT 200 MG TAB                                    | 4    | PA<br>S               |
| <b>ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS</b>         |      |                       |
| AYVAKIT 100 MG TAB                                     | 4    | PA<br>S               |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| AYVAKIT 200 MG TAB   | 4    | PA<br>S               |
| AYVAKIT 25 MG TAB  | 4    | PA<br>S               |
| AYVAKIT 300 MG TAB   | 4    | PA<br>S               |
| AYVAKIT 50 MG TAB  | 4    | PA<br>S               |
| <b>ANTINEOPLASTIC - PROTEASOME INHIBITORS</b>                  |      |                       |
| NINLARO 2.3 MG CAP   | 4    | PA<br>S               |
| NINLARO 3 MG CAP   | 4    | PA<br>S               |
| NINLARO 4 MG CAP   | 4    | PA<br>S               |
| <b>ANTINEOPLASTIC - RET INHIBITORS</b>                         |      |                       |
| GAVRETO 100 MG CAP   | 4    | PA<br>S               |
| RETEVMO 40 MG CAP  | 4    | PA<br>S               |
| RETEVMO 80 MG CAP  | 4    | PA<br>S               |
| <b>ANTINEOPLASTIC - TROPOMYOSIN RECEPTOR KINASE INHIBITORS</b> |      |                       |
| ROZLYTREK 100 MG CAP   | 4    | PA<br>S               |
| ROZLYTREK 200 MG CAP   | 4    | PA<br>S               |

| PRODUCT DESCRIPTION                        | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <b>ANTINEOPLASTIC - XPO1 INHIBITORS</b>    |      |                       |
| XPOVIO (100 MG ONCE WEEKLY) 20 MG TAB THPK | 4    | PA<br>S               |
| XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK | 4    | PA<br>S               |
| XPOVIO (40 MG ONCE WEEKLY) 20 MG TAB THPK  | 4    | PA<br>S               |
| XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK  | 4    | PA<br>S               |
| XPOVIO (40 MG TWICE WEEKLY) 20 MG TAB THPK | 4    | PA<br>S               |
| XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK | 4    | PA<br>S               |
| XPOVIO (60 MG ONCE WEEKLY) 20 MG TAB THPK  | 4    | PA<br>S               |
| XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK  | 4    | PA<br>S               |
| XPOVIO (60 MG TWICE WEEKLY) 20 MG TAB THPK | 4    | PA<br>S               |
| XPOVIO (80 MG ONCE WEEKLY) 20 MG TAB THPK  | 4    | PA<br>S               |
| XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK  | 4    | PA<br>S               |
| XPOVIO (80 MG TWICE WEEKLY) 20 MG TAB THPK | 4    | PA<br>S               |
| <b>ANTINEOPLASTIC COMBINATIONS</b>         |      |                       |
| INQOVI 35-100 MG TAB                       | 4    | PA<br>S               |

| PRODUCT DESCRIPTION                   | TIER | LIMITS & RESTRICTIONS                            |
|---------------------------------------|------|--|
| LONSURF 15-6.14 MG TAB                | 4    | PA<br>S  |
| LONSURF 20-8.19 MG TAB                | 4    | PA<br>S  |
| <b>ANTINEOPLASTICS MISC.</b>          |      |  |
| ACTIMMUNE 2000000 UNIT/0.5ML SOLUTION | 4    | PA<br>S  |
| <i>hydroxyurea cap 500 mg</i>         | 1    |  |
| INTRON A 10000000 UNIT RECON SOLN     | 4    | PA<br>S  |
| INTRON A 10000000 UNIT/ML SOLUTION    | 4    | PA<br>S  |
| INTRON A 18000000 UNIT RECON SOLN     | 4    | PA<br>S  |
| INTRON A 50000000 UNIT RECON SOLN     | 4    | PA<br>S  |
| INTRON A 6000000 UNIT/ML SOLUTION     | 4    | PA<br>S  |
| MATULANE 50 MG CAP                    | 4    | PA<br>S  |
| <b>AROMATASE INHIBITORS</b>           |      |  |
| <i>anastrozole tab 1 mg</i>           | 1    | QL 30 / 30 DAYS<br>GL Female<br>PRE Preventative |
| <i>exemestane tab 25 mg</i>           | 1    | QL 60 / 30 DAYS<br>GL Female                     |
| <i>letrozole tab 2.5 mg</i>           | 1    | QL 30 / 30 DAYS<br>GL Female                     |

| PRODUCT DESCRIPTION                              | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <b>CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS</b> |      |                       |
| IBRANCE 100 MG CAP                               | 4    | PA<br>S               |
| IBRANCE 100 MG TAB                               | 4    | PA<br>S               |
| IBRANCE 125 MG CAP                               | 4    | PA<br>S               |
| IBRANCE 125 MG TAB                               | 4    | PA<br>S               |
| IBRANCE 75 MG CAP                                | 4    | PA<br>S               |
| IBRANCE 75 MG TAB                                | 4    | PA<br>S               |
| VERZENIO 100 MG TAB                              | 4    | PA<br>S               |
| VERZENIO 150 MG TAB                              | 4    | PA<br>S               |
| VERZENIO 200 MG TAB                              | 4    | PA<br>S               |
| VERZENIO 50 MG TAB                               | 4    | PA<br>S               |
| <b>ESTROGENS-ANTINEOPLASTIC</b>                  |      |                       |
| EMCYT 140 MG CAP                                 | 4    | PA<br>S               |
| <b>FOLIC ACID ANTAGONISTS RESCUE AGENTS</b>      |      |                       |
| <i>leucovorin calcium tab 10 mg</i>              | 2    |                       |
| <i>leucovorin calcium tab 15 mg</i>              | 2    |                       |
| <i>leucovorin calcium tab 25 mg</i>              | 2    |                       |
| <i>leucovorin calcium tab 5 mg</i>               | 1    |                       |

| PRODUCT DESCRIPTION                             | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <b>IMIDAZOTETRAZINES</b>                        |      |                       |
| <i>temozolomide cap 100 mg</i>                  | 2    | QL 2 / 1 day(s)       |
| <i>temozolomide cap 140 mg</i>                  | 2    | QL 2 / 1 day(s)       |
| <i>temozolomide cap 180 mg</i>                  | 2    | QL 2 / 1 day(s)       |
| <i>temozolomide cap 20 mg</i>                   | 2    | QL 2 / 1 day(s)       |
| <i>temozolomide cap 250 mg</i>                  | 2    | QL 2 / 1 day(s)       |
| <i>temozolomide cap 5 mg</i>                    | 2    | QL 2 / 1 day(s)       |
| <b>JANUS ASSOCIATED KINASE (JAK) INHIBITORS</b> |      |                       |
| JAKAFI 10 MG TAB                                | 4    | PA<br>S               |
| JAKAFI 15 MG TAB                                | 4    | PA<br>S               |
| JAKAFI 20 MG TAB                                | 4    | PA<br>S               |
| JAKAFI 25 MG TAB                                | 4    | PA<br>S               |
| JAKAFI 5 MG TAB                                 | 4    | PA<br>S               |
| VONJO 100 MG CAP                                | 4    | PA<br>S               |
| <b>LHRH ANALOGS</b>                             |      |                       |
| ELIGARD 22.5 MG KIT                             | 4    | PA<br>S               |
| ELIGARD 30 MG KIT                               | 4    | PA<br>S               |
| ELIGARD 45 MG KIT                               | 4    | PA<br>S               |



| PRODUCT DESCRIPTION                             | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| ELIGARD 7.5 MG KIT                              | 4    | PA<br>S               |
| LEUPROLIDE ACETATE (3 MONTH) 22.5 MG INJECTABLE | 4    | PA<br>S               |
| <i>leuprolide acetate inj kit 5 mg/ml</i>       | 2    | PA                    |
| LUPRON DEPOT (1-MONTH) 3.75 MG KIT              | 4    | PA<br>S               |
| LUPRON DEPOT (1-MONTH) 7.5 MG KIT               | 4    | PA<br>S               |
| LUPRON DEPOT (3-MONTH) 11.25 MG KIT             | 4    | PA<br>S               |
| LUPRON DEPOT (3-MONTH) 22.5 MG KIT              | 4    | PA<br>S               |
| LUPRON DEPOT (4-MONTH) 30 MG KIT                | 4    | PA<br>S               |
| LUPRON DEPOT (6-MONTH) 45 MG KIT                | 4    | PA<br>S               |
| VANTAS 50 MG KIT                                | 4    | PA<br>S               |
| ZOLADEX 10.8 MG IMPLANT                         | 4    | PA                    |
| ZOLADEX 3.6 MG IMPLANT                          | 4    | PA                    |
| <b>MITOTIC INHIBITORS</b>                       |      |                       |
| ETOPOSIDE 50 MG CAP                             | 4    | PA<br>S               |
| <b>NITROGEN MUSTARDS AND RELATED ANALOGUES</b>  |      |                       |
| <i>cyclophosphamide cap 25 mg</i>               | 1    |                       |
| <i>cyclophosphamide cap 50 mg</i>               | 1    |                       |
| LEUKERAN 2 MG TAB                               | 4    | PA<br>S               |

| PRODUCT DESCRIPTION                                    | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| MELPHALAN 2 MG TAB                                     | 1    |                       |
| <b>NITROSOUREAS</b>                                    |      |                       |
| GLEOSTINE 10 MG CAP                                    | 4    | PA<br>S               |
| GLEOSTINE 100 MG CAP                                   | 4    | PA<br>S               |
| GLEOSTINE 40 MG CAP                                    | 4    | PA<br>S               |
| <b>PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS</b> |      |                       |
| COPIKTRA 15 MG CAP                                     | 4    | PA<br>S               |
| COPIKTRA 25 MG CAP                                     | 4    | PA<br>S               |
| PIQRAY (200 MG DAILY DOSE) 200 MG TAB THPK             | 4    | PA<br>S               |
| PIQRAY (250 MG DAILY DOSE) 200 & 50 MG TAB THPK        | 4    | PA<br>S               |
| PIQRAY (300 MG DAILY DOSE) 2 X 150 MG TAB THPK         | 4    | PA<br>S               |
| ZYDELIG 100 MG TAB                                     | 4    | PA<br>S               |
| ZYDELIG 150 MG TAB                                     | 4    | PA<br>S               |
| <b>POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS</b>  |      |                       |
| LYNPARZA 100 MG TAB                                    | 4    | PA<br>S               |
| LYNPARZA 150 MG TAB                                    | 4    | PA<br>S               |
| TALZENNA 0.1 MG CAP                                    | 4    | PA<br>S               |

| PRODUCT DESCRIPTION                    | TIER | LIMITS & RESTRICTIONS      |
|--|------|----------------------------|
| TALZENNA 0.25 MG CAP                   | 4    | PA<br>S                    |
| TALZENNA 0.35 MG CAP                   | 4    | PA<br>S                    |
| TALZENNA 0.5 MG CAP                    | 4    | PA<br>S                    |
| TALZENNA 0.75 MG CAP                   | 4    | PA<br>S                    |
| TALZENNA 1 MG CAP                      | 4    | PA<br>S                    |
| ZEJULA 100 MG CAP                      | 4    | QL 3 / 1 day(s)<br>PA<br>S |
| ZEJULA 100 MG TAB                      | 4    | QL 1 / 1 day(s)<br>PA<br>S |
| ZEJULA 200 MG TAB                      | 4    | QL 1 / 1 day(s)<br>PA<br>S |
| ZEJULA 300 MG TAB                      | 4    | QL 1 / 1 day(s)<br>PA<br>S |
| <b>PROGESTINS-ANTINEOPLASTIC</b>       |      |                            |
| <i>megestrol acetate tab 20 mg</i>     | 1    |                            |
| <i>megestrol acetate tab 40 mg</i>     | 1    |                            |
| <i>megestrol acetate susp 40 mg/ml</i> | 1    |                            |
| <i>megestrol acetate susp 40 mg/ml</i> | 1    |                            |
| <i>megestrol acetate susp 40 mg/ml</i> | 1    |                            |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <b>RETINOIDS</b>  |      |                       |
| <i>tretinoin cap 10 mg</i>                                  | 1    | PA                    |
| <b>SELECTIVE ESTROGEN RECEPTOR DEGRADERS</b>                |      |                       |
| ORSERDU 345 MG TAB  | 4    | PA<br>S               |
| ORSERDU 86 MG TAB   | 4    | PA<br>S               |
| <b>SELECTIVE RETINOID X RECEPTOR AGONISTS</b>               |      |                       |
| <i>bexarotene cap 75 mg</i>                                 | 2    | PA                    |
| <b>VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) INHIBITORS</b> |      |                       |
| INLYTA 1 MG TAB   | 4    | PA<br>S               |
| INLYTA 5 MG TAB   | 4    | PA<br>S               |
| LENVIMA (10 MG DAILY DOSE) 10 MG CAP THPK                   | 4    | PA<br>S               |
| LENVIMA (12 MG DAILY DOSE) 3 X 4 MG CAP THPK                | 4    | PA<br>S               |
| LENVIMA (14 MG DAILY DOSE) 10 & 4 MG CAP THPK               | 4    | PA<br>S               |
| LENVIMA (18 MG DAILY DOSE) 10 MG & 2 X 4 MG CAP THPK        | 4    | PA<br>S               |
| LENVIMA (20 MG DAILY DOSE) 2 X 10 MG CAP THPK               | 4    | PA<br>S               |
| LENVIMA (24 MG DAILY DOSE) 2 X 10 MG & 4 MG CAP THPK        | 4    | PA<br>S               |
| LENVIMA (4 MG DAILY DOSE) 4 MG CAP THPK                     | 4    | PA<br>S               |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| LENVIMA (8 MG DAILY DOSE) 2 X 4 MG CAP THPK                | 4    | PA<br>S               |
| <b>ANTIPARKINSON AND RELATED THERAPY AGENTS</b>            |      |                       |
| <b>ANTIPARKINSON ANTICHOLINERGICS</b>                      |      |                       |
| <i>benztropine mesylate tab 0.5 mg</i>                     | 1    |                       |
| <i>benztropine mesylate tab 1 mg</i>                       | 1    |                       |
| <i>benztropine mesylate tab 2 mg</i>                       | 1    |                       |
| TRIHXYPHENIDYL HCL 0.4 MG/ML SOLUTION                      | 1    | AL1 Up to 8 yrs old   |
| <i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>             | 1    | AL1 Up to 8 yrs old   |
| <i>trihexyphenidyl hcl tab 2 mg</i>                        | 1    |                       |
| <i>trihexyphenidyl hcl tab 5 mg</i>                        | 1    |                       |
| <b>ANTIPARKINSON DOPAMINERGICS</b>                         |      |                       |
| <i>amantadine hcl cap 100 mg</i>                           | 1    |                       |
| <i>amantadine hcl tab 100 mg</i>                           | 1    |                       |
| <i>amantadine hcl soln 50 mg/5ml</i>                       | 1    |                       |
| <i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i> | 1    |                       |
| <i>bromocriptine mesylate cap 5 mg (base equivalent)</i>   | 1    |                       |
| <b>ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS</b>          |      |                       |
| <i>rasagiline mesylate tab 0.5 mg (base equiv)</i>         | 2    | QL 30 / 30 DAYS       |
| <i>rasagiline mesylate tab 1 mg (base equiv)</i>           | 2    | QL 30 / 30 DAYS       |
| <i>selegiline hcl cap 5 mg</i>                             | 1    |                       |
| <i>selegiline hcl tab 5 mg</i>                             | 1    |                       |
| ZELAPAR 1.25 MG TAB DISP                                   | 3    | PA                    |
| <b>CENTRAL/PERIPHERAL COMT INHIBITORS</b>                  |      |                       |
| <i>tolcapone tab 100 mg</i>                                | 2    | PA                    |
| <b>DECARBOXYLASE INHIBITORS</b>                            |      |                       |
| <i>carbidopa tab 25 mg</i>                                 | 1    |                       |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <b>LEVODOPA COMBINATIONS</b>  |      |                       |
| <i>carbidopa &amp; levodopa tab 10-100 mg</i>                       | 1    |                       |
| <i>carbidopa &amp; levodopa orally disintegrating tab 10-100 mg</i> | 1    |                       |
| CARBIDOPA-LEVODOPA 10-100 MG TAB DISP                               | 1    |                       |
| <i>carbidopa &amp; levodopa tab 25-100 mg</i>                       | 1    |                       |
| <i>carbidopa &amp; levodopa orally disintegrating tab 25-100 mg</i> | 1    |                       |
| CARBIDOPA-LEVODOPA 25-100 MG TAB DISP                               | 1    |                       |
| <i>carbidopa &amp; levodopa tab 25-250 mg</i>                       | 1    |                       |
| <i>carbidopa &amp; levodopa orally disintegrating tab 25-250 mg</i> | 1    |                       |
| CARBIDOPA-LEVODOPA 25-250 MG TAB DISP                               | 1    |                       |
| <i>carbidopa &amp; levodopa tab er 25-100 mg</i>                    | 1    |                       |
| <i>carbidopa &amp; levodopa tab er 50-200 mg</i>                    | 1    |                       |
| CARBIDOPA-LEVODOPA-ENTACAPONE 12.5-50-200 MG TAB                    | 1    |                       |
| <i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>            | 1    |                       |
| CARBIDOPA-LEVODOPA-ENTACAPONE 18.75-75-200 MG TAB                   | 1    |                       |
| <i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>           | 1    |                       |
| <i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>             | 1    |                       |
| <i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>          | 1    |                       |
| CARBIDOPA-LEVODOPA-ENTACAPONE 37.5-150-200 MG TAB                   | 1    |                       |
| <i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>           | 1    |                       |
| <i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>             | 1    |                       |
| <b>NONERGOLINE DOPAMINE RECEPTOR AGONISTS</b>                       |      |                       |
| <i>apomorphine hcl soln cartridge 30 mg/3ml</i>                     | 4    | PA<br>S               |
| KYNMOBI 10 MG FILM  | 4    | PA<br>S               |
| KYNMOBI 15 MG FILM  | 4    | PA<br>S               |

| PRODUCT DESCRIPTION                                     | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| KYNMOBI 20 MG FILM                                      | 4    | PA<br>S               |
| KYNMOBI 25 MG FILM                                      | 4    | PA<br>S               |
| KYNMOBI 30 MG FILM                                      | 4    | PA<br>S               |
| KYNMOBI TITRATION KIT 10&15&20&25&30 MG KIT             | 4    | PA<br>S               |
| NEUPRO 1 MG/24HR PATCH 24HR                             | 3    | PA                    |
| NEUPRO 2 MG/24HR PATCH 24HR                             | 3    | PA                    |
| NEUPRO 3 MG/24HR PATCH 24HR                             | 3    | PA                    |
| NEUPRO 4 MG/24HR PATCH 24HR                             | 3    | PA                    |
| NEUPRO 6 MG/24HR PATCH 24HR                             | 3    | PA                    |
| NEUPRO 8 MG/24HR PATCH 24HR                             | 3    | PA                    |
| <i>pramipexole dihydrochloride tab 0.125 mg</i>         | 1    | QL 90 / 30 DAYS       |
| <i>pramipexole dihydrochloride tab 0.25 mg</i>          | 1    | QL 90 / 30 DAYS       |
| <i>pramipexole dihydrochloride tab 0.5 mg</i>           | 1    | QL 90 / 30 DAYS       |
| <i>pramipexole dihydrochloride tab 0.75 mg</i>          | 1    | QL 90 / 30 DAYS       |
| <i>pramipexole dihydrochloride tab 1 mg</i>             | 1    | QL 90 / 30 DAYS       |
| <i>pramipexole dihydrochloride tab 1.5 mg</i>           | 1    | QL 90 / 30 DAYS       |
| <i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i> | 2    | QL 30 / 30 DAYS       |
| <i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i>  | 2    | QL 30 / 30 DAYS       |
| <i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>   | 2    | QL 30 / 30 DAYS       |
| <i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>  | 2    | QL 30 / 30 DAYS       |
| <i>pramipexole dihydrochloride tab er 24hr 3 mg</i>     | 2    | QL 30 / 30 DAYS       |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i>              | 2    | QL 30 / 30 DAYS       |
| <i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>               | 2    | QL 30 / 30 DAYS       |
| <i>ropinirole hydrochloride tab 0.25 mg</i>                         | 1    |                       |
| <i>ropinirole hydrochloride tab 0.5 mg</i>                          | 1    |                       |
| <i>ropinirole hydrochloride tab 1 mg</i>                            | 1    |                       |
| <i>ropinirole hydrochloride tab 2 mg</i>                            | 1    |                       |
| <i>ropinirole hydrochloride tab 3 mg</i>                            | 1    |                       |
| <i>ropinirole hydrochloride tab 4 mg</i>                            | 1    |                       |
| <i>ropinirole hydrochloride tab 5 mg</i>                            | 1    |                       |
| <i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i> | 1    | QL 30 / 30 DAYS       |
| <i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i>  | 1    | QL 30 / 30 DAYS       |
| <i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i>  | 1    | QL 30 / 30 DAYS       |
| <i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i>  | 1    | QL 30 / 30 DAYS       |
| <i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i>  | 1    | QL 30 / 30 DAYS       |
| <b>PERIPHERAL COMT INHIBITORS</b>                                   |      |                       |
| <i>entacapone tab 200 mg</i>  | 1    | QL 270 / 30 DAYS      |
| ONGENTYS 25 MG CAP  | 3    | PA                    |
| ONGENTYS 50 MG CAP  | 3    | PA                    |
| <b>ANTIPSYCHOTICS/ANTIMANIC AGENTS</b>                              |      |                       |
| <b>ANTIMANIC AGENTS</b>   |      |                       |
| LITHIUM 8 MEQ/5ML SOLUTION  | 1    | AL1 Up to 8 yrs old   |
| <i>lithium carbonate cap 150 mg</i>                                 | 1    |                       |
| <i>lithium carbonate cap 300 mg</i>                                 | 1    |                       |
| <i>lithium carbonate tab 300 mg</i>                                 | 1    |                       |
| <i>lithium carbonate cap 600 mg</i>                                 | 1    |                       |



| PRODUCT DESCRIPTION                    | TIER | LIMITS & RESTRICTIONS   |
|--|------|-------------------------|
| <i>lithium carbonate tab er 300 mg</i> | 1    |                         |
| <i>lithium carbonate tab er 450 mg</i> | 1    |                         |
| <b>ANTIPSYCHOTICS - MISC.</b>          |      |                         |
| CAPLYTA 10.5 MG CAP                    | 3    | QL 1 / 1 day(s)<br>ST   |
| CAPLYTA 21 MG CAP                      | 3    | QL 1 / 1 day(s)<br>ST   |
| CAPLYTA 42 MG CAP                      | 3    | QL 1 / 1 day(s)<br>ST   |
| EQUETRO 100 MG CAP ER 12H              | 3    | QL 480 / 30 DAYS        |
| EQUETRO 200 MG CAP ER 12H              | 3    | QL 240 / 30 DAYS        |
| EQUETRO 300 MG CAP ER 12H              | 3    | QL 180 / 30 DAYS        |
| <i>lurasidone hcl tab 120 mg</i>       | 1    | QL 1 / 1 day(s)         |
| <i>lurasidone hcl tab 20 mg</i>        | 1    | QL 1 / 1 day(s)         |
| <i>lurasidone hcl tab 40 mg</i>        | 1    | QL 1 / 1 day(s)         |
| <i>lurasidone hcl tab 60 mg</i>        | 1    | QL 1 / 1 day(s)         |
| <i>lurasidone hcl tab 80 mg</i>        | 1    | QL 1 / 1 day(s)         |
| VRAYLAR 1.5 & 3 MG CAP THPK            | 3    | QL 30 / 30 day(s)<br>ST |
| VRAYLAR 1.5 MG CAP                     | 3    | QL 30 / 30 DAYS<br>ST   |
| VRAYLAR 3 MG CAP                       | 3    | QL 30 / 30 DAYS<br>ST   |
| VRAYLAR 4.5 MG CAP                     | 3    | QL 30 / 30 DAYS<br>ST   |
| VRAYLAR 6 MG CAP                       | 3    | QL 30 / 30 DAYS<br>ST   |

| PRODUCT DESCRIPTION                        | TIER | LIMITS & RESTRICTIONS   |
|--|------|-------------------------|
| <i>ziprasidone hcl cap 20 mg</i>           | 1    | QL 240 / 30 DAYS        |
| <i>ziprasidone hcl cap 40 mg</i>           | 1    | QL 60 / 30 DAYS         |
| <i>ziprasidone hcl cap 60 mg</i>           | 1    | QL 60 / 30 DAYS         |
| <i>ziprasidone hcl cap 80 mg</i>           | 1    | QL 60 / 30 DAYS         |
| <b>BENZISOXAZOLES</b>                      |      |                         |
| FANAPT 1 MG TAB                            | 3    | QL 60 / 30 day(s)<br>ST |
| FANAPT 10 MG TAB                           | 3    | QL 60 / 30 day(s)<br>ST |
| FANAPT 12 MG TAB                           | 3    | QL 60 / 30 day(s)<br>ST |
| FANAPT 2 MG TAB                            | 3    | QL 60 / 30 day(s)<br>ST |
| FANAPT 4 MG TAB                            | 3    | QL 60 / 30 day(s)<br>ST |
| FANAPT 6 MG TAB                            | 3    | QL 60 / 30 day(s)<br>ST |
| FANAPT 8 MG TAB                            | 3    | QL 60 / 30 day(s)<br>ST |
| FANAPT TITRATION PACK 1 & 2 & 4 & 6 MG TAB | 3    | QL 60 / 30 day(s)<br>ST |
| INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR    | 3    | ST                      |
| INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR      | 3    | ST                      |
| INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR   | 3    | ST                      |
| INVEGA SUSTENNA 156 MG/ML SUSP PRSYR       | 3    | ST                      |
| INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR    | 3    | ST                      |
| INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR    | 3    | ST                      |

| PRODUCT DESCRIPTION                                 | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR              | 3    | ST                    |
| INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR              | 3    | ST                    |
| INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR              | 3    | ST                    |
| INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR              | 3    | ST                    |
| INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR              | 3    | ST                    |
| <i>paliperidone tab er 24hr 1.5 mg</i>              | 2    | QL 30 / 30 DAYS<br>ST |
| <i>paliperidone tab er 24hr 3 mg</i>                | 2    | QL 30 / 30 DAYS<br>ST |
| <i>paliperidone tab er 24hr 6 mg</i>                | 2    | QL 60 / 30 DAYS<br>ST |
| <i>paliperidone tab er 24hr 9 mg</i>                | 2    | QL 30 / 30 DAYS<br>ST |
| RISPERDAL CONSTA 12.5 MG SRER                       | 3    | ST                    |
| RISPERDAL CONSTA 25 MG SRER                         | 3    | ST                    |
| RISPERDAL CONSTA 37.5 MG SRER                       | 3    | ST                    |
| RISPERDAL CONSTA 50 MG SRER                         | 3    | ST                    |
| <i>risperidone tab 0.25 mg</i>                      | 1    | QL 60 / 30 DAYS       |
| RISPERIDONE 0.25 MG TAB DISP                        | 1    | QL 1920 / 30 DAYS     |
| <i>risperidone tab 0.5 mg</i>                       | 1    | QL 60 / 30 DAYS       |
| <i>risperidone orally disintegrating tab 0.5 mg</i> | 1    | QL 960 / 30 DAYS      |
| <i>risperidone tab 1 mg</i>                         | 1    | QL 480 / 30 DAYS      |
| <i>risperidone orally disintegrating tab 1 mg</i>   | 1    | QL 60 / 30 DAYS       |
| <i>risperidone soln 1 mg/ml</i>                     | 1    | AL1 Up to 8 yrs old   |
| <i>risperidone tab 2 mg</i>                         | 1    | QL 240 / 30 DAYS      |

| PRODUCT DESCRIPTION                                 | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>risperidone orally disintegrating tab 2 mg</i>   | 1    | QL 60 / 30 DAYS       |
| <i>risperidone tab 3 mg</i>                         | 1    | QL 180 / 30 DAYS      |
| <i>risperidone orally disintegrating tab 3 mg</i>   | 1    | QL 180 / 30 DAYS      |
| <i>risperidone tab 4 mg</i>                         | 1    | QL 120 / 30 DAYS      |
| <i>risperidone orally disintegrating tab 4 mg</i>   | 1    | QL 120 / 30 DAYS      |
| <b>BUTYROPHENONES</b>                               |      |                       |
| <i>haloperidol tab 0.5 mg</i>                       | 1    |                       |
| <i>haloperidol tab 1 mg</i>                         | 1    |                       |
| <i>haloperidol tab 10 mg</i>                        | 1    |                       |
| <i>haloperidol tab 2 mg</i>                         | 1    |                       |
| <i>haloperidol tab 20 mg</i>                        | 1    |                       |
| <i>haloperidol tab 5 mg</i>                         | 1    |                       |
| <i>haloperidol lactate oral conc 2 mg/ml</i>        | 1    |                       |
| <b>DIBENZO-OXEPINO PYRROLES</b>                     |      |                       |
| <i>asenapine maleate sl tab 10 mg (base equiv)</i>  | 2    | ST                    |
| <i>asenapine maleate sl tab 2.5 mg (base equiv)</i> | 2    | ST                    |
| <i>asenapine maleate sl tab 5 mg (base equiv)</i>   | 2    | ST                    |
| <b>DIBENZODIAZEPINES</b>                            |      |                       |
| <i>clozapine tab 100 mg</i>                         | 1    | QL 120 / 30 DAYS      |
| <i>clozapine orally disintegrating tab 100 mg</i>   | 1    |                       |
| CLOZAPINE 12.5 MG TAB DISP                          | 1    |                       |
| CLOZAPINE 150 MG TAB DISP                           | 1    |                       |
| <i>clozapine orally disintegrating tab 150 mg</i>   | 1    |                       |
| <i>clozapine tab 200 mg</i>                         | 1    | QL 120 / 30 DAYS      |
| CLOZAPINE 200 MG TAB DISP                           | 1    |                       |
| <i>clozapine orally disintegrating tab 200 mg</i>   | 1    |                       |
| <i>clozapine tab 25 mg</i>                          | 1    | QL 120 / 30 DAYS      |

| PRODUCT DESCRIPTION                              | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>clozapine orally disintegrating tab 25 mg</i> | 1    | QL 1080 / 30 DAYS     |
| <i>clozapine tab 50 mg</i>                       | 1    | QL 120 / 30 DAYS      |
| <b>DIBENZOTHIAZEPINES</b>                        |      |                       |
| <i>quetiapine fumarate tab 100 mg</i>            | 1    | QL 90 / 30 DAYS       |
| <i>quetiapine fumarate tab 200 mg</i>            | 1    | QL 90 / 30 DAYS       |
| <i>quetiapine fumarate tab 25 mg</i>             | 1    | QL 90 / 30 DAYS       |
| <i>quetiapine fumarate tab 300 mg</i>            | 1    | QL 60 / 30 DAYS       |
| <i>quetiapine fumarate tab 400 mg</i>            | 1    | QL 60 / 30 DAYS       |
| <i>quetiapine fumarate tab 50 mg</i>             | 1    | QL 90 / 30 DAYS       |
| <i>quetiapine fumarate tab er 24hr 150 mg</i>    | 1    | QL 60 / 30 DAYS       |
| <i>quetiapine fumarate tab er 24hr 200 mg</i>    | 1    | QL 30 / 30 DAYS       |
| <i>quetiapine fumarate tab er 24hr 300 mg</i>    | 1    | QL 60 / 30 DAYS       |
| <i>quetiapine fumarate tab er 24hr 400 mg</i>    | 1    | QL 60 / 30 DAYS       |
| <i>quetiapine fumarate tab er 24hr 50 mg</i>     | 1    | QL 60 / 30 DAYS       |
| <b>DIBENZOXAZEPINES</b>                          |      |                       |
| <i>loxapine succinate cap 10 mg</i>              | 1    |                       |
| <i>loxapine succinate cap 25 mg</i>              | 1    |                       |
| <i>loxapine succinate cap 5 mg</i>               | 1    |                       |
| <i>loxapine succinate cap 50 mg</i>              | 1    |                       |
| <b>PHENOTHIAZINES</b>                            |      |                       |
| <i>chlorpromazine hcl tab 10 mg</i>              | 1    |                       |
| <i>chlorpromazine hcl tab 100 mg</i>             | 1    |                       |
| <i>chlorpromazine hcl tab 200 mg</i>             | 1    |                       |
| <i>chlorpromazine hcl tab 25 mg</i>              | 1    |                       |
| <i>chlorpromazine hcl tab 50 mg</i>              | 1    |                       |
| <i>prochlorperazine suppos 25 mg</i>             | 1    | QL 30 / 30 DAYS       |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>fluphenazine hcl tab 1 mg</i>                            | 1    |                       |
| <i>fluphenazine hcl tab 10 mg</i>                           | 1    |                       |
| <i>fluphenazine hcl tab 2.5 mg</i>                          | 1    |                       |
| FLUPHENAZINE HCL 2.5 MG/5ML ELIXIR                          | 1    | AL1 Up to 8 yrs old   |
| <i>fluphenazine hcl tab 5 mg</i>                            | 1    |                       |
| FLUPHENAZINE HCL 5 MG/ML CONC                               | 1    | AL1 Up to 8 yrs old   |
| <i>perphenazine tab 16 mg</i>                               | 1    |                       |
| <i>perphenazine tab 2 mg</i>                                | 1    |                       |
| <i>perphenazine tab 4 mg</i>                                | 1    |                       |
| <i>perphenazine tab 8 mg</i>                                | 1    |                       |
| <i>prochlorperazine suppos 25 mg</i>                        | 1    | QL 30 / 30 DAYS       |
| <i>prochlorperazine maleate tab 10 mg (base equivalent)</i> | 1    |                       |
| <i>prochlorperazine maleate tab 5 mg (base equivalent)</i>  | 1    |                       |
| <i>thioridazine hcl tab 10 mg</i>                           | 1    |                       |
| <i>thioridazine hcl tab 100 mg</i>                          | 1    |                       |
| <i>thioridazine hcl tab 25 mg</i>                           | 1    |                       |
| <i>thioridazine hcl tab 50 mg</i>                           | 1    |                       |
| <i>trifluoperazine hcl tab 1 mg (base equivalent)</i>       | 1    |                       |
| <i>trifluoperazine hcl tab 10 mg (base equivalent)</i>      | 1    |                       |
| <i>trifluoperazine hcl tab 2 mg (base equivalent)</i>       | 1    |                       |
| <i>trifluoperazine hcl tab 5 mg (base equivalent)</i>       | 1    |                       |
| <b>QUINOLINONE DERIVATIVES</b>                              |      |                       |
| ABILIFY ASIMTUFII 720 MG/2.4ML PRSYR                        | 3    | ST                    |
| ABILIFY ASIMTUFII 960 MG/3.2ML PRSYR                        | 3    | ST                    |
| ABILIFY MAINTENA 300 MG PRSYR                               | 3    | ST                    |
| ABILIFY MAINTENA 300 MG SRER                                | 3    | ST                    |
| ABILIFY MAINTENA 400 MG PRSYR                               | 3    | ST                    |

| PRODUCT DESCRIPTION                       | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| ABILIFY MAINTENA 400 MG SRER              | 3    | ST                    |
| <i>aripiprazole oral solution 1 mg/ml</i> | 2    | QL 30 / 30 DAYS       |
| <i>aripiprazole tab 10 mg</i>             | 1    | QL 30 / 30 DAYS       |
| <i>aripiprazole tab 15 mg</i>             | 1    | QL 30 / 30 DAYS       |
| <i>aripiprazole tab 2 mg</i>              | 1    | QL 60 / 30 day(s)     |
| <i>aripiprazole tab 20 mg</i>             | 1    | QL 30 / 30 DAYS       |
| <i>aripiprazole tab 30 mg</i>             | 1    | QL 30 / 30 DAYS       |
| <i>aripiprazole tab 5 mg</i>              | 1    | QL 2 / 1 day(s)       |
| ARISTADA 1064 MG/3.9ML PRSYR              | 3    | ST                    |
| ARISTADA 441 MG/1.6ML PRSYR               | 3    | ST                    |
| ARISTADA 662 MG/2.4ML PRSYR               | 3    | ST                    |
| ARISTADA 882 MG/3.2ML PRSYR               | 3    | ST                    |
| ARISTADA INITIO 675 MG/2.4ML PRSYR        | 3    | ST                    |
| REXULTI 0.25 MG TAB                       | 3    | QL 30 / 30 DAYS<br>ST |
| REXULTI 0.5 MG TAB                        | 3    | QL 30 / 30 DAYS<br>ST |
| REXULTI 1 MG TAB                          | 3    | QL 30 / 30 DAYS<br>ST |
| REXULTI 2 MG TAB                          | 3    | QL 30 / 30 DAYS<br>ST |
| REXULTI 3 MG TAB                          | 3    | QL 30 / 30 DAYS<br>ST |
| REXULTI 4 MG TAB                          | 3    | QL 30 / 30 DAYS<br>ST |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS  |
|--|------|------------------------|
| <b>THIENBENZODIAZEPINES</b>                                      |      |                        |
| <i>olanzapine tab 10 mg</i>                                      | 1    | QL 30 / 30 DAYS        |
| <i>olanzapine orally disintegrating tab 10 mg</i>                | 1    | QL 30 / 30 DAYS        |
| <i>olanzapine tab 15 mg</i>                                      | 1    | QL 30 / 30 DAYS        |
| <i>olanzapine orally disintegrating tab 15 mg</i>                | 1    | QL 30 / 30 DAYS        |
| <i>olanzapine tab 2.5 mg</i>                                     | 1    | QL 30 / 30 DAYS        |
| <i>olanzapine tab 20 mg</i>                                      | 1    | QL 30 / 30 DAYS        |
| <i>olanzapine orally disintegrating tab 20 mg</i>                | 1    | QL 30 / 30 DAYS        |
| <i>olanzapine tab 5 mg</i>                                       | 1    | QL 30 / 30 DAYS        |
| <i>olanzapine orally disintegrating tab 5 mg</i>                 | 1    | QL 30 / 30 DAYS        |
| <i>olanzapine tab 7.5 mg</i>                                     | 1    | QL 30 / 30 DAYS        |
| ZYPREXA RELPREVV 210 MG RECON SUSP                               | 3    | ST                     |
| ZYPREXA RELPREVV 300 MG RECON SUSP                               | 3    | ST                     |
| ZYPREXA RELPREVV 405 MG RECON SUSP                               | 3    | ST                     |
| <b>THIOXANTHENES</b>   |      |                        |
| <i>thiothixene cap 1 mg</i>                                      | 1    |                        |
| <i>thiothixene cap 10 mg</i>                                     | 1    |                        |
| <i>thiothixene cap 2 mg</i>                                      | 1    |                        |
| <i>thiothixene cap 5 mg</i>                                      | 1    |                        |
| <b>ANTIVIRALS</b>  |      |                        |
| <b>ANTIRETROVIRAL COMBINATIONS</b>                               |      |                        |
| <i>abacavir sulfate-lamivudine tab 600-300 mg</i>                | 1    | QL 30 / 30 DAYS        |
| <i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i> | 2    | QL 60 / 30 DAYS        |
| BIKTARVY 30-120-15 MG TAB  | 4    | QL 30 / 30 day(s)<br>S |
| BIKTARVY 50-200-25 MG TAB  | 4    | QL 30 / 30 DAYS<br>S   |



| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS                 |
|---|------|---------------------------------------|
| CIMDUO 300-300 MG TAB   | 4    | S                                     |
| COMPLERA 200-25-300 MG TAB  | 4    | QL 30 / 30 DAYS<br>S                  |
| DESCOVY 120-15 MG TAB   | 4    | QL 1 / 1 day(s)<br>PA<br>S            |
| DESCOVY 200-25 MG TAB   | 4    | QL 30 / 30 DAYS<br>PA<br>S            |
| DOVATO 50-300 MG TAB  | 4    | PA<br>S                               |
| <i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>    | 1    |                                       |
| <i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>       | 4    |                                       |
| <i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>       | 4    |                                       |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> | 1    | QL 30 / 30 day(s)                     |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> | 1    | QL 30 / 30 day(s)                     |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> | 1    | QL 30 / 30 day(s)                     |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> | 1    | QL 30 / 30 day(s)<br>PRE Preventative |
| EVOTAZ 300-150 MG TAB   | 4    | QL 30 / 30 DAYS<br>S                  |
| GENVOYA 150-150-200-10 MG TAB                                     | 4    | QL 30 / 30 DAYS<br>S                  |
| JULUCA 50-25 MG TAB   | 4    | S                                     |
| <i>lamivudine-zidovudine tab 150-300 mg</i>                       | 1    | QL 60 / 30 DAYS                       |
| <i>lopinavir-ritonavir tab 100-25 mg</i>                          | 4    | S                                     |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS  |
|--|------|------------------------|
| <i>lopinavir-ritonavir tab 200-50 mg</i>                     | 4    | S                      |
| <i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i> | 1    |                        |
| ODEFSEY 200-25-25 MG TAB                                     | 4    | QL 30 / 30 DAYS<br>S   |
| PREZCOBIX 800-150 MG TAB                                     | 4    | QL 30 / 30 DAYS<br>S   |
| STRIBILD 150-150-200-300 MG TAB                              | 4    | QL 30 / 30 DAYS<br>S   |
| SYMTUZA 800-150-200-10 MG TAB                                | 4    | QL 30 / 30 day(s)<br>S |
| TEMIXYS 300-300 MG TAB                                       | 4    | S                      |
| TRIUMEQ 600-50-300 MG TAB                                    | 4    | QL 30 / 30 DAYS<br>S   |
| TRIUMEQ PD 60-5-30 MG TAB SOL                                | 4    | QL 1 / 1 day(s)<br>S   |
| <b>ANTIRETROVIRALS - CAPSID INHIBITORS</b>                   |      |                        |
| SUNLENCA 4 X 300 MG TAB THPK                                 | 4    | PA<br>S                |
| SUNLENCA 463.5 MG/1.5ML SOLUTION                             | 4    | PA<br>S                |
| SUNLENCA 5 X 300 MG TAB THPK                                 | 4    | PA<br>S                |
| <b>ANTIRETROVIRALS - CCR5 ANTAGONISTS (ENTRY INHIBITOR)</b>  |      |                        |
| <i>maraviroc tab 150 mg</i>                                  | 4    | PA<br>S                |
| <i>maraviroc tab 300 mg</i>                                  | 4    | PA<br>S                |
| SELZENTRY 20 MG/ML SOLUTION                                  | 4    | PA<br>S                |

| PRODUCT DESCRIPTION                           | TIER | LIMITS & RESTRICTIONS                        |
|---|------|--|
| SELZENTRY 25 MG TAB                           | 4    | PA<br>S                                      |
| SELZENTRY 75 MG TAB                           | 4    | PA<br>S                                      |
| <b>ANTIRETROVIRALS - FUSION INHIBITORS</b>    |      |  |
| FUZEON 90 MG RECON SOLN                       | 4    | PA<br>S                                      |
| <b>ANTIRETROVIRALS - INTEGRASE INHIBITORS</b> |      |  |
| ISENTRESS 100 MG CHEW TAB                     | 4    | QL 180 / 30 DAYS<br>S                        |
| ISENTRESS 100 MG PACKET                       | 4    | QL 240 / 30 DAYS<br>S                        |
| ISENTRESS 25 MG CHEW TAB                      | 4    | QL 720 / 30 DAYS<br>S                        |
| ISENTRESS 400 MG TAB                          | 4    | QL 60 / 30 DAYS<br>S                         |
| ISENTRESS HD 600 MG TAB                       | 4    | QL 60 / 30 DAYS<br>S                         |
| TIVICAY 10 MG TAB                             | 4    | QL 30 / 30 DAYS<br>S                         |
| TIVICAY 25 MG TAB                             | 4    | QL 30 / 30 DAYS<br>S                         |
| TIVICAY 50 MG TAB                             | 4    | QL 60 / 30 DAYS<br>S                         |
| TIVICAY PD 5 MG TAB SOL                       | 4    | PA<br>S                                      |
| <b>ANTIRETROVIRALS - PROTEASE INHIBITORS</b>  |      |  |
| APTIVUS 100 MG/ML SOLUTION                    | 4    | QL 300 / 30 DAYS<br>AL1 Up to 8 yrs old<br>S |

| PRODUCT DESCRIPTION                                  | TIER | LIMITS & RESTRICTIONS                        |
|--|------|--|
| APTIVUS 250 MG CAP                                   | 4    | QL 120 / 30 DAYS<br>S                        |
| <i>atazanavir sulfate cap 150 mg (base equiv)</i>    | 2    |  |
| <i>atazanavir sulfate cap 200 mg (base equiv)</i>    | 2    |  |
| <i>atazanavir sulfate cap 300 mg (base equiv)</i>    | 2    |  |
| CRIXIVAN 200 MG CAP                                  | 4    | QL 360 / 30 DAYS<br>S                        |
| CRIXIVAN 400 MG CAP                                  | 4    | QL 180 / 30 DAYS<br>S                        |
| <i>darunavir tab 600 mg</i>                          | 4    | QL 60 / 30 day(s)<br>S                       |
| <i>darunavir tab 800 mg</i>                          | 4    | QL 30 / 30 day(s)<br>S                       |
| <i>fosamprenavir calcium tab 700 mg (base equiv)</i> | 2    |  |
| INVIRASE 500 MG TAB                                  | 4    | QL 120 / 30 DAYS<br>S                        |
| LEXIVA 50 MG/ML SUSPENSION                           | 4    | QL 1800 / 30 DAYS<br>S                       |
| NORVIR 80 MG/ML SOLUTION                             | 4    | QL 480 / 30 DAYS<br>AL1 Up to 8 yrs old<br>S |
| PREZISTA 100 MG/ML SUSPENSION                        | 4    | QL 400 / 30 day(s)<br>S                      |
| PREZISTA 150 MG TAB                                  | 4    | QL 180 / 30 day(s)<br>S                      |
| PREZISTA 75 MG TAB                                   | 4    | QL 300 / 30 day(s)<br>S                      |
| REYATAZ 50 MG PACKET                                 | 4    | AL1 Up to 8 yrs old<br>S                     |

| PRODUCT DESCRIPTION                                       | TIER | LIMITS & RESTRICTIONS                      |
|---|------|--|
| <i>ritonavir tab 100 mg</i>                               | 1    |  |
| <b>ANTIRETROVIRALS - RTI-NON-NUCLEOSIDE ANALOGUES</b>     |      |  |
| EDURANT 25 MG TAB   | 4    | QL 30 / 30 DAYS<br>S                       |
| EFAVIRENZ 200 MG CAP                                      | 2    |  |
| EFAVIRENZ 50 MG CAP                                       | 2    |  |
| <i>efavirenz tab 600 mg</i>                               | 2    |  |
| <i>etravirine tab 100 mg</i>                              | 4    | QL 120 / 30 day(s)<br>S                    |
| <i>etravirine tab 200 mg</i>                              | 4    | QL 60 / 30 day(s)<br>S                     |
| INTELENCE 25 MG TAB                                       | 4    | S  |
| <i>nevirapine tab 200 mg</i>                              | 1    | QL 60 / 30 DAYS                            |
| NEVIRAPINE 50 MG/5ML SUSPENSION                           | 1    | QL 1200 / 30 day(s)<br>AL1 Up to 8 yrs old |
| <i>nevirapine tab er 24hr 100 mg</i>                      | 1    | QL 90 / 30 DAYS<br>S                       |
| NEVIRAPINE ER 100 MG TAB ER 24H                           | 1    | QL 90 / 30 DAYS<br>S                       |
| <i>nevirapine tab er 24hr 400 mg</i>                      | 1    | QL 30 / 30 DAYS                            |
| PIFELTRO 100 MG TAB                                       | 4    | S  |
| RESCRIPTOR 200 MG TAB                                     | 4    | QL 180 / 30 DAYS<br>S                      |
| <b>ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PURINES</b> |      |  |
| <i>abacavir sulfate soln 20 mg/ml (base equiv)</i>        | 1    | AL1 Up to 8 yrs old                        |
| <i>abacavir sulfate tab 300 mg (base equiv)</i>           | 1    | QL 60 / 30 DAYS                            |
| DIDANOSINE 200 MG CAP DR                                  | 1    | QL 60 / 30 DAYS<br>S                       |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| DIDANOSINE 250 MG CAP DR                                      | 1    | QL 30 / 30 DAYS<br>S  |
| DIDANOSINE 400 MG CAP DR                                      | 1    | QL 30 / 30 DAYS<br>S  |
| <b>ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PYRIMIDINES</b> |      |                       |
| <i>emtricitabine caps 200 mg</i>                              | 2    |                       |
| EMTRIVA 10 MG/ML SOLUTION                                     | 4    | QL 850 / 30 DAYS<br>S |
| <i>lamivudine oral soln 10 mg/ml</i>                          | 1    |                       |
| <i>lamivudine tab 150 mg</i>                                  | 1    | QL 60 / 30 DAYS       |
| <i>lamivudine tab 300 mg</i>                                  | 1    | QL 30 / 30 DAYS       |
| <b>ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-THYMIDINES</b>  |      |                       |
| STAVUDINE 15 MG CAP   | 1    | QL 120 / 30 DAYS<br>S |
| <i>stavudine cap 15 mg</i>                                    | 1    | QL 120 / 30 DAYS<br>S |
| STAVUDINE 20 MG CAP   | 1    | QL 120 / 30 DAYS<br>S |
| <i>stavudine cap 20 mg</i>                                    | 1    | QL 120 / 30 DAYS<br>S |
| STAVUDINE 30 MG CAP   | 1    | QL 60 / 30 DAYS<br>S  |
| <i>stavudine cap 30 mg</i>                                    | 1    | QL 60 / 30 DAYS<br>S  |
| STAVUDINE 40 MG CAP   | 1    | QL 60 / 30 DAYS<br>S  |
| <i>stavudine cap 40 mg</i>                                    | 1    | QL 60 / 30 DAYS<br>S  |

| PRODUCT DESCRIPTION                                     | TIER | LIMITS & RESTRICTIONS                        |
|---|------|--|
| <i>zidovudine cap 100 mg</i>                            | 1    | QL 180 / 30 DAYS                             |
| <i>zidovudine tab 300 mg</i>                            | 1    | QL 60 / 30 DAYS                              |
| <i>zidovudine syrup 10 mg/ml</i>                        | 1    | QL 1920 / 30 DAYS                            |
| <b>ANTIRETROVIRALS - RTI-NUCLEOTIDE ANALOGUES</b>       |      |  |
| <i>tenofovir disoproxil fumarate tab 300 mg</i>         | 1    | QL 1 / 1 day(s)                              |
| VIREAD 150 MG TAB                                       | 4    | QL 30 / 30 DAYS<br>S                         |
| VIREAD 200 MG TAB                                       | 4    | QL 30 / 30 DAYS<br>S                         |
| VIREAD 250 MG TAB                                       | 4    | QL 30 / 30 DAYS<br>S                         |
| VIREAD 40 MG/GM POWDER                                  | 4    | QL 240 / 30 DAYS<br>AL1 Up to 8 yrs old<br>S |
| <b>ANTIRETROVIRALS ADJUVANTS</b>                        |      |  |
| TYBOST 150 MG TAB                                       | 4    | QL 30 / 30 DAYS<br>S                         |
| <b>ANTIVIRAL COMBINATIONS</b>                           |      |  |
| PAXLOVID (150/100) 10 X 150 MG & 10 X 100MG TAB<br>THPK | 2    | QL 20 / 180 day(s)                           |
| PAXLOVID (300/100) 20 X 150 MG & 10 X 100MG TAB<br>THPK | 2    | QL 30 / 180 day(s)                           |
| <b>CMV AGENTS</b>                                       |      |  |
| LIVTENCITY 200 MG TAB                                   | 4    | PA<br>S                                      |
| PREVYMIS 240 MG TAB                                     | 4    | PA<br>S                                      |
| PREVYMIS 480 MG TAB                                     | 4    | PA<br>S                                      |

| PRODUCT DESCRIPTION                                      | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>valganciclovir hcl tab 450 mg (base equivalent)</i>   | 2    |                       |
| <i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i> | 2    | AL1 Up to 8 yrs old   |
| <b>HEPATITIS B AGENTS</b>                                |      |                       |
| <i>adefovir dipivoxil tab 10 mg</i>                      | 4    | PA                    |
| BARACLUDE 0.05 MG/ML SOLUTION                            | 4    | PA<br>S               |
| <i>entecavir tab 0.5 mg</i>                              | 1    | QL 30 / 30 DAYS       |
| <i>entecavir tab 1 mg</i>                                | 1    | QL 30 / 30 DAYS       |
| <i>lamivudine tab 100 mg (hbv)</i>                       | 1    | QL 30 / 30 DAYS       |
| <b>HEPATITIS C AGENT - COMBINATIONS</b>                  |      |                       |
| LEDIPASVIR-SOFOSBUVIR 90-400 MG TAB                      | 4    | PA<br>S               |
| MAVYRET 100-40 MG TAB                                    | 4    | PA<br>S               |
| MAVYRET 50-20 MG PACKET                                  | 4    | PA<br>S               |
| SOFOSBUVIR-VELPATASVIR 400-100 MG TAB                    | 4    | PA<br>S               |
| <b>HEPATITIS C AGENTS</b>                                |      |                       |
| PEGASYS 180 MCG/0.5ML SOLN PRSYR                         | 4    | PA<br>S               |
| PEGASYS PROCLICK 180 MCG/0.5ML SOLN A-INJ                | 4    | PA<br>S               |
| PEGINTRON 50 MCG/0.5ML KIT                               | 4    | PA<br>S               |
| RIBAVIRIN 200 MG CAP                                     | 1    |                       |
| <i>ribavirin cap 200 mg</i>                              | 1    |                       |
| RIBAVIRIN 200 MG TAB                                     | 1    |                       |



| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS                  |
|--|------|--|
| <i>ribavirin tab 200 mg</i>                                | 1    |  |
| <b>HERPES AGENTS - PURINE ANALOGUES</b>                    |      |  |
| <i>acyclovir cap 200 mg</i>                                | 1    |  |
| <i>acyclovir susp 200 mg/5ml</i>                           | 1    |  |
| <i>acyclovir tab 400 mg</i>                                | 1    |  |
| <i>acyclovir tab 800 mg</i>                                | 1    |  |
| <i>valacyclovir hcl tab 1 gm</i>                           | 1    |  |
| <i>valacyclovir hcl tab 500 mg</i>                         | 1    |  |
| <b>HERPES AGENTS - THYMIDINE ANALOGUES</b>                 |      |  |
| <i>famciclovir tab 125 mg</i>                              | 1    | QL 60 / 30 DAYS                        |
| <i>famciclovir tab 250 mg</i>                              | 1    | QL 60 / 30 DAYS                        |
| <i>famciclovir tab 500 mg</i>                              | 1    | QL 60 / 30 DAYS                        |
| <b>INFLUENZA AGENTS</b>                                    |      |  |
| RIMANTADINE HCL 100 MG TAB                                 | 1    |  |
| <b>MISC. ANTIVIRALS</b>                                    |      |  |
| LAGEVRIO 200 MG CAP  | 2    | QL 40 / 180 day(s)                     |
| TEMBEXA 10 MG/ML SUSPENSION                                | 2    | QL 40 / 14 day(s)                      |
| TEMBEXA 100 MG TAB   | 2    | QL 4 / 14 day(s)                       |
| TPOXX 200 MG CAP   | 2    | QL 84 / 14 day(s)                      |
| <b>NEURAMINIDASE INHIBITORS</b>                            |      |  |
| <i>oseltamivir phosphate cap 30 mg (base equiv)</i>        | 1    | QL 20 / 0 day(s)<br>MFL 1 / 180 day(s) |
| <i>oseltamivir phosphate cap 45 mg (base equiv)</i>        | 1    | QL 20 / 0 day(s)<br>MFL 1 / 180 day(s) |
| <i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i> | 1    | QL 180 / 5 DAYS<br>MFL 1 / 180 DAYS    |
| <i>oseltamivir phosphate cap 75 mg (base equiv)</i>        | 1    | QL 20 / 0 day(s)<br>MFL 1 / 180 day(s) |

| PRODUCT DESCRIPTION                           | TIER | LIMITS & RESTRICTIONS                        |
|---|------|--|
| RELENZA DISKHALER 5 MG/ACT AER POW BA         | 3    | QL 20 / 10 DAYS                              |
| <b>PA ENDONUCLEASE INHIBITORS</b>             |      |  |
| XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK       | 3    | QL 1 / 0 day(s)<br>MFL 1 / 180 day(s)        |
| XOFLUZA (40 MG DOSE) 2 X 20 MG TAB THPK       | 3    | QL 2 / 180 DAYS                              |
| XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK       | 3    | QL 1 / 0 day(s)<br>MFL 1 / 180 day(s)        |
| XOFLUZA (80 MG DOSE) 2 X 40 MG TAB THPK       | 3    | QL 2 / 180 DAYS                              |
| <b>BETA BLOCKERS</b>                          |      |  |
| <b>ALPHA-BETA BLOCKERS</b>                    |      |  |
| <i>carvedilol tab 12.5 mg</i>                 | 1    | QL 4 / 1 day(s)<br>VAL Value Preventive List |
| <i>carvedilol tab 25 mg</i>                   | 1    | QL 4 / 1 day(s)<br>VAL Value Preventive List |
| <i>carvedilol tab 3.125 mg</i>                | 1    | QL 4 / 1 day(s)<br>VAL Value Preventive List |
| <i>carvedilol tab 6.25 mg</i>                 | 1    | QL 4 / 1 day(s)<br>VAL Value Preventive List |
| <i>carvedilol phosphate cap er 24hr 10 mg</i> | 2    | QL 30 / 30 DAYS<br>VAL Value Preventive List |
| <i>carvedilol phosphate cap er 24hr 20 mg</i> | 2    | QL 30 / 30 DAYS<br>VAL Value Preventive List |
| <i>carvedilol phosphate cap er 24hr 40 mg</i> | 2    | QL 30 / 30 DAYS<br>VAL Value Preventive List |
| <i>carvedilol phosphate cap er 24hr 80 mg</i> | 2    | QL 30 / 30 DAYS<br>VAL Value Preventive List |
| <i>labetalol hcl tab 100 mg</i>               | 1    | VAL Value Preventive List                    |
| <i>labetalol hcl tab 200 mg</i>               | 1    | VAL Value Preventive List                    |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS                          |
|---|------|--|
| <i>labetalol hcl tab 300 mg</i>                                 | 1    | VAL Value Preventive List                      |
| <b>BETA BLOCKERS CARDIO-SELECTIVE</b>                           |      |  |
| <i>acebutolol hcl cap 200 mg</i>                                | 1    | VAL Value Preventive List                      |
| <i>acebutolol hcl cap 400 mg</i>                                | 1    | VAL Value Preventive List                      |
| <i>atenolol tab 100 mg</i>                                      | 1    | VAL Value Preventive List                      |
| <i>atenolol tab 25 mg</i>                                       | 1    | VAL Value Preventive List                      |
| <i>atenolol tab 50 mg</i>                                       | 1    | VAL Value Preventive List                      |
| <i>betaxolol hcl tab 10 mg</i>                                  | 1    | VAL Value Preventive List                      |
| <i>betaxolol hcl tab 20 mg</i>                                  | 1    | VAL Value Preventive List                      |
| <i>bisoprolol fumarate tab 10 mg</i>                            | 1    | VAL Value Preventive List                      |
| <i>bisoprolol fumarate tab 5 mg</i>                             | 1    | VAL Value Preventive List                      |
| <i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i> | 1    | QL 60 / 30 day(s)<br>VAL Value Preventive List |
| <i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i> | 1    | QL 60 / 30 day(s)<br>VAL Value Preventive List |
| <i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>  | 1    | QL 60 / 30 day(s)<br>VAL Value Preventive List |
| <i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>  | 1    | QL 60 / 30 day(s)<br>VAL Value Preventive List |
| <i>metoprolol tartrate tab 100 mg</i>                           | 1    | VAL Value Preventive List                      |
| <i>metoprolol tartrate tab 25 mg</i>                            | 1    | VAL Value Preventive List                      |
| <i>metoprolol tartrate tab 37.5 mg</i>                          | 1    | VAL Value Preventive List                      |
| <i>metoprolol tartrate tab 50 mg</i>                            | 1    | VAL Value Preventive List                      |
| <i>metoprolol tartrate tab 75 mg</i>                            | 1    | VAL Value Preventive List                      |
| <i>nebivolol hcl tab 10 mg (base equivalent)</i>                | 2    | QL 60 / 30 day(s)                              |

| PRODUCT DESCRIPTION                               | TIER | LIMITS & RESTRICTIONS                            |
|---|------|--|
| <i>nebivolol hcl tab 2.5 mg (base equivalent)</i> | 2    | QL 60 / 30 day(s)                                |
| <i>nebivolol hcl tab 20 mg (base equivalent)</i>  | 2    | QL 60 / 30 day(s)                                |
| <i>nebivolol hcl tab 5 mg (base equivalent)</i>   | 2    | QL 60 / 30 day(s)                                |
| <b>BETA BLOCKERS NON-SELECTIVE</b>                |      |  |
| INDERAL XL 120 MG CAP ER 24H                      | 3    |  |
| <i>nadolol tab 20 mg</i>                          | 1    | VAL Value Preventive List                        |
| <i>nadolol tab 40 mg</i>                          | 1    | VAL Value Preventive List                        |
| <i>nadolol tab 80 mg</i>                          | 1    | VAL Value Preventive List                        |
| <i>pindolol tab 10 mg</i>                         | 1    | VAL Value Preventive List                        |
| <i>pindolol tab 5 mg</i>                          | 1    | VAL Value Preventive List                        |
| <i>propranolol hcl tab 10 mg</i>                  | 1    | VAL Value Preventive List                        |
| <i>propranolol hcl tab 20 mg</i>                  | 1    | VAL Value Preventive List                        |
| <i>propranolol hcl oral soln 20 mg/5ml</i>        | 1    | AL1 Up to 8 yrs old<br>VAL Value Preventive List |
| <i>propranolol hcl tab 40 mg</i>                  | 1    | VAL Value Preventive List                        |
| PROPRANOLOL HCL 40 MG/5ML SOLUTION                | 1    | AL1 Up to 8 yrs old<br>VAL Value Preventive List |
| <i>propranolol hcl tab 60 mg</i>                  | 1    | VAL Value Preventive List                        |
| <i>propranolol hcl tab 80 mg</i>                  | 1    | VAL Value Preventive List                        |
| <i>propranolol hcl cap er 24hr 120 mg</i>         | 1    | VAL Value Preventive List                        |
| <i>propranolol hcl cap er 24hr 160 mg</i>         | 1    | VAL Value Preventive List                        |
| <i>propranolol hcl cap er 24hr 60 mg</i>          | 1    | VAL Value Preventive List                        |
| <i>propranolol hcl cap er 24hr 80 mg</i>          | 1    | VAL Value Preventive List                        |
| <i>sotalol hcl tab 120 mg</i>                     | 1    |  |
| <i>sotalol hcl tab 160 mg</i>                     | 1    |  |

| PRODUCT DESCRIPTION                                     | TIER | LIMITS & RESTRICTIONS  |
|---|------|--|
| <i>sotalol hcl tab 240 mg</i>                           | 1    |  |
| <i>sotalol hcl tab 80 mg</i>                            | 1    |  |
| <i>sotalol hcl (afib/af) tab 120 mg</i>                 | 1    |  |
| <i>sotalol hcl (afib/af) tab 160 mg</i>                 | 1    |  |
| <i>sotalol hcl (afib/af) tab 80 mg</i>                  | 1    |  |
| <i>sotalol hcl tab 120 mg</i>                           | 1    |  |
| <i>sotalol hcl tab 160 mg</i>                           | 1    |  |
| <i>sotalol hcl tab 240 mg</i>                           | 1    |  |
| <i>sotalol hcl tab 80 mg</i>                            | 1    |  |
| SOTYLIZE 5 MG/ML SOLUTION                               | 4    | <span>QL</span> 1920 / 30 day(s)<br><span>PA</span>                    |
| <i>timolol maleate tab 10 mg</i>                        | 1    | <span>VAL</span> Value Preventive List                                 |
| <i>timolol maleate tab 20 mg</i>                        | 1    | <span>VAL</span> Value Preventive List                                 |
| <i>timolol maleate tab 5 mg</i>                         | 1    | <span>VAL</span> Value Preventive List                                 |
| <b>CALCIUM CHANNEL BLOCKERS</b>                         |      |  |
| <i>amlodipine besylate tab 10 mg (base equivalent)</i>  | 1    | <span>QL</span> 30 / 30 DAYS<br><span>VAL</span> Value Preventive List |
| <i>amlodipine besylate tab 2.5 mg (base equivalent)</i> | 1    | <span>QL</span> 30 / 30 DAYS<br><span>VAL</span> Value Preventive List |
| <i>amlodipine besylate tab 5 mg (base equivalent)</i>   | 1    | <span>QL</span> 30 / 30 DAYS<br><span>VAL</span> Value Preventive List |
| <i>diltiazem hcl coated beads cap er 24hr 120 mg</i>    | 1    | <span>VAL</span> Value Preventive List                                 |
| <i>diltiazem hcl coated beads cap er 24hr 180 mg</i>    | 1    | <span>VAL</span> Value Preventive List                                 |
| <i>diltiazem hcl coated beads cap er 24hr 240 mg</i>    | 1    | <span>VAL</span> Value Preventive List                                 |
| <i>diltiazem hcl coated beads cap er 24hr 300 mg</i>    | 1    | <span>VAL</span> Value Preventive List                                 |
| <i>diltiazem hcl cap er 24hr 120 mg</i>                 | 1    | <span>VAL</span> Value Preventive List                                 |
| <i>diltiazem hcl cap er 24hr 180 mg</i>                 | 1    | <span>VAL</span> Value Preventive List                                 |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS     |
|--|------|---------------------------|
| <i>diltiazem hcl cap er 24hr 240 mg</i>                        | 1    | VAL Value Preventive List |
| <i>diltiazem hcl tab 120 mg</i>                                | 1    | VAL Value Preventive List |
| <i>diltiazem hcl tab 30 mg</i>                                 | 1    | VAL Value Preventive List |
| <i>diltiazem hcl tab 60 mg</i>                                 | 1    | VAL Value Preventive List |
| <i>diltiazem hcl tab 90 mg</i>                                 | 1    | VAL Value Preventive List |
| <i>diltiazem hcl cap er 12hr 120 mg</i>                        | 1    | VAL Value Preventive List |
| <i>diltiazem hcl cap er 24hr 120 mg</i>                        | 1    | VAL Value Preventive List |
| <i>diltiazem hcl tab er 24hr 120 mg</i>                        | 1    | VAL Value Preventive List |
| <i>diltiazem hcl cap er 24hr 180 mg</i>                        | 1    | VAL Value Preventive List |
| <i>diltiazem hcl tab er 24hr 180 mg</i>                        | 1    | VAL Value Preventive List |
| <i>diltiazem hcl cap er 24hr 240 mg</i>                        | 1    | VAL Value Preventive List |
| <i>diltiazem hcl tab er 24hr 240 mg</i>                        | 1    | VAL Value Preventive List |
| <i>diltiazem hcl tab er 24hr 300 mg</i>                        | 1    | VAL Value Preventive List |
| <i>diltiazem hcl tab er 24hr 360 mg</i>                        | 1    | VAL Value Preventive List |
| <i>diltiazem hcl tab er 24hr 420 mg</i>                        | 1    | VAL Value Preventive List |
| <i>diltiazem hcl cap er 12hr 60 mg</i>                         | 1    | VAL Value Preventive List |
| <i>diltiazem hcl cap er 12hr 90 mg</i>                         | 1    | VAL Value Preventive List |
| <i>diltiazem hcl extended release beads cap er 24hr 120 mg</i> | 1    | VAL Value Preventive List |
| <i>diltiazem hcl extended release beads cap er 24hr 180 mg</i> | 1    | VAL Value Preventive List |
| <i>diltiazem hcl extended release beads cap er 24hr 240 mg</i> | 1    | VAL Value Preventive List |
| <i>diltiazem hcl extended release beads cap er 24hr 300 mg</i> | 1    | VAL Value Preventive List |
| <i>diltiazem hcl extended release beads cap er 24hr 360 mg</i> | 1    | VAL Value Preventive List |
| <i>diltiazem hcl extended release beads cap er 24hr 420 mg</i> | 1    | VAL Value Preventive List |
| <i>diltiazem hcl coated beads cap er 24hr 120 mg</i>           | 1    | VAL Value Preventive List |

| PRODUCT DESCRIPTION                                  | TIER | LIMITS & RESTRICTIONS     |
|--|------|---------------------------|
| <i>diltiazem hcl coated beads cap er 24hr 180 mg</i> | 1    | VAL Value Preventive List |
| <i>diltiazem hcl coated beads cap er 24hr 240 mg</i> | 1    | VAL Value Preventive List |
| <i>diltiazem hcl coated beads cap er 24hr 300 mg</i> | 1    | VAL Value Preventive List |
| <i>diltiazem hcl coated beads cap er 24hr 360 mg</i> | 1    | VAL Value Preventive List |
| <i>felodipine tab er 24hr 10 mg</i>                  | 1    | VAL Value Preventive List |
| <i>felodipine tab er 24hr 2.5 mg</i>                 | 1    | VAL Value Preventive List |
| <i>felodipine tab er 24hr 5 mg</i>                   | 1    | VAL Value Preventive List |
| <i>isradipine cap 2.5 mg</i>                         | 1    | VAL Value Preventive List |
| <i>isradipine cap 5 mg</i>                           | 1    | VAL Value Preventive List |
| KATERZIA 1 MG/ML SUSPENSION                          | 3    | AL1 Up to 8 yrs old       |
| <i>diltiazem hcl tab er 24hr 180 mg</i>              | 1    | VAL Value Preventive List |
| <i>diltiazem hcl tab er 24hr 240 mg</i>              | 1    | VAL Value Preventive List |
| <i>diltiazem hcl tab er 24hr 300 mg</i>              | 1    | VAL Value Preventive List |
| <i>diltiazem hcl tab er 24hr 360 mg</i>              | 1    | VAL Value Preventive List |
| <i>diltiazem hcl tab er 24hr 420 mg</i>              | 1    | VAL Value Preventive List |
| <i>nicardipine hcl cap 20 mg</i>                     | 1    | VAL Value Preventive List |
| <i>nicardipine hcl cap 30 mg</i>                     | 1    | VAL Value Preventive List |
| <i>nifedipine cap 10 mg</i>                          | 1    | VAL Value Preventive List |
| <i>nifedipine cap 20 mg</i>                          | 1    | VAL Value Preventive List |
| <i>nifedipine tab er 24hr 30 mg</i>                  | 1    | VAL Value Preventive List |
| <i>nifedipine tab er 24hr 60 mg</i>                  | 1    | VAL Value Preventive List |
| <i>nifedipine tab er 24hr 90 mg</i>                  | 1    | VAL Value Preventive List |
| <i>nifedipine tab er 24hr osmotic release 30 mg</i>  | 1    | VAL Value Preventive List |
| <i>nifedipine tab er 24hr osmotic release 60 mg</i>  | 1    | VAL Value Preventive List |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS     |
|--|------|---------------------------|
| <i>nifedipine tab er 24hr osmotic release 90 mg</i>            | 1    | VAL Value Preventive List |
| <i>nimodipine cap 30 mg</i>                                    | 2    |                           |
| <i>nisoldipine tab er 24hr 17 mg</i>                           | 1    | VAL Value Preventive List |
| NISOLDIPINE ER 20 MG TAB ER 24H                                | 1    | VAL Value Preventive List |
| NISOLDIPINE ER 25.5 MG TAB ER 24H                              | 1    | VAL Value Preventive List |
| NISOLDIPINE ER 30 MG TAB ER 24H                                | 1    | VAL Value Preventive List |
| <i>nisoldipine tab er 24hr 34 mg</i>                           | 1    | VAL Value Preventive List |
| NISOLDIPINE ER 40 MG TAB ER 24H                                | 1    | VAL Value Preventive List |
| <i>nisoldipine tab er 24hr 8.5 mg</i>                          | 1    | VAL Value Preventive List |
| NORLIQVA 1 MG/ML SOLUTION                                      | 3    | AL1 Up to 8 yrs old       |
| <i>diltiazem hcl extended release beads cap er 24hr 120 mg</i> | 1    | VAL Value Preventive List |
| <i>diltiazem hcl extended release beads cap er 24hr 180 mg</i> | 1    | VAL Value Preventive List |
| <i>diltiazem hcl extended release beads cap er 24hr 240 mg</i> | 1    | VAL Value Preventive List |
| <i>diltiazem hcl extended release beads cap er 24hr 300 mg</i> | 1    | VAL Value Preventive List |
| <i>diltiazem hcl extended release beads cap er 24hr 360 mg</i> | 1    | VAL Value Preventive List |
| <i>diltiazem hcl extended release beads cap er 24hr 120 mg</i> | 1    | VAL Value Preventive List |
| <i>diltiazem hcl extended release beads cap er 24hr 180 mg</i> | 1    | VAL Value Preventive List |
| <i>diltiazem hcl extended release beads cap er 24hr 240 mg</i> | 1    | VAL Value Preventive List |
| <i>diltiazem hcl extended release beads cap er 24hr 300 mg</i> | 1    | VAL Value Preventive List |
| <i>diltiazem hcl extended release beads cap er 24hr 360 mg</i> | 1    | VAL Value Preventive List |
| <i>diltiazem hcl extended release beads cap er 24hr 420 mg</i> | 1    | VAL Value Preventive List |
| <i>verapamil hcl tab 120 mg</i>                                | 1    | VAL Value Preventive List |
| <i>verapamil hcl tab 40 mg</i>                                 | 1    | VAL Value Preventive List |
| <i>verapamil hcl tab 80 mg</i>                                 | 1    | VAL Value Preventive List |



| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS     |
|---|------|---------------------------|
| <i>verapamil hcl cap er 24hr 120 mg</i>                             | 1    | VAL Value Preventive List |
| <i>verapamil hcl tab er 120 mg</i>                                  | 1    | VAL Value Preventive List |
| <i>verapamil hcl cap er 24hr 180 mg</i>                             | 1    | VAL Value Preventive List |
| <i>verapamil hcl tab er 180 mg</i>                                  | 1    | VAL Value Preventive List |
| <i>verapamil hcl cap er 24hr 240 mg</i>                             | 1    | VAL Value Preventive List |
| <i>verapamil hcl tab er 240 mg</i>                                  | 1    | VAL Value Preventive List |
| <b>CARDIOTONICS</b>   |      |                           |
| <b>CARDIAC GLYCOSIDES</b>   |      |                           |
| <i>digoxin tab 125 mcg (0.125 mg)</i>                               | 1    | VAL Value Preventive List |
| <i>digoxin tab 250 mcg (0.25 mg)</i>                                | 1    | VAL Value Preventive List |
| <i>digoxin tab 125 mcg (0.125 mg)</i>                               | 1    | VAL Value Preventive List |
| <i>digoxin tab 250 mcg (0.25 mg)</i>                                | 1    | VAL Value Preventive List |
| <i>digoxin oral soln 0.05 mg/ml</i>                                 | 1    | VAL Value Preventive List |
| <i>digoxin tab 125 mcg (0.125 mg)</i>                               | 1    | VAL Value Preventive List |
| <i>digoxin tab 250 mcg (0.25 mg)</i>                                | 1    | VAL Value Preventive List |
| LANOXIN 125 MCG TAB   | 3    |                           |
| LANOXIN 250 MCG TAB   | 3    |                           |
| <b>CARDIOVASCULAR AGENTS - MISC.</b>                                |      |                           |
| <b>CALCIUM CHANNEL BLOCKER &amp; HMG COA REDUCTASE INHIBIT COMB</b> |      |                           |
| <i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>        | 1    | QL 30 / 30 day(s)         |
| <i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>        | 1    | QL 30 / 30 day(s)         |
| <i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>        | 1    | QL 30 / 30 day(s)         |
| <i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>        | 1    | QL 30 / 30 day(s)         |
| <i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>       | 1    | QL 30 / 30 day(s)         |
| <i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>       | 1    | QL 30 / 30 day(s)         |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>   | 1    | QL 30 / 30 day(s)     |
| <i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>     | 1    | QL 30 / 30 day(s)     |
| <i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>     | 1    | QL 30 / 30 day(s)     |
| <i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>     | 1    | QL 30 / 30 day(s)     |
| <i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>     | 1    | QL 30 / 30 day(s)     |
| <b>NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB</b> |      |                       |
| ENTRESTO 24-26 MG TAB   | 2    | QL 60 / 30 DAYS       |
| ENTRESTO 49-51 MG TAB   | 2    | QL 60 / 30 DAYS       |
| ENTRESTO 97-103 MG TAB  | 2    | QL 60 / 30 DAYS       |
| <b>PROSTAGLANDIN VASODILATORS</b>                               |      |                       |
| <i>epoprostenol sodium for inj 0.5 mg</i>                       | 4    | PA<br>S               |
| <i>epoprostenol sodium for inj 1.5 mg</i>                       | 4    | PA<br>S               |
| ORENITRAM 0.125 MG TAB ER                                       | 4    | PA<br>S               |
| ORENITRAM 0.25 MG TAB ER  | 4    | PA<br>S               |
| ORENITRAM 1 MG TAB ER   | 4    | PA<br>S               |
| ORENITRAM 2.5 MG TAB ER   | 4    | PA<br>S               |
| ORENITRAM 5 MG TAB ER   | 4    | PA<br>S               |
| ORENITRAM MONTH 1 0.125 & 0.25 MG TBER THPK                     | 4    | PA<br>S               |
| ORENITRAM MONTH 2 0.125 & 0.25 MG TBER THPK                     | 4    | PA<br>S               |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS      |
|---|------|----------------------------|
| ORENITRAM MONTH 3 0.125 & 0.25 & 1 MG TBER THPK                 | 4    | PA<br>S                    |
| <i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>              | 4    | PA<br>S                    |
| <i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>               | 4    | PA<br>S                    |
| <i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>             | 4    | PA<br>S                    |
| <i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>             | 4    | PA<br>S                    |
| VENTAVIS 10 MCG/ML SOLUTION                                     | 4    | PA<br>S                    |
| VENTAVIS 20 MCG/ML SOLUTION                                     | 4    | PA<br>S                    |
| <b>PULM HYPERTEN-SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)</b> |      |                            |
| ADEMPAS 0.5 MG TAB  | 4    | PA<br>S                    |
| ADEMPAS 1 MG TAB  | 4    | PA<br>S                    |
| ADEMPAS 1.5 MG TAB  | 4    | PA<br>S                    |
| ADEMPAS 2 MG TAB  | 4    | PA<br>S                    |
| ADEMPAS 2.5 MG TAB  | 4    | PA<br>S                    |
| <b>PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS</b> |      |                            |
| <i>ambrisentan tab 10 mg</i>                                    | 4    | QL 30 / 30 DAYS<br>PA<br>S |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS   |
|---|------|---|
| <i>ambrisentan tab 5 mg</i>                                   | 4    | <div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #9933cc; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin: 2px;">30 / 30 DAYS</div> <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> |
| <i>bosentan tab 125 mg</i>                                    | 2    | <div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #9933cc; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin: 2px;">60 / 30 DAYS</div> <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> |
| <i>bosentan tab 62.5 mg</i>                                   | 2    | <div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #9933cc; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin: 2px;">60 / 30 DAYS</div> <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> |
| OPSUMIT 10 MG TAB   | 4    | <div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div>   |
| <b>PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS</b>  |      |   |
| <i>sildenafil citrate for suspension 10 mg/ml</i>             | 2    | <div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>   |
| <i>sildenafil citrate tab 20 mg</i>                           | 1    | <div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #9933cc; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin: 2px;">90 / 30 DAYS</div> <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>   |
| <i>tadalafil tab 20 mg (pah)</i>                              | 2    | <div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #9933cc; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin: 2px;">60 / 30 DAYS</div> <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>   |
| <b>PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST</b> |      |   |
| UPTRAVI 1000 MCG TAB  | 4    | <div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div>   |
| UPTRAVI 1200 MCG TAB  | 4    | <div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div>   |
| UPTRAVI 1400 MCG TAB  | 4    | <div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div>   |
| UPTRAVI 1600 MCG TAB  | 4    | <div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div>   |
| UPTRAVI 200 & 800 MCG TAB THPK                                | 4    | <div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div>   |
| UPTRAVI 200 MCG TAB   | 4    | <div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div>   |

| PRODUCT DESCRIPTION                                       | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| UPTRAVI 400 MCG TAB                                       | 4    | PA<br>S               |
| UPTRAVI 600 MCG TAB                                       | 4    | PA<br>S               |
| UPTRAVI 800 MCG TAB                                       | 4    | PA<br>S               |
| <b>SELECTIVE CGMP PHOSPHODIESTERASE TYPE 5 INHIBITORS</b> |      |                       |
| <i>tadalafil tab 2.5 mg</i>                               | 1    | QL 30 / 30 DAYS<br>PA |
| <i>tadalafil tab 20 mg</i>                                | 2    | QL 60 / 30 DAYS<br>PA |
| <i>tadalafil tab 5 mg</i>                                 | 1    | QL 30 / 30 DAYS<br>PA |
| <b>SINUS NODE INHIBITORS</b>                              |      |                       |
| CORLANOR 5 MG TAB   | 2    | QL 60 / 30 day(s)     |
| CORLANOR 7.5 MG TAB                                       | 2    | QL 60 / 30 day(s)     |
| <b>CEPHALOSPORINS</b>                                     |      |                       |
| <b>CEPHALOSPORINS - 1ST GENERATION</b>                    |      |                       |
| CEFADROXIL 1 GM TAB                                       | 1    |                       |
| <i>cefadroxil tab 1 gm</i>                                | 1    |                       |
| <i>cefadroxil for susp 250 mg/5ml</i>                     | 1    |                       |
| <i>cefadroxil cap 500 mg</i>                              | 1    |                       |
| <i>cefadroxil for susp 500 mg/5ml</i>                     | 1    |                       |
| <i>cephalexin for susp 125 mg/5ml</i>                     | 1    |                       |
| <i>cephalexin cap 250 mg</i>                              | 1    |                       |
| CEPHALEXIN 250 MG TAB                                     | 1    |                       |
| <i>cephalexin for susp 250 mg/5ml</i>                     | 1    |                       |
| <i>cephalexin cap 500 mg</i>                              | 1    |                       |

| PRODUCT DESCRIPTION                             | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| CEPHALEXIN 500 MG TAB                           | 1    |                       |
| CEPHALEXIN 750 MG CAP                           | 1    |                       |
| <i>cephalexin cap 750 mg</i>                    | 1    |                       |
| <b>CEPHALOSPORINS - 2ND GENERATION</b>          |      |                       |
| CEFACLOR 125 MG/5ML RECON SUSP                  | 1    | AL1 Up to 8 yrs old   |
| CEFACLOR 250 MG CAP                             | 1    | QL 30 / 10 DAYS       |
| CEFACLOR 250 MG/5ML RECON SUSP                  | 1    | AL1 Up to 8 yrs old   |
| CEFACLOR 375 MG/5ML RECON SUSP                  | 1    | AL1 Up to 8 yrs old   |
| CEFACLOR 500 MG CAP                             | 1    | QL 30 / 10 DAYS       |
| CEFACLOR ER 500 MG TAB ER 12H                   | 1    | QL 20 / 10 DAYS       |
| <i>cefprozil for susp 125 mg/5ml</i>            | 1    |                       |
| <i>cefprozil tab 250 mg</i>                     | 1    |                       |
| <i>cefprozil for susp 250 mg/5ml</i>            | 1    |                       |
| <i>cefprozil tab 500 mg</i>                     | 1    |                       |
| <i>cefuroxime axetil tab 250 mg</i>             | 1    |                       |
| <i>cefuroxime axetil tab 500 mg</i>             | 1    |                       |
| <b>CEPHALOSPORINS - 3RD GENERATION</b>          |      |                       |
| <i>cefdinir for susp 125 mg/5ml</i>             | 1    |                       |
| <i>cefdinir for susp 250 mg/5ml</i>             | 1    |                       |
| <i>cefdinir cap 300 mg</i>                      | 1    |                       |
| CEFDITOREN PIVOXIL 200 MG TAB                   | 2    |                       |
| CEFDITOREN PIVOXIL 400 MG TAB                   | 2    |                       |
| <i>cefixime for susp 100 mg/5ml</i>             | 2    |                       |
| <i>cefixime for susp 200 mg/5ml</i>             | 2    | AL1 Up to 8 yrs old   |
| <i>cefixime cap 400 mg</i>                      | 2    | QL 14 / 30 DAYS       |
| <i>cefpodoxime proxetil tab 100 mg</i>          | 1    |                       |
| <i>cefpodoxime proxetil for susp 100 mg/5ml</i> | 1    | AL1 Up to 8 yrs old   |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>cefepodoxime proxetil tab 200 mg</i>                                 | 1    |                       |
| <i>cefepodoxime proxetil for susp 50 mg/5ml</i>                         | 1    | AL1 Up to 8 yrs old   |
| <b>CONTRACEPTIVES</b>   |      |                       |
| <b>BIPHASIC CONTRACEPTIVES - ORAL</b>                                   |      |                       |
| <i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> | 1    | PRE Preventative      |
| <i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> | 1    | PRE Preventative      |
| <i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> | 1    | PRE Preventative      |
| <i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> | 1    | PRE Preventative      |
| LO LOESTRIN FE 1 MG-10 MCG / 10 MCG TAB                                 | 3    | QL 30 / 30 day(s)     |
| <i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> | 1    | PRE Preventative      |
| <i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> | 1    | PRE Preventative      |
| <i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> | 1    | PRE Preventative      |
| <i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> | 1    | PRE Preventative      |
| <i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> | 1    | PRE Preventative      |
| <b>COMBINATION CONTRACEPTIVES - ORAL</b>                                |      |                       |
| <i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>         | 1    | PRE Preventative      |
| <i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>        | 1    | PRE Preventative      |
| <i>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg</i>            | 1    | PRE Preventative      |
| <i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>           | 1    | PRE Preventative      |
| <i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>         | 1    | PRE Preventative      |
| <i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>         | 1    | PRE Preventative      |
| <i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>      | 1    | PRE Preventative      |
| <i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>        | 1    | PRE Preventative      |
| <i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>      | 1    | PRE Preventative      |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i> | 1    | PRE Preventative      |
| <i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>   | 1    | PRE Preventative      |
| <i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>       | 1    | PRE Preventative      |
| <i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>      | 1    | PRE Preventative      |
| BALCOLTRA 0.1-20 MG-MCG(21) TAB                                       | 3    |                       |
| <i>norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg</i>        | 1    | PRE Preventative      |
| <i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>    | 1    | PRE Preventative      |
| <i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i> | 1    | PRE Preventative      |
| <i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>   | 1    | PRE Preventative      |
| <i>norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg</i>        | 1    | PRE Preventative      |
| <i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>   | 1    | PRE Preventative      |
| <i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>      | 1    | PRE Preventative      |
| <i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>      | 1    | PRE Preventative      |
| <i>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</i>           | 1    | PRE Preventative      |
| <i>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg</i>          | 1    | PRE Preventative      |
| <i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>         | 1    | PRE Preventative      |
| <i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>         | 1    | PRE Preventative      |
| <i>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg</i>          | 1    | PRE Preventative      |
| <i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>       | 1    | PRE Preventative      |
| <i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>         | 1    | PRE Preventative      |
| <i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>   | 3    |                       |
| <i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>   | 1    | PRE Preventative      |



| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>                   | 1    | PRE Preventative      |
| <i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>                   | 1    | PRE Preventative      |
| <i>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</i>           | 1    | PRE Preventative      |
| <i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>         | 1    | PRE Preventative      |
| <i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>         | 1    | PRE Preventative      |
| <i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>        | 1    | PRE Preventative      |
| <i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i>   | 1    | PRE Preventative      |
| <i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>   | 1    | PRE Preventative      |
| <i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>       | 1    | PRE Preventative      |
| <i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>        | 1    | PRE Preventative      |
| <i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>   | 1    | PRE Preventative      |
| <i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>    | 2    |                       |
| <i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>                   | 1    | PRE Preventative      |
| <i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>    | 1    | PRE Preventative      |
| <i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>    | 1    | PRE Preventative      |
| <i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i> | 1    | PRE Preventative      |
| <i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>   | 1    | PRE Preventative      |
| <i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>         | 1    | PRE Preventative      |
| <i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>                   | 1    | PRE Preventative      |
| <i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</i>     | 2    |                       |
| <i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>         | 1    | PRE Preventative      |
| <i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>    | 1    | PRE Preventative      |
| <i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>      | 1    | PRE Preventative      |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>  | 1    | PRE Preventative      |
| <i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>    | 1    | PRE Preventative      |
| <i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>     | 1    | PRE Preventative      |
| <i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i> | 1    | PRE Preventative      |
| <i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>          | 1    | PRE Preventative      |
| <i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i>    | 1    | PRE Preventative      |
| <i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>    | 1    | PRE Preventative      |
| <i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>       | 1    | PRE Preventative      |
| <i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>     | 1    | PRE Preventative      |
| <i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>       | 1    | PRE Preventative      |
| <i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>     | 1    | PRE Preventative      |
| <i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>  | 1    | PRE Preventative      |
| <i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>    | 1    | PRE Preventative      |
| <i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>        | 1    | PRE Preventative      |
| <i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i> | 1    | PRE Preventative      |
| <i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>        | 1    | PRE Preventative      |
| <i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</i>      | 2    |                       |
| <i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>        | 1    | PRE Preventative      |
| <i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>       | 1    | PRE Preventative      |
| <i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>       | 1    | PRE Preventative      |
| <i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>       | 1    | PRE Preventative      |
| <i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>                    | 1    | PRE Preventative      |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>    | 1    | PRE Preventative      |
| <i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>      | 1    | PRE Preventative      |
| <i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i> | 1    | PRE Preventative      |
| <i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>   | 1    | PRE Preventative      |
| <i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>                   | 1    | PRE Preventative      |
| <i>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</i>           | 1    | PRE Preventative      |
| <i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>       | 1    | PRE Preventative      |
| <i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>      | 1    | PRE Preventative      |
| <i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>   | 1    | PRE Preventative      |
| <i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>    | 2    |                       |
| <i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>   | 1    | PRE Preventative      |
| <i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>    | 1    | PRE Preventative      |
| <i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>      | 1    | PRE Preventative      |
| <i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>    | 1    | PRE Preventative      |
| <i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i> | 1    | PRE Preventative      |
| <i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>   | 1    | PRE Preventative      |
| <i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>        | 1    | PRE Preventative      |
| <i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>        | 1    | PRE Preventative      |
| <i>norethindrone &amp; ethinyl estradiol tab 0.5 mg-35 mcg</i>        | 1    | PRE Preventative      |
| NEXTSTELLIS 3-14.2 MG TAB   | 3    |                       |
| <i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>                   | 1    | PRE Preventative      |
| <i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>   | 1    | PRE Preventative      |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>     | 2    |                       |
| <i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>    | 1    | PRE Preventative      |
| <i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>     | 1    | PRE Preventative      |
| <i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>  | 1    | PRE Preventative      |
| <i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i> | 1    | PRE Preventative      |
| <i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i> | 1    | PRE Preventative      |
| <i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>       | 1    | PRE Preventative      |
| <i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>     | 1    | PRE Preventative      |
| <i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>         | 1    | PRE Preventative      |
| <i>norethindrone &amp; ethinyl estradiol tab 0.5 mg-35 mcg</i>         | 1    | PRE Preventative      |
| <i>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg</i>           | 1    | PRE Preventative      |
| <i>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg</i>           | 1    | PRE Preventative      |
| <i>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg</i>           | 1    | PRE Preventative      |
| <i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>         | 1    | PRE Preventative      |
| <i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>                    | 1    | PRE Preventative      |
| OGESTREL 0.5-50 MG-MCG TAB   | 1    | PRE Preventative      |
| <i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>        | 1    | PRE Preventative      |
| <i>norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg</i>         | 1    | PRE Preventative      |
| <i>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg</i>           | 1    | PRE Preventative      |
| <i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>       | 1    | PRE Preventative      |
| <i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>         | 1    | PRE Preventative      |
| <i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>          | 1    | PRE Preventative      |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS                |
|--|------|--------------------------------------|
| <i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>         | 1    | PRE Preventative                     |
| <i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>        | 1    | PRE Preventative                     |
| <i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>                    | 1    | PRE Preventative                     |
| <i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>     | 1    | PRE Preventative                     |
| <i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>    | 1    | PRE Preventative                     |
| <i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>    | 1    | PRE Preventative                     |
| <i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>     | 2    |                                      |
| TYBLUME 0.1-20 MG-MCG CHEW TAB   | 1    | PRE Preventative                     |
| <i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>    | 1    | PRE Preventative                     |
| <i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>                    | 1    | PRE Preventative                     |
| <i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>        | 1    | PRE Preventative                     |
| <i>norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg</i>         | 1    | PRE Preventative                     |
| <i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>         | 1    | PRE Preventative                     |
| <i>norethindrone &amp; ethinyl estradiol tab 0.5 mg-35 mcg</i>         | 1    | PRE Preventative                     |
| <i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i> | 1    | PRE Preventative                     |
| <i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>                    | 1    | PRE Preventative                     |
| <i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i>    | 1    | PRE Preventative                     |
| <i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i>    | 1    | PRE Preventative                     |
| <i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>                    | 1    | PRE Preventative                     |
| <b>COMBINATION CONTRACEPTIVES - TRANSDERMAL</b>                        |      |                                      |
| <i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>        | 1    | QL 3 / 21 day(s)<br>PRE Preventative |
| <i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>        | 1    | QL 3 / 21 day(s)<br>PRE Preventative |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS                 |
|---|------|---------------------------------------|
| <b>COMBINATION CONTRACEPTIVES - VAGINAL</b>                             |      |                                       |
| ANNOVERA 0.013-0.15 MG/24HR RING  | 1    | QL 1 / 365 day(s)<br>PRE Preventative |
| <i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>       | 1    | PRE Preventative                      |
| <i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>       | 1    | PRE Preventative                      |
| <i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>       | 1    | PRE Preventative                      |
| <i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>       | 1    | PRE Preventative                      |
| <b>CONTINUOUS CONTRACEPTIVES - ORAL</b>                                 |      |                                       |
| <i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>      | 1    | PRE Preventative                      |
| <i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>      | 1    | PRE Preventative                      |
| <i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>      | 1    | PRE Preventative                      |
| <b>COPPER CONTRACEPTIVES - IUD</b>                                      |      |                                       |
| PARAGARD INTRAUTERINE COPPER IUD  | 1    | PRE Preventative                      |
| <b>EMERGENCY CONTRACEPTIVES</b>   |      |                                       |
| ELLA 30 MG TAB  | 1    | QL 1 / 30 day(s)<br>PRE Preventative  |
| <b>EXTENDED-CYCLE CONTRACEPTIVES - ORAL</b>                             |      |                                       |
| <i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i> | 1    | QL 91 / 91 DAYS<br>PRE Preventative   |
| <i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i>  | 1    | QL 91 / 91 DAYS<br>PRE Preventative   |
| <i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i> | 1    | QL 91 / 91 DAYS<br>PRE Preventative   |
| <i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i> | 1    | QL 91 / 91 DAYS<br>PRE Preventative   |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS               |
|--|------|-------------------------------------|
| <i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i>   | 1    | QL 91 / 91 DAYS<br>PRE Preventative |
| <i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i>  | 1    | QL 91 / 91 DAYS<br>PRE Preventative |
| <i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &amp; eth est 0.01 mg</i> | 1    | PRE Preventative                    |
| <i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>  | 1    | QL 91 / 91 DAYS<br>PRE Preventative |
| <i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>  | 1    | QL 91 / 91 DAYS<br>PRE Preventative |
| <i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i>  | 1    | QL 91 / 91 DAYS<br>PRE Preventative |
| <i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>  | 1    | QL 91 / 91 DAYS<br>PRE Preventative |
| <i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &amp; eth est 0.01 mg</i> | 1    | PRE Preventative                    |
| <i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i>   | 1    | QL 91 / 91 DAYS<br>PRE Preventative |
| <i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i>  | 1    | QL 91 / 91 DAYS<br>PRE Preventative |
| <i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>  | 1    | QL 91 / 91 DAYS<br>PRE Preventative |
| <i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i>   | 1    | QL 91 / 91 DAYS<br>PRE Preventative |
| <i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &amp; eth est 0.01 mg</i> | 1    | PRE Preventative                    |
| <i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>  | 1    | QL 91 / 91 DAYS<br>PRE Preventative |
| <i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i>  | 1    | QL 91 / 91 DAYS<br>PRE Preventative |



| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <b>FOUR PHASE CONTRACEPTIVES - ORAL</b>                            |      |                       |
| NATAZIA 3/2-2/2-3/1 MG TAB   | 3    | QL 28 / 28 day(s)     |
| <b>PROGESTIN CONTRACEPTIVES - IMPLANTS</b>                         |      |                       |
| NEXPLANON 68 MG IMPLANT  | 1    | PRE Preventative      |
| <b>PROGESTIN CONTRACEPTIVES - INJECTABLE</b>                       |      |                       |
| DEPO-SUBQ PROVERA 104 104 MG/0.65ML SUSP PRSYR                     | 1    | PRE Preventative      |
| <i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i> | 1    | PRE Preventative      |
| <i>medroxyprogesterone acetate im susp 150 mg/ml</i>               | 1    | PRE Preventative      |
| <b>PROGESTIN CONTRACEPTIVES - IUD</b>                              |      |                       |
| KYLEENA 19.5 MG IUD  | 1    | PRE Preventative      |
| LILETTA (52 MG) 20.1 MCG/DAY IUD                                   | 1    | PRE Preventative      |
| MIRENA (52 MG) 20 MCG/DAY IUD                                      | 1    | PRE Preventative      |
| SKYLA 13.5 MG IUD  | 1    | PRE Preventative      |
| <b>PROGESTIN CONTRACEPTIVES - ORAL</b>                             |      |                       |
| <i>norethindrone tab 0.35 mg</i>                                   | 1    | PRE Preventative      |
| <i>norethindrone tab 0.35 mg</i>                                   | 1    | PRE Preventative      |
| <i>norethindrone tab 0.35 mg</i>                                   | 1    | PRE Preventative      |
| <i>norethindrone tab 0.35 mg</i>                                   | 1    | PRE Preventative      |
| <i>norethindrone tab 0.35 mg</i>                                   | 1    | PRE Preventative      |
| <i>norethindrone tab 0.35 mg</i>                                   | 1    | PRE Preventative      |
| <i>norethindrone tab 0.35 mg</i>                                   | 1    | PRE Preventative      |
| <i>norethindrone tab 0.35 mg</i>                                   | 1    | PRE Preventative      |
| <i>norethindrone tab 0.35 mg</i>                                   | 1    | PRE Preventative      |
| <i>norethindrone tab 0.35 mg</i>                                   | 1    | PRE Preventative      |
| <i>norethindrone tab 0.35 mg</i>                                   | 1    | PRE Preventative      |



| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>norethindrone tab 0.35 mg</i>                                    | 1    | PRE Preventative      |
| <i>norethindrone tab 0.35 mg</i>                                    | 1    | PRE Preventative      |
| SLYND 4 MG TAB  | 3    |                       |
| <i>norethindrone tab 0.35 mg</i>                                    | 1    | PRE Preventative      |
| <b>TRIPHASIC CONTRACEPTIVES - ORAL</b>                              |      |                       |
| <i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>   | 1    | PRE Preventative      |
| <i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>    | 1    | PRE Preventative      |
| <i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i> | 1    | PRE Preventative      |
| <i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>   | 1    | PRE Preventative      |
| <i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>   | 1    | PRE Preventative      |
| <i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i> | 1    | PRE Preventative      |
| <i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>    | 1    | PRE Preventative      |
| <i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i> | 1    | PRE Preventative      |
| <i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i> | 1    | PRE Preventative      |
| <i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i> | 1    | PRE Preventative      |
| <i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>  | 1    | PRE Preventative      |
| <i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>  | 1    | PRE Preventative      |
| <i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>   | 1    | PRE Preventative      |
| <i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>   | 1    | PRE Preventative      |
| <i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>   | 1    | PRE Preventative      |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i> | 1    | PRE Preventative      |
| <i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>  | 1    | PRE Preventative      |
| <i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>  | 1    | PRE Preventative      |
| <i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i> | 1    | PRE Preventative      |
| <i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>  | 1    | PRE Preventative      |
| <i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>  | 1    | PRE Preventative      |
| <i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>  | 1    | PRE Preventative      |
| <i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>  | 1    | PRE Preventative      |
| <i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>  | 1    | PRE Preventative      |
| <i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>  | 1    | PRE Preventative      |
| <i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>  | 1    | PRE Preventative      |
| <i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>  | 1    | PRE Preventative      |
| <i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>  | 1    | PRE Preventative      |
| <i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>  | 1    | PRE Preventative      |
| <i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>  | 1    | PRE Preventative      |
| <i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>  | 1    | PRE Preventative      |
| <i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i> | 1    | PRE Preventative      |
| VELIVET 0.1/0.125/0.15 -0.025 MG TAB                                | 1    | PRE Preventative      |

| PRODUCT DESCRIPTION                                  | TIER | LIMITS & RESTRICTIONS                  |
|--|------|--|
| <b>CORTICOSTEROIDS</b>                               |      |  |
| <b>GLUCOCORTICOSTEROIDS</b>                          |      |  |
| ALKINDI SPRINKLE 0.5 MG CAP SPRINK                   | 3    | QL 2 / 1 day(s)<br>AL1 Up to 8 yrs old |
| ALKINDI SPRINKLE 1 MG CAP SPRINK                     | 3    | QL 2 / 1 day(s)<br>AL1 Up to 8 yrs old |
| ALKINDI SPRINKLE 2 MG CAP SPRINK                     | 3    | QL 2 / 1 day(s)<br>AL1 Up to 8 yrs old |
| ALKINDI SPRINKLE 5 MG CAP SPRINK                     | 3    | QL 2 / 1 day(s)<br>AL1 Up to 8 yrs old |
| <i>budesonide delayed release particles cap 3 mg</i> | 2    | QL 90 / 30 DAYS                        |
| <i>budesonide tab er 24hr 9 mg</i>                   | 2    |  |
| CORTISONE ACETATE 25 MG TAB                          | 1    |  |
| <i>dexamethasone tab 0.5 mg</i>                      | 1    |  |
| <i>dexamethasone tab 0.75 mg</i>                     | 1    |  |
| <i>dexamethasone tab 4 mg</i>                        | 1    |  |
| <i>dexamethasone tab 6 mg</i>                        | 1    |  |
| DEXAMETHASONE 0.5 MG TAB                             | 1    |  |
| <i>dexamethasone tab 0.5 mg</i>                      | 1    |  |
| <i>dexamethasone elixir 0.5 mg/5ml</i>               | 1    |  |
| DEXAMETHASONE 0.5 MG/5ML SOLUTION                    | 1    |  |
| DEXAMETHASONE 0.75 MG TAB                            | 1    |  |
| <i>dexamethasone tab 0.75 mg</i>                     | 1    |  |
| DEXAMETHASONE 1 MG TAB                               | 1    |  |
| DEXAMETHASONE 1.5 MG (35) TAB THPK                   | 1    |  |
| DEXAMETHASONE 1.5 MG (51) TAB THPK                   | 1    |  |
| <i>dexamethasone tab 1.5 mg</i>                      | 1    |  |
| <i>dexamethasone tab 2 mg</i>                        | 1    |  |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>dexamethasone tab 4 mg</i>                                       | 1    |                       |
| <i>dexamethasone tab 6 mg</i>                                       | 1    |                       |
| DEXAMETHASONE INTENSOL 1 MG/ML CONC                                 | 1    | AL1 Up to 8 yrs old   |
| <i>hydrocortisone tab 10 mg</i>                                     | 1    |                       |
| <i>hydrocortisone tab 20 mg</i>                                     | 1    |                       |
| <i>hydrocortisone tab 5 mg</i>                                      | 1    |                       |
| KENALOG-80 80 MG/ML SUSPENSION                                      | 3    | PA                    |
| <i>methylprednisolone tab 16 mg</i>                                 | 1    |                       |
| <i>methylprednisolone tab 32 mg</i>                                 | 1    |                       |
| <i>methylprednisolone tab 4 mg</i>                                  | 1    |                       |
| <i>methylprednisolone tab therapy pack 4 mg (21)</i>                | 1    |                       |
| <i>methylprednisolone tab 8 mg</i>                                  | 1    |                       |
| <i>prednisolone soln 15 mg/5ml</i>                                  | 1    |                       |
| <i>prednisolone sod phosphate oral soln 10 mg/5ml (base equiv)</i>  | 1    |                       |
| <i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>  | 1    |                       |
| <i>prednisolone sod phosphate oral soln 20 mg/5ml (base equiv)</i>  | 1    | AL1 Up to 8 yrs old   |
| PREDNISOLONE SODIUM PHOSPHATE 25 MG/5ML SOLUTION                    | 1    | AL1 Up to 8 yrs old   |
| <i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>  | 1    | AL1 Age Limit         |
| <i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i> | 1    |                       |
| <i>prednisone tab 1 mg</i>  | 1    |                       |
| <i>prednisone tab therapy pack 10 mg (21)</i>                       | 1    |                       |
| <i>prednisone tab therapy pack 10 mg (48)</i>                       | 1    |                       |
| <i>prednisone tab 10 mg</i>   | 1    |                       |
| <i>prednisone tab 2.5 mg</i>  | 1    |                       |
| <i>prednisone tab 20 mg</i>   | 1    |                       |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS                                    |
|--|------|--|
| <i>prednisone tab therapy pack 5 mg (21)</i>                       | 1    |  |
| <i>prednisone tab therapy pack 5 mg (48)</i>                       | 1    |  |
| <i>prednisone tab 5 mg</i>   | 1    |  |
| PREDNISONE 5 MG/5ML SOLUTION                                       | 1    |  |
| <i>prednisone tab 50 mg</i>  | 1    |  |
| PREDNISONE INTENSOL 5 MG/ML CONC                                   | 2    | AL1 Up to 8 yrs old                                      |
| UCERIS 9 MG TAB ER 24H   | 2    | QL 30 / 30 DAYS<br>PA                                    |
| <b>MINERALOCORTICOIDS</b>  |      |  |
| <i>fludrocortisone acetate tab 0.1 mg</i>                          | 1    |  |
| <b>COUGH/COLD/ALLERGY<br/>ANTITUSSIVE - NONNARCOTIC</b>            |      |  |
| <i>benzonatate cap 100 mg</i>                                      | 1    |  |
| <i>benzonatate cap 200 mg</i>                                      | 1    |  |
| <b>ANTITUSSIVE - OPIOID</b>  |      |  |
| <i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>   | 1    | QL 6 / 1 day(s)  |
| <i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i> | 1    | QL 30 / 1 day(s)<br>MFL 1 / 60 day(s)<br>MD 7 / 1 day(s) |
| <i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i> | 1    | QL 30 / 1 day(s)<br>MFL 1 / 60 day(s)<br>MD 7 / 1 day(s) |
| <b>ANTITUSSIVE-EXPECTORANT</b>                                     |      |  |
| <i>guaifenesin-codeine soln 100-10 mg/5ml</i>                      | 1    |  |
| <i>guaifenesin-codeine soln 100-10 mg/5ml</i>                      | 1    |  |
| <i>guaifenesin-codeine soln 100-10 mg/5ml</i>                      | 1    |  |
| <i>guaifenesin-codeine soln 100-10 mg/5ml</i>                      | 1    |  |
| <i>guaifenesin-codeine soln 100-10 mg/5ml</i>                      | 1    |  |
| <i>guaifenesin-codeine soln 100-10 mg/5ml</i>                      | 1    |  |

| PRODUCT DESCRIPTION                                       | TIER | LIMITS & RESTRICTIONS  |
|---|------|--|
| <i>guaifenesin-codeine soln 100-10 mg/5ml</i>             | 1    |  |
| <b>MISC. RESPIRATORY INHALANTS</b>                        |      |  |
| <i>sodium chloride soln nebu 7%</i>                       | 1    |  |
| <b>MUCOLYTICS</b>   |      |  |
| <i>acetylcysteine inhal soln 10%</i>                      | 1    |  |
| <i>acetylcysteine inhal soln 20%</i>                      | 1    |  |
| <b>NON-NARC ANTITUSSIVE-ANTIHISTAMINE</b>                 |      |  |
| <i>promethazine-dm syrup 6.25-15 mg/5ml</i>               | 1    |  |
| <b>OPIOID ANTITUSSIVE-ANTIHISTAMINE</b>                   |      |  |
| HYDROCOD POLI-CHLORPHE POLI ER 10-8 MG/5ML SUSP           | 1    | <span>QL</span> 50 / 5 day(s)<br><span>MFL</span> 3 / 180 day(s) |
| <i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i> | 1    | <span>QL</span> 50 / 5 DAYS<br><span>MFL</span> 3 / 180 DAYS     |
| <i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>       | 1    | <span>QL</span> 150 / 5 DAYS<br><span>MFL</span> 3 / 180 DAYS    |
| <i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>       | 1    | <span>QL</span> 150 / 5 DAYS<br><span>MFL</span> 3 / 180 DAYS    |
| <b>DERMATOLOGICALS</b>                                    |      |  |
| <b>ACNE ANTIBIOTICS</b>                                   |      |  |
| <i>clindamycin phosphate foam 1%</i>                      | 1    |  |
| <i>clindamycin phosphate swab 1%</i>                      | 1    |  |
| <i>clindamycin phosphate swab 1%</i>                      | 1    |  |
| <i>clindamycin phosphate foam 1%</i>                      | 1    |  |
| <i>clindamycin phosphate gel 1%</i>                       | 1    |  |
| <i>clindamycin phosphate gel 1%</i>                       | 1    |  |
| <i>clindamycin phosphate lotion 1%</i>                    | 1    |  |
| <i>clindamycin phosphate soln 1%</i>                      | 1    |  |
| <i>clindamycin phosphate swab 1%</i>                      | 1    |  |
| <i>dapsone gel 5%</i>                                     | 1    |  |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>dapsone gel 7.5%</i>  | 1    |                       |
| <i>erythromycin gel 2%</i>   | 1    |                       |
| <i>erythromycin pads 2%</i>  | 1    |                       |
| <i>erythromycin soln 2%</i>  | 1    |                       |
| <i>sulfacetamide sodium lotion 10% (acne)</i>                      | 1    |                       |
| <b>ACNE COMBINATIONS</b>   |      |                       |
| <i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>                     | 1    | QL 90 / 30 DAYS       |
| <i>sulfacetamide sodium w/ sulfur cleanser 10-5%</i>               | 1    |                       |
| <i>benzoyl peroxide-erythromycin gel 5-3%</i>                      | 1    |                       |
| <i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>             | 2    |                       |
| <i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>         | 1    |                       |
| <i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i> | 1    |                       |
| <i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i> | 1    |                       |
| <i>sulfacetamide sodium w/ sulfur cleanser 10-5%</i>               | 1    |                       |
| <b>ACNE PRODUCTS</b>   |      |                       |
| <i>isotretinoin cap 10 mg</i>                                      | 2    | QL 60 / 30 DAYS       |
| <i>isotretinoin cap 20 mg</i>                                      | 2    | QL 60 / 30 DAYS       |
| <i>isotretinoin cap 30 mg</i>                                      | 2    | QL 60 / 30 DAYS       |
| <i>isotretinoin cap 40 mg</i>                                      | 2    | QL 60 / 30 DAYS       |
| <i>adapalene cream 0.1%</i>  | 1    |                       |
| <i>adapalene gel 0.1%</i>  | 1    |                       |
| <i>adapalene gel 0.3%</i>  | 1    |                       |
| <i>isotretinoin cap 10 mg</i>                                      | 2    | QL 60 / 30 DAYS       |
| <i>isotretinoin cap 20 mg</i>                                      | 2    | QL 60 / 30 DAYS       |
| <i>isotretinoin cap 40 mg</i>                                      | 2    | QL 60 / 30 DAYS       |
| <i>tretinoin cream 0.025%</i>                                      | 1    | QL 45 / 30 DAYS       |

| PRODUCT DESCRIPTION                   | TIER | LIMITS & RESTRICTIONS |
|---------------------------------------|------|-----------------------|
| <i>tretinoin gel 0.025%</i>           | 1    | QL 45 / 30 DAYS       |
| AZELEX 20 % CREAM                     | 3    | ST                    |
| <i>isotretinoin cap 10 mg</i>         | 2    | QL 60 / 30 DAYS       |
| <i>isotretinoin cap 20 mg</i>         | 2    | QL 60 / 30 DAYS       |
| <i>isotretinoin cap 30 mg</i>         | 2    | QL 60 / 30 DAYS       |
| <i>isotretinoin cap 40 mg</i>         | 2    | QL 60 / 30 DAYS       |
| <i>isotretinoin cap 10 mg</i>         | 2    | QL 60 / 30 DAYS       |
| <i>isotretinoin cap 20 mg</i>         | 2    | QL 60 / 30 DAYS       |
| <i>isotretinoin cap 30 mg</i>         | 2    | QL 60 / 30 DAYS       |
| <i>isotretinoin cap 40 mg</i>         | 2    | QL 60 / 30 DAYS       |
| <i>isotretinoin cap 10 mg</i>         | 2    | QL 60 / 30 DAYS       |
| <i>isotretinoin cap 20 mg</i>         | 2    | QL 60 / 30 DAYS       |
| <i>isotretinoin cap 30 mg</i>         | 2    | QL 60 / 30 DAYS       |
| <i>isotretinoin cap 40 mg</i>         | 2    | QL 60 / 30 DAYS       |
| <i>tretinoin gel 0.01%</i>            | 1    | QL 45 / 30 DAYS       |
| <i>tretinoin cream 0.025%</i>         | 1    | QL 45 / 30 DAYS       |
| <i>tretinoin gel 0.025%</i>           | 1    | QL 45 / 30 DAYS       |
| <i>tretinoin cream 0.05%</i>          | 1    | QL 45 / 30 DAYS       |
| <i>tretinoin gel 0.05%</i>            | 1    |                       |
| <i>tretinoin cream 0.1%</i>           | 1    | QL 45 / 30 DAYS       |
| <i>tretinoin microsphere gel 0.1%</i> | 1    |                       |
| <i>tretinoin microsphere gel 0.1%</i> | 1    |                       |
| <i>isotretinoin cap 10 mg</i>         | 2    | QL 60 / 30 DAYS       |
| <i>isotretinoin cap 20 mg</i>         | 2    | QL 60 / 30 DAYS       |



| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>isotretinoin cap 30 mg</i>                              | 2    | QL 60 / 30 DAYS       |
| <i>isotretinoin cap 40 mg</i>                              | 2    | QL 60 / 30 DAYS       |
| <b>AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS</b>      |      |                       |
| VEREGEN 15 % OINTMENT                                      | 3    | PA                    |
| <b>AGENTS FOR FACIAL WRINKLES - RETINOIDS</b>              |      |                       |
| TRETINOIN (EMOLLIENT) 0.05 % CREAM                         | 1    |                       |
| <b>ANTI-INFLAMMATORY AGENTS - TOPICAL</b>                  |      |                       |
| DICLOFENAC EPOLAMINE 1.3 % PATCH                           | 2    | QL 60 / 30 DAYS<br>PA |
| <i>diclofenac sodium gel 1%</i>                            | 1    | QL 500 / 30 DAYS      |
| <i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i> | 1    | QL 500 / 30 DAYS      |
| <i>diclofenac sodium soln 1.5%</i>                         | 1    | QL 150 / 30 DAYS      |
| <b>ANTIBIOTIC STEROID COMBINATIONS - TOPICAL</b>           |      |                       |
| CORTISPORIN 3.5-10000-0.5 CREAM                            | 3    |                       |
| <b>ANTIBIOTICS - TOPICAL</b>                               |      |                       |
| ALTABAX 1 % OINTMENT                                       | 3    |                       |
| <i>gentamicin sulfate cream 0.1%</i>                       | 1    |                       |
| <i>gentamicin sulfate oint 0.1%</i>                        | 1    |                       |
| <i>mupirocin oint 2%</i>                                   | 1    |                       |
| <b>ANTIFUNGALS - TOPICAL</b>                               |      |                       |
| <i>ciclopirox solution 8%</i>                              | 1    |                       |
| <i>ciclopirox gel 0.77%</i>                                | 1    |                       |
| <i>ciclopirox shampoo 1%</i>                               | 1    |                       |
| <i>ciclopirox solution 8%</i>                              | 1    |                       |
| <i>ciclopirox olamine cream 0.77% (base equiv)</i>         | 1    |                       |
| <i>ciclopirox olamine susp 0.77% (base equiv)</i>          | 1    |                       |
| CICLOPIROX TREATMENT 8 % KIT                               | 2    |                       |
| LOPROX 0.77 % CREAM  | 3    |                       |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| LOPROX 0.77 % KIT   | 2    |                       |
| <i>nystatin topical powder 100000 unit/gm</i>                   | 1    |                       |
| <i>nystatin cream 100000 unit/gm</i>                            | 1    |                       |
| <i>nystatin oint 100000 unit/gm</i>                             | 1    |                       |
| <i>nystatin topical powder 100000 unit/gm</i>                   | 1    |                       |
| <i>nystatin topical powder 100000 unit/gm</i>                   | 1    |                       |
| <b>ANTIFUNGALS - TOPICAL COMBINATIONS</b>                       |      |                       |
| <i>clotrimazole w/ betamethasone cream 1-0.05%</i>              | 1    |                       |
| <i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>        | 1    |                       |
| <i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>         | 1    |                       |
| <b>ANTINEOPLASTIC ALKYLATING AGENTS - TOPICAL</b>               |      |                       |
| VALCHLOR 0.016 % GEL  | 4    | PA<br>S               |
| <b>ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL</b>                 |      |                       |
| FLUOROPLEX 1 % CREAM  | 2    | PA                    |
| <i>fluorouracil cream 5%</i>                                    | 1    |                       |
| <b>ANTINEOPLASTIC OR PREMALIGNANT LESIONS - TOPICAL NSAID'S</b> |      |                       |
| <i>diclofenac sodium (actinic keratoses) gel 3%</i>             | 1    | QL 500 / 30 DAYS      |
| <b>ANTIPRURITICS - TOPICAL</b>                                  |      |                       |
| <i>doxepin hcl cream 5%</i>                                     | 2    | PA                    |
| PRUDOXIN 5 % CREAM  | 2    | PA                    |
| ZONALON 5 % CREAM   | 2    | PA                    |
| <b>ANTIPSORIATICS</b>   |      |                       |
| <i>calcipotriene cream 0.005%</i>                               | 1    | QL 120 / 30 DAYS      |
| <i>calcipotriene soln 0.005% (50 mcg/ml)</i>                    | 1    | QL 60 / 30 DAYS       |
| CALCITRIOL 3 MCG/GM OINTMENT                                    | 2    |                       |
| <i>tazarotene cream 0.1%</i>                                    | 1    |                       |
| TAZORAC 0.05 % CREAM  | 3    | PA                    |

| PRODUCT DESCRIPTION                          | TIER | LIMITS & RESTRICTIONS   |
|--|------|-------------------------|
| ZORYVE 0.3 % CREAM                           | 3    | QL 60 / 30 day(s)<br>PA |
| <b>ANTIPSORIATICS - SYSTEMIC</b>             |      |                         |
| <i>acitretin cap 10 mg</i>                   | 2    | QL 30 / 30 DAYS         |
| <i>acitretin cap 17.5 mg</i>                 | 2    | QL 30 / 30 DAYS         |
| <i>acitretin cap 25 mg</i>                   | 2    | QL 30 / 30 DAYS         |
| METHOXSALLEN RAPID 10 MG CAP                 | 2    | PA                      |
| <i>methoxsalen rapid cap 10 mg</i>           | 2    | PA                      |
| SKYRIZI (150 MG DOSE) 75 MG/0.83ML PEF SY KT | 4    | PA<br>S                 |
| SKYRIZI 150 MG/ML SOLN PRSYR                 | 4    | PA<br>S                 |
| SKYRIZI PEN 150 MG/ML SOLN A-INJ             | 4    | PA<br>S                 |
| STELARA 45 MG/0.5ML SOLN PRSYR               | 4    | PA<br>S                 |
| STELARA 45 MG/0.5ML SOLUTION                 | 4    | PA<br>S                 |
| STELARA 90 MG/ML SOLN PRSYR                  | 4    | PA<br>S                 |
| TALTZ 80 MG/ML SOLN A-INJ                    | 4    | PA<br>S                 |
| TALTZ 80 MG/ML SOLN PRSYR                    | 4    | PA<br>S                 |
| TREMFYA 100 MG/ML SOLN PEN                   | 4    | PA<br>S                 |
| TREMFYA 100 MG/ML SOLN PRSYR                 | 4    | PA<br>S                 |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS   |
|--|------|-------------------------|
| <b>ANTISEBORRHEIC PRODUCTS</b>                             |      |                         |
| <i>selenium sulfide shampoo 2.25%</i>                      | 1    |                         |
| <i>selenium sulfide lotion 2.5%</i>                        | 1    |                         |
| <b>ANTIVIRALS - TOPICAL</b>                                |      |                         |
| <i>acyclovir oint 5%</i>                                   | 1    | QL 30 / 30 DAYS         |
| <b>ATOPIC DERMATITIS - JANUS KINASE (JAK) INHIBITORS</b>   |      |                         |
| OPZELURA 1.5 % CREAM                                       | 3    | QL 60 / 30 day(s)<br>PA |
| <b>ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES</b>           |      |                         |
| ADBRY 150 MG/ML SOLN PRSYR                                 | 4    | PA<br>S                 |
| DUPIXENT 100 MG/0.67ML SOLN PRSYR                          | 4    | PA<br>S                 |
| DUPIXENT 200 MG/1.14ML SOLN PEN                            | 4    | PA<br>S                 |
| DUPIXENT 200 MG/1.14ML SOLN PRSYR                          | 4    | PA<br>S                 |
| DUPIXENT 300 MG/2ML SOLN PEN                               | 4    | PA<br>S                 |
| DUPIXENT 300 MG/2ML SOLN PRSYR                             | 4    | PA<br>S                 |
| <b>BURN PRODUCTS</b>                                       |      |                         |
| <i>mafenide acetate packet for topical soln 5% (50 gm)</i> | 1    |                         |
| <i>silver sulfadiazine cream 1%</i>                        | 1    |                         |
| <i>silver sulfadiazine cream 1%</i>                        | 1    |                         |
| SULFAMYLON 85 MG/GM CREAM                                  | 3    |                         |
| <b>CORTICOSTEROIDS - TOPICAL</b>                           |      |                         |
| <i>hydrocortisone cream 2.5%</i>                           | 1    |                         |
| <i>alclometasone dipropionate cream 0.05%</i>              | 1    |                         |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>alclometasone dipropionate oint 0.05%</i>                | 1    |                       |
| AMCINONIDE 0.1 % CREAM                                      | 1    |                       |
| AMCINONIDE 0.1 % LOTION                                     | 1    |                       |
| <i>amcinonide oint 0.1%</i>                                 | 2    |                       |
| <i>betamethasone dipropionate cream 0.05%</i>               | 1    |                       |
| <i>betamethasone dipropionate lotion 0.05%</i>              | 1    |                       |
| <i>betamethasone dipropionate oint 0.05%</i>                | 1    |                       |
| <i>betamethasone dipropionate augmented cream 0.05%</i>     | 1    |                       |
| BETAMETHASONE DIPROPIONATE AUG 0.05 % GEL                   | 1    |                       |
| <i>betamethasone dipropionate augmented lotion 0.05%</i>    | 1    |                       |
| <i>betamethasone dipropionate augmented oint 0.05%</i>      | 1    |                       |
| <i>betamethasone valerate cream 0.1% (base equivalent)</i>  | 1    |                       |
| <i>betamethasone valerate lotion 0.1% (base equivalent)</i> | 1    |                       |
| <i>betamethasone valerate oint 0.1% (base equivalent)</i>   | 1    |                       |
| <i>clobetasol propionate emollient base cream 0.05%</i>     | 1    |                       |
| <i>clobetasol propionate cream 0.05%</i>                    | 1    |                       |
| <i>clobetasol propionate foam 0.05%</i>                     | 1    |                       |
| <i>clobetasol propionate gel 0.05%</i>                      | 1    |                       |
| <i>clobetasol propionate spray 0.05%</i>                    | 1    |                       |
| <i>clobetasol propionate lotion 0.05%</i>                   | 1    |                       |
| <i>clobetasol propionate oint 0.05%</i>                     | 1    |                       |
| <i>clobetasol propionate shampoo 0.05%</i>                  | 1    |                       |
| <i>clobetasol propionate soln 0.05%</i>                     | 1    |                       |
| <i>clobetasol propionate emollient base cream 0.05%</i>     | 1    |                       |
| <i>clobetasol propionate emulsion foam 0.05%</i>            | 1    |                       |
| <i>clocortolone pivalate cream 0.1%</i>                     | 1    |                       |
| <i>clobetasol propionate shampoo 0.05%</i>                  | 1    |                       |
| CORDRAN 4 MCG/SQCM TAPE                                     | 3    | QL 1 / 30 DAYS        |

| PRODUCT DESCRIPTION                                 | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>desonide cream 0.05%</i>                         | 1    |                       |
| <i>desonide lotion 0.05%</i>                        | 1    |                       |
| <i>desonide oint 0.05%</i>                          | 1    |                       |
| <i>desoximetasone cream 0.05%</i>                   | 1    |                       |
| <i>desoximetasone gel 0.05%</i>                     | 1    |                       |
| <i>desoximetasone oint 0.05%</i>                    | 1    |                       |
| <i>desoximetasone cream 0.25%</i>                   | 1    |                       |
| <i>desoximetasone oint 0.25%</i>                    | 1    |                       |
| DIFLORASONE DIACETATE 0.05 % CREAM                  | 2    |                       |
| <i>diflorasone diacetate oint 0.05%</i>             | 2    | QL 60 / 30 DAYS       |
| <i>fluocinolone acetonide cream 0.01%</i>           | 1    |                       |
| <i>fluocinolone acetonide soln 0.01%</i>            | 1    |                       |
| <i>fluocinolone acetonide cream 0.025%</i>          | 1    |                       |
| <i>fluocinolone acetonide oint 0.025%</i>           | 1    |                       |
| <i>fluocinolone acetonide oil 0.01% (body oil)</i>  | 1    |                       |
| <i>fluocinolone acetonide oil 0.01% (scalp oil)</i> | 1    |                       |
| <i>fluocinonide cream 0.05%</i>                     | 1    |                       |
| <i>fluocinonide gel 0.05%</i>                       | 1    |                       |
| <i>fluocinonide oint 0.05%</i>                      | 1    |                       |
| <i>fluocinonide soln 0.05%</i>                      | 1    |                       |
| <i>fluocinonide cream 0.1%</i>                      | 2    |                       |
| <i>fluocinonide emulsified base cream 0.05%</i>     | 1    |                       |
| <i>flurandrenolide lotion 0.05%</i>                 | 1    |                       |
| <i>fluticasone propionate oint 0.005%</i>           | 1    |                       |
| <i>fluticasone propionate cream 0.05%</i>           | 1    |                       |
| <i>fluticasone propionate lotion 0.05%</i>          | 2    |                       |
| <i>halobetasol propionate cream 0.05%</i>           | 1    |                       |
| <i>halobetasol propionate oint 0.05%</i>            | 1    |                       |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>hydrocortisone oint 1%</i>                                   | 1    |                       |
| <i>hydrocortisone cream 2.5%</i>                                | 1    |                       |
| <i>hydrocortisone lotion 2.5%</i>                               | 1    |                       |
| <i>hydrocortisone oint 2.5%</i>                                 | 1    |                       |
| <i>hydrocortisone butyrate hydrophilic lipo base cream 0.1%</i> | 2    |                       |
| HYDROCORTISONE BUTYRATE 0.1 % CREAM                             | 1    |                       |
| <i>hydrocortisone butyrate cream 0.1%</i>                       | 1    |                       |
| <i>hydrocortisone butyrate oint 0.1%</i>                        | 1    |                       |
| HYDROCORTISONE BUTYRATE 0.1 % SOLUTION                          | 2    |                       |
| <i>hydrocortisone butyrate soln 0.1%</i>                        | 2    |                       |
| <i>hydrocortisone valerate cream 0.2%</i>                       | 1    |                       |
| <i>hydrocortisone valerate oint 0.2%</i>                        | 1    |                       |
| <i>mometasone furoate cream 0.1%</i>                            | 1    |                       |
| <i>mometasone furoate oint 0.1%</i>                             | 1    |                       |
| <i>mometasone furoate solution 0.1% (lotion)</i>                | 1    |                       |
| PREDNICARBATE 0.1 % CREAM                                       | 1    |                       |
| PREDNICARBATE 0.1 % OINTMENT                                    | 1    |                       |
| <i>clobetasol propionate emulsion foam 0.05%</i>                | 1    |                       |
| <i>triamcinolone acetonide cream 0.025%</i>                     | 1    |                       |
| <i>triamcinolone acetonide lotion 0.025%</i>                    | 1    |                       |
| <i>triamcinolone acetonide oint 0.025%</i>                      | 1    |                       |
| <i>triamcinolone acetonide cream 0.1%</i>                       | 1    |                       |
| <i>triamcinolone acetonide lotion 0.1%</i>                      | 1    |                       |
| <i>triamcinolone acetonide oint 0.1%</i>                        | 1    |                       |
| <i>triamcinolone acetonide cream 0.5%</i>                       | 1    |                       |
| <i>triamcinolone acetonide oint 0.5%</i>                        | 1    |                       |
| <i>triamcinolone acetonide cream 0.1%</i>                       | 1    |                       |

| PRODUCT DESCRIPTION                                     | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <b>ENZYMES - TOPICAL</b>                                |      |                       |
| SANTYL 250 UNIT/GM OINTMENT                             | 3    | QL 30 / 30 DAYS       |
| <b>IMIDAZOLE-RELATED ANTIFUNGALS - TOPICAL</b>          |      |                       |
| <i>clotrimazole soln 1%</i>                             | 1    |                       |
| <i>econazole nitrate cream 1%</i>                       | 1    |                       |
| ERTACZO 2 % CREAM                                       | 3    | PA                    |
| EXELDERM 1 % CREAM                                      | 3    |                       |
| EXELDERM 1 % SOLUTION                                   | 3    |                       |
| JUBLIA 10 % SOLUTION                                    | 3    | QL 4 / 30 DAYS<br>ST  |
| <i>ketoconazole cream 2%</i>                            | 1    |                       |
| <i>ketoconazole foam 2%</i>                             | 1    |                       |
| <i>ketoconazole shampoo 2%</i>                          | 1    |                       |
| <i>ketoconazole foam 2%</i>                             | 1    |                       |
| LULICONAZOLE 1 % CREAM                                  | 2    | QL 60 / 30 day(s)     |
| LUZU 1 % CREAM  | 2    |                       |
| XOLEGEL 2 % GEL   | 3    |                       |
| <b>IMMUNOMODULATORS IMIDAZOQUINOLINAMINES - TOPICAL</b> |      |                       |
| <i>imiquimod cream 5%</i>                               | 1    |                       |
| <b>KERATOLYTIC/ANTIMITOTIC AGENTS</b>                   |      |                       |
| <i>salicylic acid shampoo 6%</i>                        | 1    |                       |
| PODOFILOX 0.5 % SOLUTION                                | 1    |                       |
| <i>podofilox soln 0.5%</i>                              | 1    |                       |
| <i>salicylic acid cream 6%</i>                          | 1    |                       |
| <i>salicylic acid shampoo 6%</i>                        | 1    |                       |
| <b>LOCAL ANESTHETICS - TOPICAL</b>                      |      |                       |
| <i>lidocaine oint 5%</i>                                | 1    |                       |
| <i>lidocaine patch 5%</i>                               | 1    | QL 90 / 30 DAYS       |



| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS   |
|--|------|-------------------------|
| <i>lidocaine hcl urethral/mucosal gel 2%</i>                   | 1    |                         |
| LIDOCAINE HCL URETHRAL/MUCOSAL 2 % GEL                         | 1    |                         |
| <i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i> | 1    |                         |
| <i>lidocaine patch 5%</i>                                      | 1    | QL 90 / 30 DAYS         |
| <i>lidocaine oint 5%</i>                                       | 1    |                         |
| <b>MACROLIDE IMMUNOSUPPRESSANTS - TOPICAL</b>                  |      |                         |
| <i>pimecrolimus cream 1%</i>                                   | 2    | QL 60 / 30 DAYS         |
| <i>tacrolimus oint 0.03%</i>                                   | 2    |                         |
| <i>tacrolimus oint 0.1%</i>                                    | 2    |                         |
| <b>MISC. TOPICAL</b>   |      |                         |
| DRYSOL 20 % SOLUTION   | 2    |                         |
| <b>OXABOROLE-RELATED ANTIFUNGALS - TOPICAL</b>                 |      |                         |
| <i>tavaborole soln 5%</i>                                      | 2    | QL 10 / 30 day(s)<br>ST |
| <b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL</b>         |      |                         |
| EUCRISA 2 % OINTMENT   | 3    | PA                      |
| <b>ROSACEA AGENTS</b>  |      |                         |
| <i>azelaic acid gel 15%</i>                                    | 1    | QL 50 / 30 DAYS         |
| <i>ivermectin cream 1%</i>                                     | 1    | QL 1 / 1 day(s)         |
| <i>metronidazole cream 0.75%</i>                               | 1    |                         |
| <i>metronidazole gel 0.75%</i>                                 | 1    |                         |
| <i>metronidazole lotion 0.75%</i>                              | 1    |                         |
| <i>metronidazole gel 1%</i>                                    | 1    |                         |
| <i>metronidazole cream 0.75%</i>                               | 1    |                         |
| <i>metronidazole gel 0.75%</i>                                 | 1    |                         |
| <b>SCABICIDES &amp; PEDICULICIDES</b>                          |      |                         |
| EURAX 10 % CREAM   | 3    |                         |
| EURAX 10 % LOTION  | 3    |                         |

| PRODUCT DESCRIPTION                            | TIER | LIMITS & RESTRICTIONS                           |
|--|------|---|
| IVERMECTIN 0.5 % LOTION                        | 3    | QL 117 / 30 day(s)                              |
| LINDANE 1 % SHAMPOO                            | 1    |   |
| <i>malathion lotion 0.5%</i>                   | 1    |   |
| <i>permethrin cream 5%</i>                     | 1    |   |
| SPINOSAD 0.9 % SUSPENSION                      | 1    |   |
| ULESFIA 5 % LOTION                             | 3    |   |
| TOPICAL ANESTHETIC COMBINATIONS                |      |   |
| <i>lidocaine-prilocaine cream 2.5-2.5%</i>     | 1    |   |
| SYNERA 70-70 MG PATCH                          | 3    |   |
| TOPICAL SELECTIVE RETINOID X RECEPTOR AGONISTS |      |   |
| <i>bexarotene gel 1%</i>                       | 4    | PA<br>S   |
| WOUND CARE - GROWTH FACTOR AGENTS              |      |   |
| REGRANEX 0.01 % GEL                            | 3    | PA  |
| DIAGNOSTIC PRODUCTS                            |      |   |
| DIAGNOSTIC DRUGS                               |      |   |
| GLUCAGEN DIAGNOSTIC 1 MG RECON SOLN            | 2    |   |
| GLUCAGON HCL (DIAGNOSTIC) 1 MG RECON SOLN      | 1    |   |
| DIAGNOSTIC TESTS                               |      |   |
| FREESTYLE INSULINX TEST STRIP                  | 2    | QL 250 / 30 day(s)<br>VAL Value Preventive List |
| FREESTYLE LITE TEST STRIP                      | 2    | QL 250 / 30 day(s)<br>VAL Value Preventive List |
| FREESTYLE TEST STRIP                           | 2    | QL 250 / 30 day(s)<br>VAL Value Preventive List |
| ONETOUCH ULTRA STRIP                           | 2    | QL 250 / 30 day(s)<br>VAL Value Preventive List |
| ONETOUCH VERIO STRIP                           | 2    | QL 250 / 30 day(s)<br>VAL Value Preventive List |

| PRODUCT DESCRIPTION              | TIER | LIMITS & RESTRICTIONS                |
|----------------------------------|------|--------------------------------------|
| <b>INFECTION TESTS</b>           |      |                                      |
| ACCUA SARS-COV-2 KIT             | 1    | QL 8 / 30 day(s)<br>PRE Preventative |
| BD VERITOR SYSTEM SARS-COV-2 KIT | 1    | QL 8 / 30 day(s)<br>PRE Preventative |
| BINAXNOW COVID-19 AG CARD KIT    | 1    | QL 8 / 30 day(s)<br>PRE Preventative |
| COBAS LIAT SARS-COV-2 ASSAY KIT  | 1    | QL 8 / 30 day(s)<br>PRE Preventative |
| ID NOW COVID-19 KIT              | 1    | QL 8 / 30 day(s)<br>PRE Preventative |
| ID NOW COVID-19 2.0 TEST KIT     | 1    | QL 8 / 30 day(s)<br>PRE Preventative |
| LUCIRA COVID-19 ALL-IN-ONE KIT   | 1    | QL 8 / 30 day(s)<br>PRE Preventative |
| LYRA DIRECT SARS-COV-2 ASSAY KIT | 1    | QL 8 / 30 day(s)<br>PRE Preventative |
| LYRA SARS-COV-2 ASSAY KIT        | 1    | QL 8 / 30 day(s)<br>PRE Preventative |
| QUICKVUE SARS ANTIGEN TEST KIT   | 1    | QL 8 / 30 day(s)<br>PRE Preventative |
| SOFIA SARS ANTIGEN FIA KIT       | 1    | QL 8 / 30 day(s)<br>PRE Preventative |
| SOFIA2 SARS ANTIGEN FIA KIT      | 1    | QL 8 / 30 day(s)<br>PRE Preventative |
| XPRT XPRESS SARS-COV-2 KIT       | 1    | QL 8 / 30 day(s)<br>PRE Preventative |

| PRODUCT DESCRIPTION                     | TIER | LIMITS & RESTRICTIONS     |
|---|------|---------------------------|
| <b>DIGESTIVE AIDS</b>                   |      |                           |
| <b>DIGESTIVE ENZYMES</b>                |      |                           |
| CREON 12000 UNIT CP DR PART             | 2    | PA                        |
| CREON 24000-76000 UNIT CP DR PART       | 2    | PA                        |
| CREON 3000-9500 UNIT CP DR PART         | 2    | PA                        |
| CREON 36000 UNIT CP DR PART             | 2    | PA                        |
| CREON 6000 UNIT CP DR PART              | 2    | PA                        |
| PANCREAZE 10500 UNIT CP DR PART         | 3    | PA                        |
| PANCREAZE 16800 UNIT CP DR PART         | 3    | PA                        |
| PANCREAZE 21000 UNIT CP DR PART         | 3    | PA                        |
| PANCREAZE 2600-8800 UNIT CP DR PART     | 3    | PA                        |
| PANCREAZE 37000-97300 UNIT CP DR PART   | 3    | PA                        |
| PANCREAZE 4200 UNIT CP DR PART          | 3    | PA                        |
| ZENPEP 10000-32000 UNIT CP DR PART      | 2    | PA                        |
| ZENPEP 15000-47000 UNIT CP DR PART      | 2    | PA                        |
| ZENPEP 20000-63000 UNIT CP DR PART      | 2    | PA                        |
| ZENPEP 25000-79000 UNIT CP DR PART      | 2    | PA                        |
| ZENPEP 3000-10000 UNIT CP DR PART       | 2    | PA                        |
| ZENPEP 40000-126000 UNIT CP DR PART     | 2    | PA                        |
| ZENPEP 5000-24000 UNIT CP DR PART       | 2    | PA                        |
| <b>DIURETICS</b>                        |      |                           |
| <b>CARBONIC ANHYDRASE INHIBITORS</b>    |      |                           |
| <i>acetazolamide tab 125 mg</i>         | 1    | VAL Value Preventive List |
| <i>acetazolamide tab 250 mg</i>         | 1    | VAL Value Preventive List |
| <i>acetazolamide cap er 12hr 500 mg</i> | 1    | VAL Value Preventive List |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS  |
|--|------|--|
| <i>methazolamide tab 25 mg</i>                               | 1    | <span>QL</span> 3 / 1 day(s)<br><span>VAL</span> Value Preventive List     |
| <i>methazolamide tab 50 mg</i>                               | 1    | <span>VAL</span> Value Preventive List                                     |
| <b>DIURETIC COMBINATIONS</b>                                 |      |  |
| <i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i>       | 1    | <span>VAL</span> Value Preventive List                                     |
| AMILORIDE-HYDROCHLOROTHIAZIDE 5-50 MG TAB                    | 1    | <span>VAL</span> Value Preventive List                                     |
| <i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i> | 1    | <span>VAL</span> Value Preventive List                                     |
| <i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>  | 1    | <span>VAL</span> Value Preventive List                                     |
| <i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i>  | 1    | <span>VAL</span> Value Preventive List                                     |
| <i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i>    | 1    | <span>VAL</span> Value Preventive List                                     |
| <b>LOOP DIURETICS</b>  |      |  |
| <i>bumetanide tab 0.5 mg</i>                                 | 1    | <span>VAL</span> Value Preventive List                                     |
| <i>bumetanide tab 1 mg</i>                                   | 1    | <span>VAL</span> Value Preventive List                                     |
| <i>bumetanide tab 2 mg</i>                                   | 1    | <span>VAL</span> Value Preventive List                                     |
| <i>ethacrynic acid tab 25 mg</i>                             | 1    |  |
| <i>furosemide oral soln 10 mg/ml</i>                         | 1    | <span>VAL</span> Value Preventive List                                     |
| <i>furosemide tab 20 mg</i>                                  | 1    | <span>VAL</span> Value Preventive List                                     |
| <i>furosemide tab 40 mg</i>                                  | 1    | <span>VAL</span> Value Preventive List                                     |
| FUROSEMIDE 8 MG/ML SOLUTION                                  | 1    | <span>AL1</span> Up to 8 yrs old<br><span>VAL</span> Value Preventive List |
| <i>furosemide tab 80 mg</i>                                  | 1    | <span>VAL</span> Value Preventive List                                     |
| <i>torseamide tab 10 mg</i>                                  | 1    | <span>VAL</span> Value Preventive List                                     |
| <i>torseamide tab 100 mg</i>                                 | 1    | <span>VAL</span> Value Preventive List                                     |
| <i>torseamide tab 20 mg</i>                                  | 1    | <span>VAL</span> Value Preventive List                                     |
| <i>torseamide tab 5 mg</i>                                   | 1    | <span>VAL</span> Value Preventive List                                     |

| PRODUCT DESCRIPTION                          | TIER | LIMITS & RESTRICTIONS     |
|--|------|---------------------------|
| <b>POTASSIUM SPARING DIURETICS</b>           |      |                           |
| <i>amiloride hcl tab 5 mg</i>                | 1    | VAL Value Preventive List |
| CAROSPIR 25 MG/5ML SUSPENSION                | 3    | AL1 0 to 8 yrs old        |
| <i>spironolactone tab 100 mg</i>             | 1    | VAL Value Preventive List |
| <i>spironolactone tab 25 mg</i>              | 1    | VAL Value Preventive List |
| <i>spironolactone tab 50 mg</i>              | 1    | VAL Value Preventive List |
| <i>triamterene cap 100 mg</i>                | 1    | VAL Value Preventive List |
| <i>triamterene cap 50 mg</i>                 | 1    | VAL Value Preventive List |
| <b>THIAZIDES AND THIAZIDE-LIKE DIURETICS</b> |      |                           |
| CHLOROTHIAZIDE 250 MG TAB                    | 1    | VAL Value Preventive List |
| CHLOROTHIAZIDE 500 MG TAB                    | 1    | VAL Value Preventive List |
| <i>chlorthalidone tab 25 mg</i>              | 1    | VAL Value Preventive List |
| <i>chlorthalidone tab 50 mg</i>              | 1    | VAL Value Preventive List |
| DIURIL 250 MG/5ML SUSPENSION                 | 2    | AL1 Up to 8 yrs old       |
| <i>hydrochlorothiazide cap 12.5 mg</i>       | 1    | VAL Value Preventive List |
| <i>hydrochlorothiazide tab 12.5 mg</i>       | 1    | VAL Value Preventive List |
| <i>hydrochlorothiazide tab 25 mg</i>         | 1    | VAL Value Preventive List |
| <i>hydrochlorothiazide tab 50 mg</i>         | 1    | VAL Value Preventive List |
| <i>indapamide tab 1.25 mg</i>                | 1    | VAL Value Preventive List |
| <i>indapamide tab 2.5 mg</i>                 | 1    | VAL Value Preventive List |
| METHYCLOTHIAZIDE 5 MG TAB                    | 1    | VAL Value Preventive List |
| <i>metolazone tab 10 mg</i>                  | 1    | VAL Value Preventive List |
| <i>metolazone tab 2.5 mg</i>                 | 1    | VAL Value Preventive List |
| <i>metolazone tab 5 mg</i>                   | 1    | VAL Value Preventive List |

| PRODUCT DESCRIPTION                                       | TIER | LIMITS & RESTRICTIONS  |
|---|------|--|
| ENDOCRINE AND METABOLIC AGENTS - MISC.<br>BISPHOSPHONATES |      |  |
| <i>alendronate sodium tab 10 mg</i>                       | 1    | <span>QL</span> 30 / 28 DAYS<br><span>VAL</span> Value Preventive List |
| <i>alendronate sodium tab 35 mg</i>                       | 1    | <span>QL</span> 4 / 28 DAYS<br><span>VAL</span> Value Preventive List  |
| ALENDRONATE SODIUM 40 MG TAB                              | 1    | <span>QL</span> 30 / 28 DAYS<br><span>VAL</span> Value Preventive List |
| <i>alendronate sodium tab 70 mg</i>                       | 1    | <span>QL</span> 4 / 28 DAYS<br><span>VAL</span> Value Preventive List  |
| ETIDRONATE DISODIUM 200 MG TAB                            | 1    | <span>VAL</span> Value Preventive List                                 |
| ETIDRONATE DISODIUM 400 MG TAB                            | 1    | <span>VAL</span> Value Preventive List                                 |
| FOSAMAX PLUS D 70-2800 MG-UNIT TAB                        | 3    | <span>QL</span> 4 / 28 DAYS  |
| FOSAMAX PLUS D 70-5600 MG-UNIT TAB                        | 3    | <span>QL</span> 4 / 28 DAYS  |
| <i>ibandronate sodium tab 150 mg (base equivalent)</i>    | 1    | <span>QL</span> 1 / 28 DAYS<br><span>VAL</span> Value Preventive List  |
| <i>risedronate sodium tab 150 mg</i>                      | 1    | <span>QL</span> 1 / 30 DAYS<br><span>VAL</span> Value Preventive List  |
| <i>risedronate sodium tab 30 mg</i>                       | 1    | <span>QL</span> 30 / 30 DAYS<br><span>VAL</span> Value Preventive List |
| <i>risedronate sodium tab 35 mg</i>                       | 1    | <span>QL</span> 30 / 30 DAYS<br><span>VAL</span> Value Preventive List |
| <i>risedronate sodium tab delayed release 35 mg</i>       | 1    | <span>QL</span> 4 / 28 DAYS<br><span>VAL</span> Value Preventive List  |
| <i>risedronate sodium tab 5 mg</i>                        | 1    | <span>QL</span> 30 / 30 DAYS<br><span>VAL</span> Value Preventive List |

| PRODUCT DESCRIPTION                                | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <b>CALCIMIMETIC AGENTS</b>                         |      |                       |
| <i>cinacalcet hcl tab 30 mg (base equiv)</i>       | 1    | QL 120 / 30 day(s)    |
| <i>cinacalcet hcl tab 60 mg (base equiv)</i>       | 1    | QL 120 / 30 day(s)    |
| <i>cinacalcet hcl tab 90 mg (base equiv)</i>       | 1    | QL 120 / 30 day(s)    |
| <b>CALCITONINS</b>                                 |      |                       |
| <i>calcitonin (salmon) nasal soln 200 unit/act</i> | 1    |                       |
| <i>calcitonin (salmon) inj 200 unit/ml</i>         | 4    | PA                    |
| <b>CARNITINE REPLENISHER - AGENTS</b>              |      |                       |
| <i>levocarnitine oral soln 1 gm/10ml (10%)</i>     | 1    |                       |
| <i>levocarnitine oral soln 1 gm/10ml (10%)</i>     | 1    |                       |
| <b>DOPAMINE RECEPTOR AGONISTS</b>                  |      |                       |
| <i>cabergoline tab 0.5 mg</i>                      | 1    |                       |
| <b>GNRH/LHRH ANTAGONISTS</b>                       |      |                       |
| ORILISSA 200 MG TAB                                | 4    | PA<br>S               |
| <b>GROWTH HORMONE RECEPTOR ANTAGONISTS</b>         |      |                       |
| SOMAVERT 10 MG RECON SOLN                          | 4    | PA<br>S               |
| SOMAVERT 15 MG RECON SOLN                          | 4    | PA<br>S               |
| SOMAVERT 20 MG RECON SOLN                          | 4    | PA<br>S               |
| <b>GROWTH HORMONES</b>                             |      |                       |
| NORDITROPIN FLEXPRO 10 MG/1.5ML SOLN PEN           | 4    | PA<br>S               |
| NORDITROPIN FLEXPRO 15 MG/1.5ML SOLN PEN           | 4    | PA<br>S               |
| NORDITROPIN FLEXPRO 30 MG/3ML SOLN PEN             | 4    | PA<br>S               |



| PRODUCT DESCRIPTION                                   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| NORDITROPIN FLEXPRO 5 MG/1.5ML SOLN PEN               | 4    | PA<br>S               |
| NUTROPIN AQ NUSPIN 10 10 MG/2ML SOLN PEN              | 4    | PA<br>S               |
| NUTROPIN AQ NUSPIN 20 20 MG/2ML SOLN PEN              | 4    | PA<br>S               |
| NUTROPIN AQ NUSPIN 5 5 MG/2ML SOLN PEN                | 4    | PA<br>S               |
| OMNITROPE 10 MG/1.5ML SOLN CART                       | 4    | PA<br>S               |
| OMNITROPE 5 MG/1.5ML SOLN CART                        | 4    | PA<br>S               |
| OMNITROPE 5.8 MG RECON SOLN                           | 4    | PA<br>S               |
| <b>HYPERAMMONEMIA TREATMENT - AGENTS</b>              |      |                       |
| <i>carglumic acid soluble tab 200 mg</i>              | 4    | PA<br>S               |
| <b>HYPERPARATHYROID TREATMENT - VITAMIN D ANALOGS</b> |      |                       |
| <i>calcitriol cap 0.25 mcg</i>                        | 1    |                       |
| <i>calcitriol cap 0.5 mcg</i>                         | 1    |                       |
| <i>calcitriol oral soln 1 mcg/ml</i>                  | 1    | AL1 Up to 8 yrs old   |
| <i>doxercalciferol cap 0.5 mcg</i>                    | 2    |                       |
| <i>doxercalciferol cap 1 mcg</i>                      | 2    |                       |
| <i>doxercalciferol cap 2.5 mcg</i>                    | 2    |                       |
| <i>paricalcitol cap 1 mcg</i>                         | 1    |                       |
| <i>paricalcitol cap 2 mcg</i>                         | 1    |                       |
| <i>paricalcitol cap 4 mcg</i>                         | 1    |                       |

| PRODUCT DESCRIPTION                                    | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <b>INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)</b>      |      |                       |
| INCRELEX 40 MG/4ML SOLUTION                            | 4    | PA<br>S               |
| <b>LEPTIN ANALOGUES</b>                                |      |                       |
| MYALEPT 11.3 MG RECON SOLN                             | 4    | PA<br>S               |
| <b>LHRH/GNRH AGONIST ANALOG COMBINATIONS</b>           |      |                       |
| LUPANETA PACK 11.25 & 5 MG KIT                         | 4    | PA<br>S               |
| LUPANETA PACK 3.75 & 5 MG KIT                          | 4    | PA<br>S               |
| <b>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS</b> |      |                       |
| LUPRON DEPOT-PED (1-MONTH) 11.25 MG KIT                | 4    | PA<br>S               |
| LUPRON DEPOT-PED (1-MONTH) 15 MG KIT                   | 4    | PA<br>S               |
| LUPRON DEPOT-PED (1-MONTH) 7.5 MG KIT                  | 4    | PA<br>S               |
| LUPRON DEPOT-PED (3-MONTH) 11.25 MG (PED) KIT          | 4    | PA<br>S               |
| LUPRON DEPOT-PED (3-MONTH) 30 MG KIT                   | 4    | PA<br>S               |
| LUPRON DEPOT-PED (6-MONTH) 45 MG KIT                   | 4    | PA<br>S               |
| <b>PARATHYROID HORMONE AND DERIVATIVES</b>             |      |                       |
| TERIPARATIDE (RECOMBINANT) 620 MCG/2.48ML SOLN PEN     | 4    | PA<br>S               |
| TYMLOS 3120 MCG/1.56ML SOLN PEN                        | 4    | PA<br>S               |

| PRODUCT DESCRIPTION                                     | TIER | LIMITS & RESTRICTIONS               |
|---|------|-------------------------------------|
| <b>PHENYLKETONURIA TREATMENT - AGENTS</b>               |      |                                     |
| <i>sapropterin dihydrochloride powder packet 100 mg</i> | 4    | PA<br>S                             |
| <i>sapropterin dihydrochloride tab 100 mg</i>           | 4    | PA<br>S                             |
| <i>sapropterin dihydrochloride powder packet 500 mg</i> | 4    | PA<br>S                             |
| PALYNZIQ 10 MG/0.5ML SOLN PRSYR                         | 4    | PA<br>S                             |
| PALYNZIQ 2.5 MG/0.5ML SOLN PRSYR                        | 4    | PA<br>S                             |
| PALYNZIQ 20 MG/ML SOLN PRSYR                            | 4    | PA<br>S                             |
| <i>sapropterin dihydrochloride powder packet 100 mg</i> | 4    | PA<br>S                             |
| <i>sapropterin dihydrochloride tab 100 mg</i>           | 4    | PA<br>S                             |
| <i>sapropterin dihydrochloride powder packet 500 mg</i> | 4    | PA<br>S                             |
| <b>SCLEROSTIN INHIBITORS</b>                            |      |                                     |
| EVENITY 105 MG/1.17ML SOLN PRSYR                        | 4    | PA<br>S                             |
| <b>SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)</b>   |      |                                     |
| OSPHENA 60 MG TAB                                       | 3    |                                     |
| <i>raloxifene hcl tab 60 mg</i>                         | 1    | QL 30 / 30 DAYS<br>PRE Preventative |
| <b>SELECTIVE VASOPRESSIN V2-RECEPTOR ANTAGONISTS</b>    |      |                                     |
| JYNARQUE 15 MG TAB THPK                                 | 4    | PA<br>S                             |

| PRODUCT DESCRIPTION                                  | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| JYNARQUE 30 & 15 MG TAB THPK                         | 4    | PA<br>S               |
| JYNARQUE 45 & 15 MG TAB THPK                         | 4    | PA<br>S               |
| JYNARQUE 60 & 30 MG TAB THPK                         | 4    | PA<br>S               |
| JYNARQUE 90 & 30 MG TAB THPK                         | 4    | PA<br>S               |
| TOLVAPTAN 15 MG TAB                                  | 4    | PA<br>S               |
| <i>tolvaptan tab 15 mg</i>                           | 4    | PA<br>S               |
| <i>tolvaptan tab 30 mg</i>                           | 4    | PA<br>S               |
| <b>SOMATOSTATIC AGENTS</b>                           |      |                       |
| OCTREOTIDE ACETATE 100 MCG/ML SOLN PRSYR             | 2    |                       |
| <i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i> | 2    |                       |
| <i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>  | 2    |                       |
| <i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i> | 2    |                       |
| OCTREOTIDE ACETATE 50 MCG/ML SOLN PRSYR              | 2    |                       |
| <i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i> | 2    |                       |
| OCTREOTIDE ACETATE 500 MCG/ML SOLN PRSYR             | 2    |                       |
| <i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i> | 2    |                       |
| SIGNIFOR 0.3 MG/ML SOLUTION                          | 4    | PA<br>S               |
| SIGNIFOR 0.6 MG/ML SOLUTION                          | 4    | PA<br>S               |
| SIGNIFOR 0.9 MG/ML SOLUTION                          | 4    | PA<br>S               |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| SIGNIFOR LAR 10 MG SRER   | 4    | PA<br>S               |
| SIGNIFOR LAR 20 MG SRER   | 4    | PA<br>S               |
| SIGNIFOR LAR 30 MG SRER   | 4    | PA<br>S               |
| SIGNIFOR LAR 40 MG SRER   | 4    | PA<br>S               |
| SIGNIFOR LAR 60 MG SRER   | 4    | PA<br>S               |
| <b>UREA CYCLE DISORDER - AGENTS</b>                               |      |                       |
| PHEBURANE 483 MG/GM PELLETT                                       | 4    | PA<br>S               |
| <b>VASOPRESSIN</b>  |      |                       |
| <i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i> | 1    |                       |
| <i>desmopressin acetate tab 0.1 mg</i>                            | 1    |                       |
| <i>desmopressin acetate tab 0.2 mg</i>                            | 1    |                       |
| DESMOPRESSIN ACETATE 1.5 MG/ML SOLUTION                           | 2    | QL 1 / 90 day(s)      |
| <i>desmopressin acetate inj 4 mcg/ml</i>                          | 1    |                       |
| <i>desmopressin acetate preservative free (pf) inj 4 mcg/ml</i>   | 1    |                       |
| <i>desmopressin acetate nasal spray soln 0.01%</i>                | 1    |                       |
| STIMATE 1.5 MG/ML SOLUTION  | 2    | QL 1 / 180 day(s)     |
| <i>vasopressin iv soln 20 unit/ml (for iv infusion)</i>           | 2    | PA                    |
| <i>vasopressin iv soln 20 unit/ml (for iv infusion)</i>           | 2    | PA                    |
| VASOSTRICT 20 UNIT/ML SOLUTION                                    | 3    | PA                    |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <b>ESTROGENS</b>   |      |                       |
| <b>ESTROGEN &amp; ANDROGEN</b>   |      |                       |
| <i>esterified estrogens &amp; methyltestosterone tab 1.25-2.5 mg</i>   | 1    |                       |
| <i>esterified estrogens &amp; methyltestosterone tab 0.625-1.25 mg</i> | 1    |                       |
| <i>esterified estrogens &amp; methyltestosterone tab 1.25-2.5 mg</i>   | 1    |                       |
| <i>esterified estrogens &amp; methyltestosterone tab 0.625-1.25 mg</i> | 1    |                       |
| <i>esterified estrogens &amp; methyltestosterone tab 0.625-1.25 mg</i> | 1    |                       |
| <i>esterified estrogens &amp; methyltestosterone tab 1.25-2.5 mg</i>   | 1    |                       |
| <i>esterified estrogens &amp; methyltestosterone tab 1.25-2.5 mg</i>   | 1    |                       |
| <i>esterified estrogens &amp; methyltestosterone tab 0.625-1.25 mg</i> | 1    |                       |
| <b>ESTROGEN &amp; PROGESTIN</b>  |      |                       |
| <i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i>            | 1    |                       |
| <i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i>              | 1    |                       |
| <i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i>            | 1    |                       |
| <i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i>              | 1    |                       |
| <i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>      | 1    |                       |
| <i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>          | 1    |                       |
| <i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>          | 1    |                       |
| <i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i>            | 1    |                       |
| <i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i>              | 1    |                       |
| <i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i>              | 1    |                       |
| <i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i>            | 1    |                       |
| <i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>      | 1    |                       |
| <i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>          | 1    |                       |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| PREMPRO 0.3-1.5 MG TAB  | 3    |                       |
| PREMPRO 0.45-1.5 MG TAB   | 3    |                       |
| PREMPRO 0.625-2.5 MG TAB  | 3    |                       |
| PREMPRO 0.625-5 MG TAB  | 3    |                       |
| <b>ESTROGEN-PROGESTIN-GNRH ANTAGONIST</b>                       |      |                       |
| ORIAHNN 300-1-0.5 & 300 MG CAP THPK                             | 4    | PA<br>S               |
| <b>ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MODULATOR COMB</b>      |      |                       |
| DUAVEE 0.45-20 MG TAB   | 2    | QL 30 / 30 DAYS       |
| <i>estradiol td patch twice weekly 0.025 mg/24hr</i>            | 1    |                       |
| <i>estradiol td patch twice weekly 0.0375 mg/24hr</i>           | 1    |                       |
| <i>estradiol td patch twice weekly 0.05 mg/24hr</i>             | 1    |                       |
| <i>estradiol td patch twice weekly 0.075 mg/24hr</i>            | 1    |                       |
| <i>estradiol td patch twice weekly 0.1 mg/24hr</i>              | 1    |                       |
| ELESTRIN 0.52 MG/0.87 GM (0.06%) GEL                            | 3    | QL 26 / 30 DAYS       |
| <i>estradiol td patch twice weekly 0.025 mg/24hr</i>            | 1    |                       |
| <i>estradiol td patch weekly 0.025 mg/24hr</i>                  | 1    | QL 4 / 28 DAYS        |
| <i>estradiol td patch twice weekly 0.0375 mg/24hr</i>           | 1    |                       |
| <i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i> | 1    | QL 4 / 28 DAYS        |
| <i>estradiol td patch twice weekly 0.05 mg/24hr</i>             | 1    |                       |
| <i>estradiol td patch weekly 0.05 mg/24hr</i>                   | 1    | QL 4 / 28 DAYS        |
| <i>estradiol td patch weekly 0.06 mg/24hr</i>                   | 1    | QL 4 / 28 DAYS        |
| <i>estradiol td patch twice weekly 0.075 mg/24hr</i>            | 1    |                       |
| <i>estradiol td patch weekly 0.075 mg/24hr</i>                  | 1    | QL 4 / 28 DAYS        |
| <i>estradiol td patch twice weekly 0.1 mg/24hr</i>              | 1    |                       |
| <i>estradiol td patch weekly 0.1 mg/24hr</i>                    | 1    | QL 4 / 28 DAYS        |
| <i>estradiol td gel 0.25 mg/0.25gm (0.1%)</i>                   | 2    | QL 30 / 30 day(s)     |

| PRODUCT DESCRIPTION                                   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>estradiol tab 0.5 mg</i>                           | 1    |                       |
| <i>estradiol td gel 0.5 mg/0.5gm (0.1%)</i>           | 2    | QL 30 / 30 day(s)     |
| <i>estradiol td gel 0.75 mg/0.75gm (0.1%)</i>         | 2    | QL 30 / 30 day(s)     |
| <i>estradiol tab 1 mg</i>                             | 1    |                       |
| <i>estradiol td gel 1 mg/gm (0.1%)</i>                | 2    | QL 30 / 30 day(s)     |
| <i>estradiol td gel 1.25 mg/1.25gm (0.1%)</i>         | 2    | QL 37.5 / 30 day(s)   |
| <i>estradiol tab 2 mg</i>                             | 1    |                       |
| <i>estradiol valerate im in oil 10 mg/ml</i>          | 1    |                       |
| <i>estradiol valerate im in oil 20 mg/ml</i>          | 1    |                       |
| <i>estradiol valerate im in oil 40 mg/ml</i>          | 1    |                       |
| EVAMIST 1.53 MG/SPRAY SOLUTION                        | 3    | QL 16.2 / 30 DAYS     |
| <i>estradiol td patch twice weekly 0.025 mg/24hr</i>  | 1    |                       |
| <i>estradiol td patch twice weekly 0.0375 mg/24hr</i> | 1    |                       |
| <i>estradiol td patch twice weekly 0.05 mg/24hr</i>   | 1    |                       |
| <i>estradiol td patch twice weekly 0.075 mg/24hr</i>  | 1    |                       |
| <i>estradiol td patch twice weekly 0.1 mg/24hr</i>    | 1    |                       |
| MENEST 0.3 MG TAB                                     | 2    |                       |
| MENEST 0.625 MG TAB                                   | 2    |                       |
| MENEST 1.25 MG TAB                                    | 2    |                       |
| MENEST 2.5 MG TAB                                     | 2    |                       |
| MENOSTAR 14 MCG/24HR PATCH WK                         | 3    | QL 4 / 28 DAYS        |
| PREMARIN 0.3 MG TAB                                   | 2    |                       |
| PREMARIN 0.45 MG TAB                                  | 2    |                       |
| PREMARIN 0.625 MG TAB                                 | 2    |                       |
| PREMARIN 0.9 MG TAB                                   | 2    |                       |
| PREMARIN 1.25 MG TAB                                  | 2    |                       |



| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS            |
|--|------|----------------------------------|
| <b>FLUOROQUINOLONES</b>  |      |                                  |
| BAXDELA 300 MG RECON SOLN  | 3    | PA                               |
| <i>ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)</i>  | 1    | AL1 Up to 8 yrs old              |
| CIPROFLOXACIN HCL 100 MG TAB                                       | 1    |                                  |
| <i>ciprofloxacin hcl tab 250 mg (base equiv)</i>                   | 1    |                                  |
| <i>ciprofloxacin hcl tab 500 mg (base equiv)</i>                   | 1    |                                  |
| <i>ciprofloxacin hcl tab 750 mg (base equiv)</i>                   | 1    |                                  |
| CIPROFLOXACIN-CIPROFLOX HCL ER 1000 MG TAB ER 24H                  | 1    |                                  |
| LEVOFLOXACIN 25 MG/ML SOLUTION                                     | 1    | AL1 0 to 8 yrs old               |
| <i>levofloxacin iv soln 25 mg/ml</i>                               | 1    |                                  |
| <i>levofloxacin oral soln 25 mg/ml</i>                             | 1    | AL1 0 to 8 yrs old               |
| <i>levofloxacin tab 250 mg</i>                                     | 1    | QL 14 / 14 DAYS                  |
| <i>levofloxacin tab 500 mg</i>                                     | 1    | QL 14 / 14 DAYS                  |
| <i>levofloxacin tab 750 mg</i>                                     | 1    | QL 14 / 14 DAYS                  |
| <i>moxifloxacin hcl tab 400 mg (base equiv)</i>                    | 1    | QL 14 / 0 DAYS<br>MFL 1 / 0 DAYS |
| OFLOXACIN 300 MG TAB   | 2    |                                  |
| <i>ofloxacin tab 400 mg</i>  | 2    |                                  |
| <b>GASTROINTESTINAL AGENTS - MISC.<br/>5-HT4 RECEPTOR AGONISTS</b> |      |                                  |
| MOTEGRITY 1 MG TAB   | 3    | QL 30 / 30 DAYS<br>PA            |
| MOTEGRITY 2 MG TAB   | 3    | QL 30 / 30 DAYS<br>PA            |
| <b>CIC AGENTS - GUANYLATE CYCLASE-C (GC-C) AGONISTS</b>            |      |                                  |
| TRULANCE 3 MG TAB  | 3    | QL 30 / 30 DAYS<br>PA            |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <b>FARNESOID X RECEPTOR (FXR) AGONISTS</b>                        |      |                       |
| OICALIVA 10 MG TAB  | 4    | PA<br>S               |
| OICALIVA 5 MG TAB   | 4    | PA<br>S               |
| <b>GALLSTONE SOLUBILIZING AGENTS</b>                              |      |                       |
| <i>ursodiol tab 250 mg</i>  | 1    |                       |
| <i>ursodiol cap 300 mg</i>  | 1    |                       |
| <i>ursodiol tab 500 mg</i>  | 1    |                       |
| <b>GASTROINTESTINAL ANTIALLERGY AGENTS</b>                        |      |                       |
| <i>cromolyn sodium oral conc 100 mg/5ml</i>                       | 1    |                       |
| <b>GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS</b>               |      |                       |
| <i>lubiprostone cap 24 mcg</i>                                    | 2    | QL 60 / 30 day(s)     |
| <i>lubiprostone cap 8 mcg</i>                                     | 2    | QL 60 / 30 day(s)     |
| <b>GASTROINTESTINAL STIMULANTS</b>                                |      |                       |
| <i>metoclopramide hcl tab 10 mg (base equivalent)</i>             | 1    |                       |
| <i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i> | 1    |                       |
| <i>metoclopramide hcl tab 5 mg (base equivalent)</i>              | 1    |                       |
| METOCLOPRAMIDE HCL 5 MG TAB DISP                                  | 1    | QL 120 / 30 DAYS      |
| <i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i> | 1    |                       |
| <b>IBS AGENT - GUANYLATE CYCLASE-C (GC-C) AGONISTS</b>            |      |                       |
| LINZESS 145 MCG CAP   | 2    | QL 30 / 30 DAYS<br>PA |
| LINZESS 290 MCG CAP   | 2    | QL 30 / 30 DAYS<br>PA |
| LINZESS 72 MCG CAP  | 2    | QL 30 / 30 DAYS<br>PA |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <b>IBS AGENT - MU-OPIOID RECEPTOR AGONISTS</b>                 |      |                       |
| VIBERZI 100 MG TAB   | 3    | PA                    |
| VIBERZI 75 MG TAB  | 3    | PA                    |
| <b>IBS AGENT - SELECTIVE 5-HT3 RECEPTOR ANTAGONISTS</b>        |      |                       |
| <i>alosetron hcl tab 0.5 mg (base equiv)</i>                   | 2    | QL 60 / 30 DAYS<br>PA |
| <i>alosetron hcl tab 1 mg (base equiv)</i>                     | 2    | QL 60 / 30 DAYS<br>PA |
| <b>INFLAMMATORY BOWEL AGENTS</b>                               |      |                       |
| <i>balsalazide disodium cap 750 mg</i>                         | 1    |                       |
| DIPENTUM 250 MG CAP  | 3    | PA                    |
| <i>mesalamine tab delayed release 1.2 gm</i>                   | 2    | QL 120 / 30 DAYS      |
| <i>mesalamine suppos 1000 mg</i>                               | 2    | QL 30 / 30 DAYS       |
| <i>mesalamine enema 4 gm</i>                                   | 1    | QL 1680 / 28 DAYS     |
| <i>mesalamine cap dr 400 mg</i>                                | 1    | QL 6 / 1 day(s)       |
| MESALAMINE 800 MG TAB DR                                       | 2    | QL 180 / 30 day(s)    |
| <i>mesalamine tab delayed release 800 mg</i>                   | 2    | QL 180 / 30 DAYS      |
| <i>mesalamine cap er 24hr 0.375 gm</i>                         | 2    | QL 4 / 1 day(s)       |
| <i>mesalamine cap er 500 mg</i>                                | 2    | QL 240 / 30 day(s)    |
| <i>*mesalamine rectal enema 4 gm &amp; cleanser wipe kit**</i> | 1    | QL 1 / 1 day(s)       |
| PENTASA 250 MG CAP ER  | 2    | QL 90 / 30 DAYS       |
| PENTASA 500 MG CAP ER  | 2    | QL 240 / 30 day(s)    |
| <i>sulfasalazine tab 500 mg</i>                                | 1    |                       |
| <i>sulfasalazine tab delayed release 500 mg</i>                | 1    |                       |
| <b>INTERLEUKIN ANTAGONISTS</b>                                 |      |                       |
| SKYRIZI 180 MG/1.2ML SOLN CART                                 | 4    | PA<br>S               |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| SKYRIZI 360 MG/2.4ML SOLN CART                                   | 4    | PA<br>S               |
| <b>INTESTINAL ACIDIFIERS</b>                                     |      |                       |
| <i>lactulose (encephalopathy) solution 10 gm/15ml</i>            | 1    |                       |
| <i>lactulose (encephalopathy) solution 10 gm/15ml</i>            | 1    |                       |
| <i>lactulose (encephalopathy) solution 10 gm/15ml</i>            | 1    |                       |
| <b>PERIPHERAL OPIOID RECEPTOR ANTAGONISTS</b>                    |      |                       |
| MOVANTIK 12.5 MG TAB   | 2    | QL 30 / 30 DAYS<br>PA |
| MOVANTIK 25 MG TAB   | 2    | QL 30 / 30 DAYS<br>PA |
| SYMPROIC 0.2 MG TAB  | 3    | QL 30 / 30 DAYS<br>PA |
| <b>PHOSPHATE BINDER AGENTS</b>                                   |      |                       |
| <i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i> | 1    |                       |
| <i>calcium acetate (phosphate binder) tab 667 mg</i>             | 1    |                       |
| <i>calcium acetate (phosphate binder) tab 667 mg</i>             | 1    |                       |
| <i>lanthanum carbonate chew tab 1000 mg (elemental)</i>          | 2    |                       |
| <i>lanthanum carbonate chew tab 500 mg (elemental)</i>           | 1    |                       |
| <i>lanthanum carbonate chew tab 750 mg (elemental)</i>           | 1    |                       |
| PHOSLYRA 667 MG/5ML SOLUTION                                     | 3    | AL1 Up to 8 yrs old   |
| <i>sevelamer carbonate packet 0.8 gm</i>                         | 1    | AL1 Up to 8 yrs old   |
| <i>sevelamer carbonate packet 2.4 gm</i>                         | 1    | AL1 Up to 8 yrs old   |
| <i>sevelamer carbonate tab 800 mg</i>                            | 1    |                       |
| <b>TUMOR NECROSIS FACTOR ALPHA BLOCKERS</b>                      |      |                       |
| CIMZIA 2 X 200 MG KIT  | 4    | PA<br>S               |
| CIMZIA 2 X 200 MG/ML PREF SY KT                                  | 4    | PA<br>S               |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS      |
|---|------|----------------------------|
| CIMZIA STARTER KIT 6 X 200 MG/ML PREF SY KT                     | 4    | PA<br>S                    |
| <b>GENITOURINARY AGENTS - MISCELLANEOUS</b>                     |      |                            |
| <b>5-ALPHA REDUCTASE INHIBITORS</b>                             |      |                            |
| <i>dutasteride cap 0.5 mg</i>                                   | 1    | QL 30 / 30 DAYS            |
| <i>finasteride tab 5 mg</i>                                     | 1    | QL 30 / 30 DAYS<br>GL Male |
| <b>ALPHA 1-ADRENOCEPTOR ANTAGONISTS</b>                         |      |                            |
| <i>alfuzosin hcl tab er 24hr 10 mg</i>                          | 1    | QL 60 / 30 DAYS            |
| CARDURA XL 4 MG TAB ER 24H                                      | 3    |                            |
| CARDURA XL 8 MG TAB ER 24H                                      | 3    |                            |
| <i>silodosin cap 4 mg</i>                                       | 1    | QL 60 / 30 DAYS            |
| <i>silodosin cap 8 mg</i>                                       | 1    | QL 30 / 30 DAYS            |
| <i>tamsulosin hcl cap 0.4 mg</i>                                | 1    | QL 60 / 30 DAYS            |
| <b>CITRATES</b>   |      |                            |
| <i>potassium citrate tab er 10 meq (1080 mg)</i>                | 1    |                            |
| <i>potassium citrate tab er 15 meq (1620 mg)</i>                | 1    |                            |
| <i>potassium citrate tab er 5 meq (540 mg)</i>                  | 1    |                            |
| <i>potassium citrate &amp; citric acid soln 1100-334 mg/5ml</i> | 1    |                            |
| <b>CYSTINOSIS AGENTS</b>  |      |                            |
| CYSTAGON 150 MG CAP   | 4    | PA<br>S                    |
| CYSTAGON 50 MG CAP  | 4    | PA<br>S                    |
| <b>INTERSTITIAL CYSTITIS AGENTS</b>                             |      |                            |
| ELMIRON 100 MG CAP  | 3    | PA                         |
| <b>PHOSPHATES</b>   |      |                            |
| K-PHOS NO 2 305-700 MG TAB                                      | 2    |                            |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <b>URINARY ANALGESICS</b>   |      |                       |
| <i>phenazopyridine hcl tab 200 mg</i>                                     | 1    |                       |
| <i>phenazopyridine hcl tab 100 mg</i>                                     | 1    |                       |
| <i>phenazopyridine hcl tab 200 mg</i>                                     | 1    |                       |
| <b>GOUT AGENTS<br/>GOUT AGENT COMBINATIONS</b>                            |      |                       |
| <i>colchicine w/ probenecid tab 0.5-500 mg</i>                            | 1    |                       |
| <i>allopurinol tab 100 mg</i>   | 1    |                       |
| <i>allopurinol tab 300 mg</i>   | 1    |                       |
| COLCHICINE 0.6 MG CAP   | 2    | QL 60 / 30 DAYS       |
| <i>colchicine tab 0.6 mg</i>  | 2    | QL 60 / 30 DAYS       |
| <i>febuxostat tab 40 mg</i>   | 1    | QL 3 / 1 day(s)       |
| <i>febuxostat tab 80 mg</i>   | 1    | QL 1.5 / 1 day(s)     |
| <b>URICOSURICS</b>  |      |                       |
| <i>probenecid tab 500 mg</i>  | 1    |                       |
| <b>HEMATOLOGICAL AGENTS - MISC.<br/>ANTI-VON WILLEBRAND FACTOR AGENTS</b> |      |                       |
| CABLIVI 11 MG KIT   | 4    | PA<br>S               |
| <b>ANTIHEMOPHILIC PRODUCTS</b>  |      |                       |
| ADVATE 1000 UNIT RECON SOLN   | 4    | PA<br>S               |
| ADVATE 1500 UNIT RECON SOLN   | 4    | PA<br>S               |
| ADVATE 2000 UNIT RECON SOLN   | 4    | PA<br>S               |
| ADVATE 250 UNIT RECON SOLN  | 4    | PA<br>S               |

| PRODUCT DESCRIPTION            | TIER | LIMITS & RESTRICTIONS |
|--------------------------------|------|-----------------------|
| ADVATE 3000 UNIT RECON SOLN    | 4    | PA<br>S               |
| ADVATE 4000 UNIT RECON SOLN    | 4    | PA<br>S               |
| ADVATE 500 UNIT RECON SOLN     | 4    | PA<br>S               |
| ADYNOVATE 1000 UNIT RECON SOLN | 4    | PA<br>S               |
| ADYNOVATE 1500 UNIT RECON SOLN | 4    | PA<br>S               |
| ADYNOVATE 2000 UNIT RECON SOLN | 4    | PA<br>S               |
| ADYNOVATE 250 UNIT RECON SOLN  | 4    | PA<br>S               |
| ADYNOVATE 3000 UNIT RECON SOLN | 4    | PA<br>S               |
| ADYNOVATE 500 UNIT RECON SOLN  | 4    | PA<br>S               |
| ADYNOVATE 750 UNIT RECON SOLN  | 4    | PA<br>S               |
| AFSTYLA 1000 UNIT KIT          | 4    | PA<br>S               |
| AFSTYLA 1500 UNIT KIT          | 4    | PA<br>S               |
| AFSTYLA 2000 UNIT KIT          | 4    | PA<br>S               |
| AFSTYLA 250 UNIT KIT           | 4    | PA<br>S               |

| PRODUCT DESCRIPTION                              | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| AFSTYLA 2500 UNIT KIT                            | 4    | PA<br>S               |
| AFSTYLA 3000 UNIT KIT                            | 4    | PA<br>S               |
| AFSTYLA 500 UNIT KIT                             | 4    | PA<br>S               |
| ALPHANATE 1000 UNIT RECON SOLN                   | 4    | PA<br>S               |
| ALPHANATE 1500 UNIT RECON SOLN                   | 4    | PA<br>S               |
| ALPHANATE 2000 UNIT RECON SOLN                   | 4    | PA<br>S               |
| ALPHANATE 250 UNIT RECON SOLN                    | 4    | PA<br>S               |
| ALPHANATE 500 UNIT RECON SOLN                    | 4    | PA<br>S               |
| ALPHANATE/VWF COMPLEX/HUMAN 1000 UNIT RECON SOLN | 4    | PA<br>S               |
| ALPHANATE/VWF COMPLEX/HUMAN 1500 UNIT RECON SOLN | 4    | PA<br>S               |
| ALPHANATE/VWF COMPLEX/HUMAN 2000 UNIT RECON SOLN | 4    | PA<br>S               |
| ALPHANATE/VWF COMPLEX/HUMAN 250 UNIT RECON SOLN  | 4    | PA<br>S               |
| ALPHANATE/VWF COMPLEX/HUMAN 500 UNIT RECON SOLN  | 4    | PA<br>S               |
| ALPHANINE SD 1000 UNIT RECON SOLN                | 4    | PA<br>S               |



| PRODUCT DESCRIPTION               | TIER | LIMITS & RESTRICTIONS |
|-----------------------------------|------|-----------------------|
| ALPHANINE SD 1500 UNIT RECON SOLN | 4    | PA<br>S               |
| ALPHANINE SD 500 UNIT RECON SOLN  | 4    | PA<br>S               |
| ALPROLIX 1000 UNIT RECON SOLN     | 4    | PA<br>S               |
| ALPROLIX 2000 UNIT RECON SOLN     | 4    | PA<br>S               |
| ALPROLIX 250 UNIT RECON SOLN      | 4    | PA<br>S               |
| ALPROLIX 3000 UNIT RECON SOLN     | 4    | PA<br>S               |
| ALPROLIX 4000 UNIT RECON SOLN     | 4    | PA<br>S               |
| ALPROLIX 500 UNIT RECON SOLN      | 4    | PA<br>S               |
| BENEFIX 1000 UNIT KIT             | 4    | PA<br>S               |
| BENEFIX 2000 UNIT KIT             | 4    | PA<br>S               |
| BENEFIX 250 UNIT KIT              | 4    | PA<br>S               |
| BENEFIX 3000 UNIT KIT             | 4    | PA<br>S               |
| BENEFIX 500 UNIT KIT              | 4    | PA<br>S               |
| ELOCTATE 1000 UNIT RECON SOLN     | 4    | PA<br>S               |

| PRODUCT DESCRIPTION           | TIER | LIMITS & RESTRICTIONS |
|-------------------------------|------|-----------------------|
| ELOCTATE 1500 UNIT RECON SOLN | 4    | PA<br>S               |
| ELOCTATE 2000 UNIT RECON SOLN | 4    | PA<br>S               |
| ELOCTATE 250 UNIT RECON SOLN  | 4    | PA<br>S               |
| ELOCTATE 3000 UNIT RECON SOLN | 4    | PA<br>S               |
| ELOCTATE 4000 UNIT RECON SOLN | 4    | PA<br>S               |
| ELOCTATE 500 UNIT RECON SOLN  | 4    | PA<br>S               |
| ELOCTATE 5000 UNIT RECON SOLN | 4    | PA<br>S               |
| ELOCTATE 6000 UNIT RECON SOLN | 4    | PA<br>S               |
| ELOCTATE 750 UNIT RECON SOLN  | 4    | PA<br>S               |
| ESPEROCT 1000 UNIT RECON SOLN | 4    | PA<br>S               |
| ESPEROCT 1500 UNIT RECON SOLN | 4    | PA<br>S               |
| ESPEROCT 2000 UNIT RECON SOLN | 4    | PA<br>S               |
| ESPEROCT 3000 UNIT RECON SOLN | 4    | PA<br>S               |
| ESPEROCT 500 UNIT RECON SOLN  | 4    | PA<br>S               |

| PRODUCT DESCRIPTION                | TIER | LIMITS & RESTRICTIONS |
|------------------------------------|------|-----------------------|
| HEMOFIL M 1000 UNIT RECON SOLN     | 4    | PA<br>S               |
| HEMOFIL M 1700 UNIT RECON SOLN     | 4    | PA<br>S               |
| HEMOFIL M 250 UNIT RECON SOLN      | 4    | PA<br>S               |
| HEMOFIL M 500 UNIT RECON SOLN      | 4    | PA<br>S               |
| HUMATE-P 1000-2400 UNIT RECON SOLN | 4    | PA<br>S               |
| HUMATE-P 250-600 UNIT RECON SOLN   | 4    | PA<br>S               |
| HUMATE-P 500-1200 UNIT RECON SOLN  | 4    | PA<br>S               |
| IDELVION 1000 UNIT RECON SOLN      | 4    | PA<br>S               |
| IDELVION 2000 UNIT RECON SOLN      | 4    | PA<br>S               |
| IDELVION 250 UNIT RECON SOLN       | 4    | PA<br>S               |
| IDELVION 3500 UNIT RECON SOLN      | 4    | PA<br>S               |
| IDELVION 500 UNIT RECON SOLN       | 4    | PA<br>S               |
| IXINITY 1000 UNIT RECON SOLN       | 4    | PA<br>S               |
| IXINITY 1500 UNIT RECON SOLN       | 4    | PA<br>S               |

| PRODUCT DESCRIPTION            | TIER | LIMITS & RESTRICTIONS |
|--------------------------------|------|-----------------------|
| IXINITY 2000 UNIT RECON SOLN   | 4    | PA<br>S               |
| IXINITY 250 UNIT RECON SOLN    | 4    | PA<br>S               |
| IXINITY 3000 UNIT RECON SOLN   | 4    | PA<br>S               |
| IXINITY 500 UNIT RECON SOLN    | 4    | PA<br>S               |
| JIVI 1000 UNIT RECON SOLN      | 4    | PA<br>S               |
| JIVI 2000 UNIT RECON SOLN      | 4    | PA<br>S               |
| JIVI 3000 UNIT RECON SOLN      | 4    | PA<br>S               |
| JIVI 500 UNIT RECON SOLN       | 4    | PA<br>S               |
| KOATE 1000 UNIT RECON SOLN     | 4    | PA<br>S               |
| KOATE 250 UNIT RECON SOLN      | 4    | PA<br>S               |
| KOATE 500 UNIT RECON SOLN      | 4    | PA<br>S               |
| KOATE-DVI 1000 UNIT RECON SOLN | 4    | PA<br>S               |
| KOATE-DVI 500 UNIT RECON SOLN  | 4    | PA<br>S               |
| KOGENATE FS 1000 UNIT KIT      | 4    | PA<br>S               |

| PRODUCT DESCRIPTION            | TIER | LIMITS & RESTRICTIONS |
|--------------------------------|------|-----------------------|
| KOGENATE FS 2000 UNIT KIT      | 4    | PA<br>S               |
| KOGENATE FS 250 UNIT KIT       | 4    | PA<br>S               |
| KOGENATE FS 3000 UNIT KIT      | 4    | PA<br>S               |
| KOGENATE FS 500 UNIT KIT       | 4    | PA<br>S               |
| KOVALTRY 1000 UNIT RECON SOLN  | 4    | PA<br>S               |
| KOVALTRY 2000 UNIT RECON SOLN  | 4    | PA<br>S               |
| KOVALTRY 250 UNIT RECON SOLN   | 4    | PA<br>S               |
| KOVALTRY 3000 UNIT RECON SOLN  | 4    | PA<br>S               |
| KOVALTRY 500 UNIT RECON SOLN   | 4    | PA<br>S               |
| MONONINE 1000 UNIT RECON SOLN  | 4    | PA<br>S               |
| NOVOEIGHT 1000 UNIT RECON SOLN | 4    | PA<br>S               |
| NOVOEIGHT 1500 UNIT RECON SOLN | 4    | PA<br>S               |
| NOVOEIGHT 2000 UNIT RECON SOLN | 4    | PA<br>S               |
| NOVOEIGHT 250 UNIT RECON SOLN  | 4    | PA<br>S               |

| PRODUCT DESCRIPTION            | TIER | LIMITS & RESTRICTIONS |
|--------------------------------|------|-----------------------|
| NOVOEIGHT 3000 UNIT RECON SOLN | 4    | PA<br>S               |
| NOVOEIGHT 500 UNIT RECON SOLN  | 4    | PA<br>S               |
| NUWIQ 1000 UNIT KIT            | 4    | PA<br>S               |
| NUWIQ 1000 UNIT RECON SOLN     | 4    | PA<br>S               |
| NUWIQ 1500 UNIT KIT            | 4    | PA<br>S               |
| NUWIQ 1500 UNIT RECON SOLN     | 4    | PA<br>S               |
| NUWIQ 2000 UNIT KIT            | 4    | PA<br>S               |
| NUWIQ 2000 UNIT RECON SOLN     | 4    | PA<br>S               |
| NUWIQ 250 UNIT KIT             | 4    | PA<br>S               |
| NUWIQ 250 UNIT RECON SOLN      | 4    | PA<br>S               |
| NUWIQ 2500 UNIT KIT            | 4    | PA<br>S               |
| NUWIQ 2500 UNIT RECON SOLN     | 4    | PA<br>S               |
| NUWIQ 3000 UNIT KIT            | 4    | PA<br>S               |
| NUWIQ 3000 UNIT RECON SOLN     | 4    | PA<br>S               |

| PRODUCT DESCRIPTION                   | TIER | LIMITS & RESTRICTIONS |
|---------------------------------------|------|-----------------------|
| NUWIQ 4000 UNIT KIT                   | 4    | PA<br>S               |
| NUWIQ 4000 UNIT RECON SOLN            | 4    | PA<br>S               |
| NUWIQ 500 UNIT KIT                    | 4    | PA<br>S               |
| NUWIQ 500 UNIT RECON SOLN             | 4    | PA<br>S               |
| OBIZUR 500 UNIT RECON SOLN            | 4    | PA<br>S               |
| REBINYN 1000 UNIT RECON SOLN          | 4    | PA<br>S               |
| REBINYN 2000 UNIT RECON SOLN          | 4    | PA<br>S               |
| REBINYN 3000 UNIT RECON SOLN          | 4    | PA<br>S               |
| REBINYN 500 UNIT RECON SOLN           | 4    | PA<br>S               |
| RECOMBINATE 1241-1800 UNIT RECON SOLN | 4    | PA<br>S               |
| RECOMBINATE 1801-2400 UNIT RECON SOLN | 4    | PA<br>S               |
| RECOMBINATE 220-400 UNIT RECON SOLN   | 4    | PA<br>S               |
| RECOMBINATE 401-800 UNIT RECON SOLN   | 4    | PA<br>S               |
| RECOMBINATE 801-1240 UNIT RECON SOLN  | 4    | PA<br>S               |

| PRODUCT DESCRIPTION           | TIER | LIMITS & RESTRICTIONS |
|-------------------------------|------|-----------------------|
| RIXUBIS 1000 UNIT RECON SOLN  | 4    | PA<br>S               |
| RIXUBIS 2000 UNIT RECON SOLN  | 4    | PA<br>S               |
| RIXUBIS 250 UNIT RECON SOLN   | 4    | PA<br>S               |
| RIXUBIS 3000 UNIT RECON SOLN  | 4    | PA<br>S               |
| RIXUBIS 500 UNIT RECON SOLN   | 4    | PA<br>S               |
| WILATE 1000-1000 UNIT KIT     | 4    | PA<br>S               |
| WILATE 500-500 UNIT KIT       | 4    | PA<br>S               |
| XYNTHA 1000 UNIT KIT          | 4    | PA<br>S               |
| XYNTHA 2000 UNIT KIT          | 4    | PA<br>S               |
| XYNTHA 250 UNIT KIT           | 4    | PA<br>S               |
| XYNTHA 500 UNIT KIT           | 4    | PA<br>S               |
| XYNTHA SOLOFUSE 1000 UNIT KIT | 4    | PA<br>S               |
| XYNTHA SOLOFUSE 2000 UNIT KIT | 4    | PA<br>S               |
| XYNTHA SOLOFUSE 250 UNIT KIT  | 4    | PA<br>S               |



| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| XYNTHA SOLOFUSE 3000 UNIT KIT                                 | 4    | PA<br>S               |
| XYNTHA SOLOFUSE 500 UNIT KIT                                  | 4    | PA<br>S               |
| <b>ANTIHEMOPHILIC PRODUCTS - MONOCLONAL ANTIBODIES</b>        |      |                       |
| HEMLIBRA 105 MG/0.7ML SOLUTION                                | 4    | PA<br>S               |
| HEMLIBRA 150 MG/ML SOLUTION                                   | 4    | PA<br>S               |
| HEMLIBRA 30 MG/ML SOLUTION                                    | 4    | PA<br>S               |
| HEMLIBRA 60 MG/0.4ML SOLUTION                                 | 4    | PA<br>S               |
| <b>BRADYKININ B2 RECEPTOR ANTAGONISTS</b>                     |      |                       |
| <i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i> | 4    | PA<br>S               |
| <i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i> | 4    | PA<br>S               |
| <b>C1 ESTERASE INHIBITORS</b>                                 |      |                       |
| BERINERT 500 UNIT KIT   | 4    | PA<br>S               |
| HAEGARDA 2000 UNIT RECON SOLN                                 | 4    | PA<br>S               |
| HAEGARDA 3000 UNIT RECON SOLN                                 | 4    | PA<br>S               |
| <b>DIRECT-ACTING P2Y12 INHIBITORS</b>                         |      |                       |
| BRILINTA 60 MG TAB  | 2    | QL 60 / 30 DAYS       |
| BRILINTA 90 MG TAB  | 2    | QL 60 / 30 DAYS       |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS     |
|--|------|---------------------------|
| <b>HEMATORHEOLOGIC AGENTS</b>                              |      |                           |
| <i>pentoxifylline tab er 400 mg</i>                        | 1    |                           |
| <b>PHOSPHODIESTERASE III INHIBITORS</b>                    |      |                           |
| <i>cilostazol tab 100 mg</i>                               | 1    | VAL Value Preventive List |
| <i>cilostazol tab 50 mg</i>                                | 1    | VAL Value Preventive List |
| <b>PLATELET AGGREGATION INHIBITOR COMBINATIONS</b>         |      |                           |
| <i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>          | 2    |                           |
| <b>PLATELET AGGREGATION INHIBITORS</b>                     |      |                           |
| <i>dipyridamole tab 25 mg</i>                              | 1    | VAL Value Preventive List |
| <i>dipyridamole tab 50 mg</i>                              | 1    | VAL Value Preventive List |
| <i>dipyridamole tab 75 mg</i>                              | 1    | VAL Value Preventive List |
| <b>PROTEASE-ACTIVATED RECEPTOR-1 (PAR-1) ANTAGONISTS</b>   |      |                           |
| ZONTIVITY 2.08 MG TAB                                      | 3    | OL 30 / 30 DAYS<br>PA     |
| <b>QUINAZOLINE AGENTS</b>                                  |      |                           |
| <i>anagrelide hcl cap 0.5 mg</i>                           | 1    |                           |
| <i>anagrelide hcl cap 1 mg</i>                             | 1    |                           |
| <b>THIENOPYRIDINE DERIVATIVES</b>                          |      |                           |
| <i>clopidogrel bisulfate tab 300 mg (base equiv)</i>       | 1    | VAL Value Preventive List |
| <i>clopidogrel bisulfate tab 75 mg (base equiv)</i>        | 1    | VAL Value Preventive List |
| <i>prasugrel hcl tab 10 mg (base equiv)</i>                | 1    | VAL Value Preventive List |
| <i>prasugrel hcl tab 5 mg (base equiv)</i>                 | 1    | VAL Value Preventive List |
| <b>HEMATOPOIETIC AGENTS<br/>AGENTS FOR GAUCHER DISEASE</b> |      |                           |
| CERDELGA 84 MG CAP   | 4    | PA<br>S                   |

| PRODUCT DESCRIPTION                             | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <b>COBALAMINS</b>                               |      |                       |
| <i>cyanocobalamin inj 1000 mcg/ml</i>           | 1    |                       |
| <i>cyanocobalamin inj 1000 mcg/ml</i>           | 1    |                       |
| <b>CYTOTOXIC AGENTS</b>                         |      |                       |
| DROXIA 200 MG CAP                               | 2    |                       |
| DROXIA 300 MG CAP                               | 2    |                       |
| DROXIA 400 MG CAP                               | 2    |                       |
| <b>ERYTHROPOIESIS-STIMULATING AGENTS (ESAS)</b> |      |                       |
| ARANESP (ALBUMIN FREE) 10 MCG/0.4ML SOLN PRSYR  | 4    | PA<br>S               |
| ARANESP (ALBUMIN FREE) 100 MCG/0.5ML SOLN PRSYR | 4    | PA<br>S               |
| ARANESP (ALBUMIN FREE) 100 MCG/ML SOLUTION      | 4    | PA<br>S               |
| ARANESP (ALBUMIN FREE) 150 MCG/0.3ML SOLN PRSYR | 4    | PA<br>S               |
| ARANESP (ALBUMIN FREE) 200 MCG/0.4ML SOLN PRSYR | 4    | PA<br>S               |
| ARANESP (ALBUMIN FREE) 200 MCG/ML SOLUTION      | 4    | PA<br>S               |
| ARANESP (ALBUMIN FREE) 25 MCG/0.42ML SOLN PRSYR | 4    | PA<br>S               |
| ARANESP (ALBUMIN FREE) 25 MCG/ML SOLUTION       | 4    | PA<br>S               |
| ARANESP (ALBUMIN FREE) 300 MCG/0.6ML SOLN PRSYR | 4    | PA<br>S               |
| ARANESP (ALBUMIN FREE) 300 MCG/ML SOLUTION      | 4    | PA<br>S               |
| ARANESP (ALBUMIN FREE) 40 MCG/0.4ML SOLN PRSYR  | 4    | PA<br>S               |

| PRODUCT DESCRIPTION                            | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| ARANESP (ALBUMIN FREE) 40 MCG/ML SOLUTION      | 4    | PA<br>S               |
| ARANESP (ALBUMIN FREE) 500 MCG/ML SOLN PRSYR   | 4    | PA<br>S               |
| ARANESP (ALBUMIN FREE) 60 MCG/0.3ML SOLN PRSYR | 4    | PA<br>S               |
| ARANESP (ALBUMIN FREE) 60 MCG/ML SOLUTION      | 4    | PA<br>S               |
| MIRCERA 100 MCG/0.3ML SOLN PRSYR               | 4    | PA<br>S               |
| MIRCERA 120 MCG/0.3ML SOLN PRSYR               | 4    | PA<br>S               |
| MIRCERA 150 MCG/0.3ML SOLN PRSYR               | 4    | PA<br>S               |
| MIRCERA 200 MCG/0.3ML SOLN PRSYR               | 4    | PA<br>S               |
| MIRCERA 30 MCG/0.3ML SOLN PRSYR                | 4    | PA<br>S               |
| MIRCERA 50 MCG/0.3ML SOLN PRSYR                | 4    | PA<br>S               |
| MIRCERA 75 MCG/0.3ML SOLN PRSYR                | 4    | PA<br>S               |
| PROCRIT 10000 UNIT/ML SOLUTION                 | 4    | PA                    |
| PROCRIT 2000 UNIT/ML SOLUTION                  | 4    | PA                    |
| PROCRIT 20000 UNIT/ML SOLUTION                 | 4    | PA                    |
| PROCRIT 3000 UNIT/ML SOLUTION                  | 4    | PA                    |
| PROCRIT 4000 UNIT/ML SOLUTION                  | 4    | PA                    |

| PRODUCT DESCRIPTION                                   | TIER | LIMITS & RESTRICTIONS   |
|---|------|-------------------------|
| PROCRIT 40000 UNIT/ML SOLUTION                        | 4    | PA                      |
| RETACRIT 10000 UNIT/ML SOLUTION                       | 4    | PA                      |
| RETACRIT 2000 UNIT/ML SOLUTION                        | 4    | PA                      |
| RETACRIT 20000 UNIT/ML SOLUTION                       | 4    | PA                      |
| RETACRIT 3000 UNIT/ML SOLUTION                        | 4    | PA                      |
| RETACRIT 4000 UNIT/ML SOLUTION                        | 4    | PA                      |
| RETACRIT 40000 UNIT/ML SOLUTION                       | 4    | PA                      |
| <b>FOLIC ACID/FOLATES</b>                             |      |                         |
| <i>folic acid tab 1 mg</i>                            | 1    |                         |
| <b>GRANULOCYTE COLONY-STIMULATING FACTORS (G-CSF)</b> |      |                         |
| FULPHILA 6 MG/0.6ML SOLN PRSYR                        | 2    | QL 1.2 / 28 day(s)<br>S |
| FYLNETRA 6 MG/0.6ML SOLN PRSYR                        | 2    | QL 1.2 / 28 day(s)<br>S |
| GRANIX 300 MCG/0.5ML SOLN PRSYR                       | 2    | QL 10 / 28 day(s)<br>S  |
| GRANIX 300 MCG/ML SOLUTION                            | 2    | QL 20 / 28 day(s)<br>S  |
| GRANIX 480 MCG/0.8ML SOLN PRSYR                       | 2    | QL 16 / 28 day(s)<br>S  |
| GRANIX 480 MCG/1.6ML SOLUTION                         | 2    | QL 32 / 28 day(s)<br>S  |
| NIVESTYM 300 MCG/0.5ML SOLN PRSYR                     | 2    | QL 10 / 28 day(s)<br>S  |
| NIVESTYM 300 MCG/ML SOLUTION                          | 2    | QL 20 / 28 day(s)<br>S  |
| NIVESTYM 480 MCG/0.8ML SOLN PRSYR                     | 2    | QL 16 / 28 day(s)<br>S  |

| PRODUCT DESCRIPTION                           | TIER | LIMITS & RESTRICTIONS   |
|---|------|-------------------------|
| NIVESTYM 480 MCG/1.6ML SOLUTION               | 2    | QL 32 / 28 day(s)<br>S  |
| NYVEPRIA 6 MG/0.6ML SOLN PRSYR                | 2    | QL 1.2 / 28 day(s)<br>S |
| RELEUKO 300 MCG/0.5ML SOLN PRSYR              | 2    | QL 10 / 28 day(s)<br>S  |
| RELEUKO 300 MCG/ML SOLUTION                   | 2    | QL 20 / 28 day(s)<br>S  |
| RELEUKO 480 MCG/0.8ML SOLN PRSYR              | 2    | QL 16 / 28 day(s)<br>S  |
| RELEUKO 480 MCG/1.6ML SOLUTION                | 2    | QL 32 / 28 day(s)<br>S  |
| UDENYCA 6 MG/0.6ML SOLN A-INJ                 | 2    | QL 1.2 / 28 day(s)<br>S |
| UDENYCA 6 MG/0.6ML SOLN PRSYR                 | 2    | QL 1.2 / 28 day(s)<br>S |
| ZARXIO 300 MCG/0.5ML SOLN PRSYR               | 2    | QL 10 / 28 day(s)<br>S  |
| ZARXIO 480 MCG/0.8ML SOLN PRSYR               | 2    | QL 16 / 28 day(s)<br>S  |
| ZIEXTENZO 6 MG/0.6ML SOLN PRSYR               | 2    | QL 1.2 / 28 day(s)<br>S |
| <b>THROMBOPOIETIN (TPO) RECEPTOR AGONISTS</b> |      |                         |
| PROMACTA 12.5 MG PACKET                       | 4    | PA<br>S                 |
| PROMACTA 12.5 MG TAB                          | 4    | PA<br>S                 |
| PROMACTA 25 MG PACKET                         | 4    | PA<br>S                 |

| PRODUCT DESCRIPTION                                     | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| PROMACTA 25 MG TAB                                      | 4    | PA<br>S               |
| PROMACTA 50 MG TAB                                      | 4    | PA<br>S               |
| PROMACTA 75 MG TAB                                      | 4    | PA<br>S               |
| <b>HEMOSTATICS</b>                                      |      |                       |
| <b>HEMOSTATICS - SYSTEMIC</b>                           |      |                       |
| <i>aminocaproic acid oral soln 0.25 gm/ml</i>           | 2    |                       |
| <i>aminocaproic acid tab 1000 mg</i>                    | 2    |                       |
| <i>aminocaproic acid tab 500 mg</i>                     | 2    |                       |
| <i>tranexamic acid tab 650 mg</i>                       | 1    |                       |
| <b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>        |      |                       |
| <b>BARBITURATE HYPNOTICS</b>                            |      |                       |
| <i>phenobarbital tab 100 mg</i>                         | 1    |                       |
| <i>phenobarbital tab 15 mg</i>                          | 1    |                       |
| <i>phenobarbital tab 16.2 mg</i>                        | 1    |                       |
| <i>phenobarbital elixir 20 mg/5ml</i>                   | 1    |                       |
| <i>phenobarbital elixir 20 mg/5ml</i>                   | 1    |                       |
| <i>phenobarbital tab 30 mg</i>                          | 1    |                       |
| <i>phenobarbital tab 32.4 mg</i>                        | 1    |                       |
| <i>phenobarbital tab 60 mg</i>                          | 1    |                       |
| <i>phenobarbital tab 64.8 mg</i>                        | 1    |                       |
| <i>phenobarbital tab 97.2 mg</i>                        | 1    |                       |
| <b>BENZODIAZEPINE HYPNOTICS</b>                         |      |                       |
| FLURAZEPAM HCL 15 MG CAP                                | 1    | QL 30 / 30 day(s)     |
| FLURAZEPAM HCL 30 MG CAP                                | 1    | QL 30 / 30 day(s)     |
| <i>midazolam hcl inj pf 10 mg/2ml (base equivalent)</i> | 1    |                       |

| PRODUCT DESCRIPTION                                   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>midazolam hcl inj pf 5 mg/ml (base equivalent)</i> | 1    |                       |
| <i>temazepam cap 15 mg</i>                            | 1    | QL 30 / 30 DAYS       |
| <i>temazepam cap 22.5 mg</i>                          | 2    | QL 30 / 30 DAYS       |
| <i>temazepam cap 30 mg</i>                            | 1    | QL 30 / 30 DAYS       |
| <i>temazepam cap 7.5 mg</i>                           | 1    | QL 30 / 30 DAYS       |
| <i>triazolam tab 0.125 mg</i>                         | 1    | QL 30 / 30 DAYS       |
| <i>triazolam tab 0.25 mg</i>                          | 1    | QL 30 / 30 DAYS       |
| <b>NON-BENZODIAZEPINE - GABA-RECEPTOR MODULATORS</b>  |      |                       |
| <i>eszopiclone tab 1 mg</i>                           | 1    | QL 3 / 1 day(s)       |
| <i>eszopiclone tab 2 mg</i>                           | 1    | QL 30 / 30 DAYS       |
| <i>eszopiclone tab 3 mg</i>                           | 1    | QL 30 / 30 DAYS       |
| <i>zaleplon cap 10 mg</i>                             | 1    | QL 60 / 30 DAYS       |
| <i>zaleplon cap 5 mg</i>                              | 1    | QL 4 / 1 day(s)       |
| <i>zolpidem tartrate tab 10 mg</i>                    | 1    | QL 30 / 30 DAYS       |
| <i>zolpidem tartrate tab 5 mg</i>                     | 1    | QL 2 / 1 day(s)       |
| <i>zolpidem tartrate tab er 12.5 mg</i>               | 1    | QL 30 / 30 DAYS       |
| <i>zolpidem tartrate tab er 6.25 mg</i>               | 1    | QL 30 / 30 DAYS       |
| <b>OREXIN RECEPTOR ANTAGONISTS</b>                    |      |                       |
| BELSOMRA 10 MG TAB                                    | 3    | QL 1 / 1 day(s)<br>ST |
| BELSOMRA 15 MG TAB                                    | 3    | QL 1 / 1 day(s)<br>ST |
| BELSOMRA 20 MG TAB                                    | 3    | QL 1 / 1 day(s)<br>ST |
| BELSOMRA 5 MG TAB                                     | 3    | QL 1 / 1 day(s)<br>ST |



| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| DAYVIGO 10 MG TAB   | 3    | QL 1 / 1 day(s)<br>ST |
| DAYVIGO 5 MG TAB  | 3    | QL 1 / 1 day(s)<br>ST |
| <b>SELECTIVE MELATONIN RECEPTOR AGONISTS</b>                        |      |                       |
| <i>ramelteon tab 8 mg</i>   | 1    | QL 30 / 30 DAYS       |
| <b>LAXATIVES<br/>BOWEL EVACUANT COMBINATIONS</b>                    |      |                       |
| GAVILYTE-C 240 GM RECON SOLN  | 2    |                       |
| <i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>       | 1    | PRE Preventative      |
| <i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>                 | 1    | PRE Preventative      |
| GOLYTELY 227.1 GM RECON SOLN  | 1    | PRE Preventative      |
| <i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i> | 1    | QL 354 / 30 day(s)    |
| <i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>                 | 1    | PRE Preventative      |
| <i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>       | 1    | PRE Preventative      |
| <i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>       | 1    | PRE Preventative      |
| PREPOPIK 10-3.5-12 MG-GM-GM PACKET                                  | 2    |                       |
| <i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>                 | 1    | PRE Preventative      |
| <b>LAXATIVES - MISCELLANEOUS</b>                                    |      |                       |
| <i>lactulose solution 10 gm/15ml</i>                                | 1    |                       |
| <i>lactulose solution 10 gm/15ml</i>                                | 1    |                       |
| <i>lactulose solution 10 gm/15ml</i>                                | 1    |                       |
| <b>MACROLIDES<br/>AZITHROMYCIN</b>                                  |      |                       |
| AZITHROMYCIN 1 GM PACKET  | 3    | AL1 Up to 8 yrs old   |
| <i>azithromycin for susp 100 mg/5ml</i>                             | 1    | QL 30 / 5 DAYS        |
| <i>azithromycin for susp 200 mg/5ml</i>                             | 1    | QL 90 / 5 DAYS        |

| PRODUCT DESCRIPTION                                    | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>azithromycin tab 250 mg</i>                         | 1    | QL 30 / 30 day(s)     |
| <i>azithromycin tab 500 mg</i>                         | 1    | QL 30 / 30 DAYS       |
| <i>azithromycin tab 600 mg</i>                         | 1    | QL 30 / 30 DAYS       |
| <b>CLARITHROMYCIN</b>                                  |      |                       |
| CLARITHROMYCIN 125 MG/5ML RECON SUSP                   | 1    |                       |
| <i>clarithromycin tab 250 mg</i>                       | 1    |                       |
| CLARITHROMYCIN 250 MG/5ML RECON SUSP                   | 1    |                       |
| <i>clarithromycin tab 500 mg</i>                       | 1    | QL 28 / 14 DAYS       |
| <i>clarithromycin tab er 24hr 500 mg</i>               | 1    | QL 28 / 14 DAYS       |
| <b>ERYTHROMYCINS</b>                                   |      |                       |
| <i>erythromycin tab delayed release 250 mg</i>         | 1    |                       |
| <i>erythromycin tab delayed release 500 mg</i>         | 1    |                       |
| ERYTHROCIN STEARATE 250 MG TAB                         | 3    | PA                    |
| <i>erythromycin tab delayed release 250 mg</i>         | 1    |                       |
| <i>erythromycin tab delayed release 500 mg</i>         | 1    |                       |
| <i>erythromycin tab delayed release 250 mg</i>         | 1    |                       |
| <i>erythromycin tab delayed release 500 mg</i>         | 1    |                       |
| <i>erythromycin ethylsuccinate for susp 200 mg/5ml</i> | 2    |                       |
| ERYTHROMYCIN ETHYLSUCCINATE 400 MG TAB                 | 1    |                       |
| <b>FIDAXOMICIN</b>                                     |      |                       |
| DIFICID 200 MG TAB                                     | 4    | PA<br>S               |
| DIFICID 40 MG/ML RECON SUSP                            | 4    | PA<br>S               |
| <b>MEDICAL DEVICES AND SUPPLIES</b>                    |      |                       |
| <b>CERVICAL CAPS</b>                                   |      |                       |
| FEMCAP 22 MM DEVICE                                    | 1    | PRE Preventative      |
| FEMCAP 26 MM DEVICE                                    | 1    | PRE Preventative      |

| PRODUCT DESCRIPTION                     | TIER | LIMITS & RESTRICTIONS                                |
|---|------|--|
| FEMCAP 30 MM DEVICE                     | 1    | PRE Preventative                                     |
| <b>DIAPHRAGMS</b>                       |      |  |
| CAYA DIAPHRAGM                          | 1    | PRE Preventative                                     |
| OMNIFLEX DIAPHRAGM DIAPHRAGM            | 1    | PRE Preventative                                     |
| WIDE-SEAL DIAPHRAGM 60 2 % DIAPHRAGM    | 1    | PRE Preventative                                     |
| WIDE-SEAL DIAPHRAGM 65 2 % DIAPHRAGM    | 1    | PRE Preventative                                     |
| WIDE-SEAL DIAPHRAGM 70 2 % DIAPHRAGM    | 1    | PRE Preventative                                     |
| WIDE-SEAL DIAPHRAGM 75 2 % DIAPHRAGM    | 1    | PRE Preventative                                     |
| WIDE-SEAL DIAPHRAGM 80 2 % DIAPHRAGM    | 1    | PRE Preventative                                     |
| WIDE-SEAL DIAPHRAGM 85 2 % DIAPHRAGM    | 1    | PRE Preventative                                     |
| WIDE-SEAL DIAPHRAGM 90 2 % DIAPHRAGM    | 1    | PRE Preventative                                     |
| WIDE-SEAL DIAPHRAGM 95 2 % DIAPHRAGM    | 1    | PRE Preventative                                     |
| <b>GLUCOSE MONITORING TEST SUPPLIES</b> |      |  |
| DEXCOM G6 RECEIVER DEVICE               | 2    | QL 1 / 365 day(s)<br>PA<br>VAL Value Preventive List |
| DEXCOM G6 SENSOR MISC                   | 2    | QL 3 / 30 day(s)<br>PA<br>VAL Value Preventive List  |
| DEXCOM G6 TRANSMITTER MISC              | 2    | QL 1 / 90 day(s)<br>PA<br>VAL Value Preventive List  |
| DEXCOM G7 RECEIVER DEVICE               | 2    | QL 1 / 365 day(s)<br>PA<br>VAL Value Preventive List |
| DEXCOM G7 SENSOR MISC                   | 2    | QL 3 / 30 day(s)<br>PA<br>VAL Value Preventive List  |

| PRODUCT DESCRIPTION                    | TIER | LIMITS & RESTRICTIONS                                |
|--|------|--|
| EASY TOUCH LANCETS 30G/TWIST MISC      | 1    | VAL Value Preventive List                            |
| EASY TOUCH LANCETS 33G/TWIST MISC      | 1    | VAL Value Preventive List                            |
| FREESTYLE FREEDOM KIT                  | 2    | VAL Value Preventive List                            |
| FREESTYLE FREEDOM LITE W/DEVICE KIT    | 2    | VAL Value Preventive List                            |
| FREESTYLE INSULINX SYSTEM W/DEVICE KIT | 2    | VAL Value Preventive List                            |
| FREESTYLE LANCETS MISC                 | 1    | VAL Value Preventive List                            |
| FREESTYLE LIBRE 14 DAY READER DEVICE   | 2    | QL 1 / 365 day(s)<br>PA<br>VAL Value Preventive List |
| FREESTYLE LIBRE 14 DAY SENSOR MISC     | 2    | QL 2 / 28 day(s)<br>PA<br>VAL Value Preventive List  |
| FREESTYLE LIBRE 2 READER DEVICE        | 2    | QL 1 / 365 day(s)<br>PA<br>VAL Value Preventive List |
| FREESTYLE LIBRE 2 SENSOR MISC          | 2    | QL 2 / 28 day(s)<br>PA<br>VAL Value Preventive List  |
| FREESTYLE LIBRE 3 SENSOR MISC          | 2    | QL 2 / 28 day(s)<br>PA<br>VAL Value Preventive List  |
| FREESTYLE LIBRE READER DEVICE          | 2    | QL 1 / 365 day(s)<br>PA<br>VAL Value Preventive List |
| FREESTYLE LIBRE SENSOR SYSTEM MISC     | 2    | QL 2 / 28 day(s)<br>PA<br>VAL Value Preventive List  |
| FREESTYLE LITE DEVICE                  | 2    | VAL Value Preventive List                            |

| PRODUCT DESCRIPTION                 | TIER | LIMITS & RESTRICTIONS     |
|-------------------------------------|------|---------------------------|
| FREESTYLE LITE W/DEVICE KIT         | 2    | VAL Value Preventive List |
| FREESTYLE SIDEKICK II KIT           | 2    | VAL Value Preventive List |
| FREESTYLE UNISTICK II LANCETS MISC  | 1    | VAL Value Preventive List |
| KROGER HEALTHPRO LANCET 26G MISC    | 1    | VAL Value Preventive List |
| KROGER LANCETS MISC                 | 1    | VAL Value Preventive List |
| KROGER LANCETS 21G MISC             | 1    | VAL Value Preventive List |
| KROGER LANCETS MICRO THIN 33G MISC  | 1    | VAL Value Preventive List |
| KROGER LANCETS SUPER THIN MISC      | 1    | VAL Value Preventive List |
| KROGER LANCETS THIN MISC            | 1    | VAL Value Preventive List |
| KROGER LANCETS THIN 26G MISC        | 1    | VAL Value Preventive List |
| KROGER LANCETS ULTRATHIN 30G MISC   | 1    | VAL Value Preventive List |
| MICROLET LANCETS MISC               | 1    | VAL Value Preventive List |
| ONETOUCH CLUB LANCETS FINE PT MISC  | 1    | VAL Value Preventive List |
| ONETOUCH DELICA LANCETS 30G MISC    | 1    | VAL Value Preventive List |
| ONETOUCH DELICA LANCETS 33G MISC    | 1    | VAL Value Preventive List |
| ONETOUCH DELICA LANCING DEV MISC    | 2    | VAL Value Preventive List |
| ONETOUCH DELICA PLUS LANCET30G MISC | 1    | VAL Value Preventive List |
| ONETOUCH DELICA PLUS LANCET33G MISC | 1    | VAL Value Preventive List |
| ONETOUCH DELICA PLUS LANCING MISC   | 2    | VAL Value Preventive List |
| ONETOUCH FINEPOINT LANCETS MISC     | 1    | VAL Value Preventive List |
| ONETOUCH SURESOFT LANCING DEV MISC  | 2    | VAL Value Preventive List |
| ONETOUCH ULTRA 2 W/DEVICE KIT       | 2    | VAL Value Preventive List |
| ONETOUCH ULTRA MINI W/DEVICE KIT    | 2    | VAL Value Preventive List |
| ONETOUCH ULTRALINK W/DEVICE KIT     | 2    | VAL Value Preventive List |

| PRODUCT DESCRIPTION                        | TIER | LIMITS & RESTRICTIONS     |
|--|------|---------------------------|
| ONETOUCH ULTRASOFT LANCETS MISC            | 1    | VAL Value Preventive List |
| ONETOUCH VERIO FLEX SYSTEM W/DEVICE KIT    | 2    | VAL Value Preventive List |
| ONETOUCH VERIO IQ SYSTEM W/DEVICE KIT      | 2    | VAL Value Preventive List |
| ONETOUCH VERIO REFLECT W/DEVICE KIT        | 2    | VAL Value Preventive List |
| ONETOUCH VERIO SYNC SYSTEM W/DEVICE KIT    | 2    | VAL Value Preventive List |
| ONETOUCH VERIO W/DEVICE KIT                | 2    | VAL Value Preventive List |
| PHARMACIST CHOICE LANCETS MISC             | 1    | VAL Value Preventive List |
| TRUEPLUS LANCETS 26G MISC                  | 1    | VAL Value Preventive List |
| TRUEPLUS LANCETS 28G MISC                  | 1    | VAL Value Preventive List |
| TRUEPLUS LANCETS 30G MISC                  | 1    | VAL Value Preventive List |
| TRUEPLUS LANCETS 33G MISC                  | 1    | VAL Value Preventive List |
| TRUEPLUS SAFETY LANCETS 28G MISC           | 1    | VAL Value Preventive List |
| <b>INSULIN ADMINISTRATION SUPPLIES</b>     |      |                           |
| OMNIPOD 5 G6 INTRO (GEN 5) KIT             | 2    | PA                        |
| OMNIPOD 5 G6 POD (GEN 5) MISC              | 2    |                           |
| OMNIPOD 5 PACK MISC                        | 2    |                           |
| OMNIPOD CLASSIC PDM (GEN 3) KIT            | 2    | PA                        |
| OMNIPOD DASH INTRO (GEN 4) KIT             | 2    | PA                        |
| OMNIPOD DASH PDM (GEN 4) KIT               | 2    | PA                        |
| OMNIPOD DASH PODS (GEN 4) MISC             | 2    |                           |
| <b>NEEDLES &amp; SYRINGES</b>              |      |                           |
| AQ INSULIN SYRINGE 29G X 1/2" 1 ML MISC    | 1    | VAL Value Preventive List |
| AQ INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC | 1    | VAL Value Preventive List |
| AQ INSULIN SYRINGE 31G X 5/16" 1 ML MISC   | 1    |                           |
| AQINJECT PEN NEEDLE 31G X 5 MM MISC        | 1    | VAL Value Preventive List |

| PRODUCT DESCRIPTION                                     | TIER | LIMITS & RESTRICTIONS     |
|---|------|---------------------------|
| AQINJECT PEN NEEDLE 32G X 4 MM MISC                     | 1    | VAL Value Preventive List |
| ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 0.5 ML MISC     | 1    |                           |
| ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML MISC       | 1    | VAL Value Preventive List |
| BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML MISC          | 1    |                           |
| BD KLATSKIN BIOPSY NEEDLE 16G X 4" MISC                 | 2    |                           |
| BD OSGOOD BIOPSY NEEDLE 16G X 1-5/16" MISC              | 2    |                           |
| BD OSGOOD BIOPSY NEEDLE 18G X 1" MISC                   | 2    |                           |
| BD PEN NEEDLE NANO U/F 32G X 4 MM MISC                  | 1    | VAL Value Preventive List |
| BD ROSENTHAL BIOPSY NEEDLE 16G X 1-5/16" MISC           | 2    |                           |
| BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.3 ML MISC | 1    | VAL Value Preventive List |
| DROPSAFE SAFETY SYRINGE/NEEDLE 29G X 1/2" 1 ML MISC     | 1    | VAL Value Preventive List |
| DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 0.3 ML MISC | 1    | VAL Value Preventive List |
| DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 0.5 ML MISC | 1    | VAL Value Preventive List |
| DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 1 ML MISC   | 1    | VAL Value Preventive List |
| DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 0.3 ML MISC  | 1    | VAL Value Preventive List |
| DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 0.5 ML MISC  | 1    | VAL Value Preventive List |
| DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 1 ML MISC    | 1    |                           |
| INSULIN SYRINGE-NEEDLE U-100 27G X 1/2" 0.5 ML MISC     | 1    |                           |
| INSULIN SYRINGE-NEEDLE U-100 27G X 1/2" 1 ML MISC       | 1    |                           |
| INSULIN SYRINGE-NEEDLE U-100 28G X 1/2" 0.5 ML MISC     | 1    |                           |
| INSULIN SYRINGE-NEEDLE U-100 28G X 1/2" 1 ML MISC       | 1    |                           |
| INSULIN SYRINGE-NEEDLE U-100 29G X 1/2" 0.5 ML MISC     | 1    |                           |
| INSULIN SYRINGE-NEEDLE U-100 29G X 1/2" 1 ML MISC       | 1    | VAL Value Preventive List |

| PRODUCT DESCRIPTION                                  | TIER | LIMITS & RESTRICTIONS     |
|--|------|---------------------------|
| INSULIN SYRINGE-NEEDLE U-100 30G X 1/2" 1 ML MISC    | 1    |                           |
| INSULIN SYRINGE-NEEDLE U-100 30G X 5/16" 0.5 ML MISC | 1    | VAL Value Preventive List |
| INSULIN SYRINGE-NEEDLE U-100 31G X 5/16" 0.5 ML MISC | 1    | VAL Value Preventive List |
| INSULIN SYRINGE-NEEDLE U-100 31G X 5/16" 1 ML MISC   | 1    |                           |
| J-TIP KIT W/VIAL ADAPTERS KIT                        | 2    |                           |
| MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.3 ML MISC   | 1    |                           |
| MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.5 ML MISC   | 1    |                           |
| MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 1 ML MISC     | 1    | VAL Value Preventive List |
| MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 0.3 ML MISC  | 1    | VAL Value Preventive List |
| MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 0.5 ML MISC  | 1    | VAL Value Preventive List |
| MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 1 ML MISC    | 1    | VAL Value Preventive List |
| MARATHON MEDICAL PENTIPS 29G X 12MM MISC             | 1    | VAL Value Preventive List |
| MARATHON MEDICAL PENTIPS 31G X 5 MM MISC             | 1    | VAL Value Preventive List |
| MARATHON MEDICAL PENTIPS 31G X 8 MM MISC             | 1    | VAL Value Preventive List |
| MARATHON MEDICAL PENTIPS 32G X 4 MM MISC             | 1    | VAL Value Preventive List |
| MONOJECT INSULIN SYRINGE 27G X 1/2" 1 ML MISC        | 1    |                           |
| MONOJECT INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC      | 1    |                           |
| MONOJECT INSULIN SYRINGE 28G X 1/2" 1 ML MISC        | 1    |                           |
| MONOJECT INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC      | 1    |                           |
| MONOJECT INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC      | 1    |                           |
| MONOJECT INSULIN SYRINGE 29G X 1/2" 1 ML MISC        | 1    | VAL Value Preventive List |
| MONOJECT INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC     | 1    | VAL Value Preventive List |
| MONOJECT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC     | 1    | VAL Value Preventive List |
| MONOJECT INSULIN SYRINGE 30G X 5/16" 1 ML MISC       | 1    | VAL Value Preventive List |
| MONOJECT INSULIN SYRINGE U-100 1 ML MISC             | 1    |                           |



| PRODUCT DESCRIPTION                                    | TIER | LIMITS & RESTRICTIONS     |
|--|------|---------------------------|
| MONOJECT INTRODUCER NEEDLE 18G X 1-1/4" MISC           | 2    |                           |
| MONOJECT MAGELLAN SAFETY NDL 21G X 5/8" MISC           | 2    |                           |
| MONOJECT MAGELLAN SAFETY NDL 23G X 5/8" MISC           | 2    |                           |
| MONOJECT MAGELLAN SYRINGE 18G X 1" 6 ML MISC           | 2    |                           |
| MONOJECT MAGELLAN SYRINGE 21G X 1" 12 ML MISC          | 2    |                           |
| MONOJECT MAGELLAN SYRINGE 22G X 1-1/2" 12 ML MISC      | 2    |                           |
| MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML MISC  | 1    |                           |
| MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 1 ML MISC    | 1    |                           |
| MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.3 ML MISC | 1    | VAL Value Preventive List |
| MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.5 ML MISC | 1    | VAL Value Preventive List |
| NORDIPEN 5 INJECTION DEVICE MISC                       | 2    |                           |
| OMNITROPE PEN 5 INJ DEVICE MISC                        | 2    |                           |
| PEN NEEDLES 31G X 5 MM MISC                            | 1    | VAL Value Preventive List |
| PEN NEEDLES 31G X 8 MM MISC                            | 1    | VAL Value Preventive List |
| PEN NEEDLES 32G X 4 MM MISC                            | 1    | VAL Value Preventive List |
| PENTIPS 29G X 12MM MISC                                | 1    | VAL Value Preventive List |
| PENTIPS 31G X 5 MM MISC                                | 1    | VAL Value Preventive List |
| PENTIPS 31G X 8 MM MISC                                | 1    | VAL Value Preventive List |
| PENTIPS 32G X 4 MM MISC                                | 1    | VAL Value Preventive List |
| PRO COMFORT PEN NEEDLES 31G X 8 MM MISC                | 1    | VAL Value Preventive List |
| PRO COMFORT PEN NEEDLES 32G X 4 MM MISC                | 1    | VAL Value Preventive List |
| PRO COMFORT PEN NEEDLES 32G X 5 MM MISC                | 1    | VAL Value Preventive List |
| SURE COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC    | 1    |                           |

| PRODUCT DESCRIPTION                                   | TIER | LIMITS & RESTRICTIONS     |
|---|------|---------------------------|
| SURE COMFORT INSULIN SYRINGE 28G X 1/2" 1 ML MISC     | 1    |                           |
| SURE COMFORT INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC   | 1    |                           |
| SURE COMFORT INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC   | 1    |                           |
| SURE COMFORT INSULIN SYRINGE 29G X 1/2" 1 ML MISC     | 1    | VAL Value Preventive List |
| SURE COMFORT INSULIN SYRINGE 30G X 1/2" 0.3 ML MISC   | 1    | VAL Value Preventive List |
| SURE COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC   | 1    | VAL Value Preventive List |
| SURE COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC  | 1    | VAL Value Preventive List |
| SURE COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC  | 1    | VAL Value Preventive List |
| SURE COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML MISC    | 1    | VAL Value Preventive List |
| SURE COMFORT INSULIN SYRINGE 31G X 1/4" 0.3 ML MISC   | 1    |                           |
| SURE COMFORT INSULIN SYRINGE 31G X 1/4" 0.5 ML MISC   | 1    |                           |
| SURE COMFORT INSULIN SYRINGE 31G X 1/4" 1 ML MISC     | 1    |                           |
| SURE COMFORT INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC  | 1    | VAL Value Preventive List |
| SURE COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC  | 1    | VAL Value Preventive List |
| SURE COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML MISC    | 1    | VAL Value Preventive List |
| SURE COMFORT PEN NEEDLES 31G X 6 MM MISC              | 1    | VAL Value Preventive List |
| SURE COMFORT PEN NEEDLES 32G X 4 MM MISC              | 1    | VAL Value Preventive List |
| ULTICARE INSULIN SAFETY SYR 29G X 1/2" 0.5 ML MISC    | 1    |                           |
| ULTICARE INSULIN SAFETY SYR 29G X 1/2" 1 ML MISC      | 1    | VAL Value Preventive List |
| ULTILET INSULIN SYRINGE 31G X 15/64" 0.3 ML MISC      | 1    | VAL Value Preventive List |
| <b>SPACER/AEROSOL-HOLDING CHAMBERS &amp; SUPPLIES</b> |      |                           |
| AEROCHAMBER MINI CHAMBER DEVICE                       | 2    |                           |

| PRODUCT DESCRIPTION                   | TIER | LIMITS & RESTRICTIONS |
|---------------------------------------|------|-----------------------|
| AEROCHAMBER MV MISC                   | 2    |                       |
| AEROCHAMBER PLUS FLO-VU MISC          | 2    |                       |
| AEROCHAMBER PLUS FLO-VU LARGE MISC    | 2    |                       |
| AEROCHAMBER PLUS FLO-VU MEDIUM MISC   | 2    |                       |
| AEROCHAMBER PLUS FLO-VU SMALL MISC    | 2    |                       |
| AEROCHAMBER PLUS FLO-VU W/MASK MISC   | 2    |                       |
| AEROCHAMBER PLUS FLOW VU MISC         | 2    |                       |
| AEROCHAMBER W/FLOWSIGNAL MISC         | 2    |                       |
| AEROCHAMBER Z-STAT PLUS MISC          | 2    |                       |
| AEROCHAMBER Z-STAT PLUS CHAMBR MISC   | 2    |                       |
| AEROCHAMBER Z-STAT PLUS/LARGE MISC    | 2    |                       |
| AEROCHAMBER Z-STAT PLUS/MEDIUM MISC   | 2    |                       |
| AEROCHAMBER Z-STAT PLUS/SMALL MISC    | 2    |                       |
| COMPACT SPACE CHAMBER DEVICE          | 2    |                       |
| COMPACT SPACE CHAMBER/LG MASK DEVICE  | 2    |                       |
| COMPACT SPACE CHAMBER/MED MASK DEVICE | 2    |                       |
| COMPACT SPACE CHAMBER/SM MASK DEVICE  | 2    |                       |
| EASIVENT MISC                         | 2    |                       |
| EASIVENT MASK LARGE MISC              | 2    |                       |
| EASIVENT MASK MEDIUM MISC             | 2    |                       |
| EASIVENT MASK SMALL MISC              | 2    |                       |
| MICROCHAMBER MISC                     | 2    |                       |
| MICROSPACER MISC                      | 2    |                       |
| OPTICHAMBER ADVANTAGE-LG MASK MISC    | 2    |                       |
| OPTICHAMBER ADVANTAGE-MED MASK MISC   | 2    |                       |
| OPTICHAMBER ADVANTAGE-SM MASK MISC    | 2    |                       |
| OPTICHAMBER DIAMOND MISC              | 2    |                       |
| OPTICHAMBER DIAMOND-LG MASK DEVICE    | 2    |                       |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS    |
|--|------|--------------------------|
| OPTICHAMBER DIAMOND-MD MASK MISC                             | 2    |                          |
| OPTICHAMBER DIAMOND-SM MASK MISC                             | 2    |                          |
| VALVED HOLDING CHAMBER DEVICE                                | 2    |                          |
| <b>MIGRAINE PRODUCTS</b>                                     |      |                          |
| <b>CALCITONIN GENE-RELATED PEPTIDE RECEPTOR ANTAG (CGRP)</b> |      |                          |
| NURTEC 75 MG TAB DISP  | 3    | QL 8 / 30 day(s)<br>PA   |
| QULIPTA 10 MG TAB  | 3    | PA                       |
| QULIPTA 30 MG TAB  | 3    | PA                       |
| QULIPTA 60 MG TAB  | 3    | PA                       |
| UBRELVY 100 MG TAB   | 2    | QL 10 / 30 day(s)<br>PA  |
| UBRELVY 50 MG TAB  | 2    | QL 10 / 30 day(s)<br>PA  |
| <b>CGRP RECEPTOR ANTAGONISTS - MONOCLONAL ANTIBODIES</b>     |      |                          |
| AIMOVIG 140 MG/ML SOLN A-INJ                                 | 3    | PA                       |
| AIMOVIG 70 MG/ML SOLN A-INJ                                  | 3    | QL 1 / 30 DAYS<br>PA     |
| AJOVY 225 MG/1.5ML SOLN A-INJ                                | 2    | QL 1.5 / 30 day(s)<br>PA |
| AJOVY 225 MG/1.5ML SOLN PRSYR                                | 2    | QL 1.5 / 30 DAYS<br>PA   |
| EMGALITY (300 MG DOSE) 100 MG/ML SOLN PRSYR                  | 2    | QL 3 / 30 day(s)<br>PA   |
| EMGALITY 120 MG/ML SOLN A-INJ                                | 2    | QL 1 / 30 DAYS<br>PA     |
| EMGALITY 120 MG/ML SOLN PRSYR                                | 2    | QL 1 / 30 DAYS<br>PA     |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <b>ERGOT COMBINATIONS</b>   |      |                       |
| <i>ergotamine w/ caffeine tab 1-100 mg</i>                          | 1    |                       |
| <i>dihydroergotamine mesylate inj 1 mg/ml</i>                       | 2    | QL 24 / 30 DAYS       |
| <i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>               | 2    | QL 16 / 30 DAYS<br>PA |
| <b>SELECTIVE SEROTONIN AGONISTS 5-HT(1)</b>                         |      |                       |
| <i>almotriptan malate tab 12.5 mg</i>                               | 1    | QL 9 / 28 DAYS        |
| <i>almotriptan malate tab 6.25 mg</i>                               | 1    | QL 9 / 28 DAYS        |
| <i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>          | 1    | QL 9 / 28 DAYS        |
| <i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>          | 1    | QL 9 / 28 DAYS        |
| <i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>          | 2    | QL 9 / 28 DAYS        |
| <i>naratriptan hcl tab 1 mg (base equiv)</i>                        | 1    | QL 9 / 30 DAYS        |
| <i>naratriptan hcl tab 2.5 mg (base equiv)</i>                      | 1    | QL 9 / 30 DAYS        |
| <i>rizatriptan benzoate tab 10 mg (base equivalent)</i>             | 1    | QL 9 / 28 DAYS        |
| <i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i> | 1    | QL 9 / 28 DAYS        |
| <i>rizatriptan benzoate tab 5 mg (base equivalent)</i>              | 1    | QL 9 / 28 DAYS        |
| <i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>  | 1    | QL 9 / 28 DAYS        |
| <i>sumatriptan nasal spray 20 mg/act</i>                            | 1    | QL 6 / 28 DAYS        |
| <i>sumatriptan nasal spray 5 mg/act</i>                             | 1    | QL 6 / 28 DAYS        |
| <i>sumatriptan succinate tab 100 mg</i>                             | 1    | QL 9 / 30 DAYS        |
| <i>sumatriptan succinate tab 25 mg</i>                              | 1    | QL 9 / 30 DAYS        |
| <i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>      | 2    | QL 2 / 28 day(s)      |
| <i>sumatriptan succinate tab 50 mg</i>                              | 1    | QL 9 / 30 DAYS        |
| <i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>      | 2    | QL 2 / 28 day(s)      |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS                   |
|--|------|---|
| SUMATRIPTAN SUCCINATE 6 MG/0.5ML SOLN PRSYR                  | 2    | QL 2 / 28 day(s)                        |
| <i>sumatriptan succinate inj 6 mg/0.5ml</i>                  | 2    | QL 5 / 28 day(s)                        |
| ZOLMITRIPTAN 2.5 MG SOLUTION                                 | 3    | QL 6 / 28 day(s)<br>ST                  |
| <i>zolmitriptan tab 2.5 mg</i>                               | 1    | QL 12 / 30 DAYS                         |
| <i>zolmitriptan orally disintegrating tab 2.5 mg</i>         | 1    | QL 9 / 30 DAYS                          |
| <i>zolmitriptan nasal spray 5 mg/spray unit</i>              | 3    | QL 6 / 28 day(s)<br>ST                  |
| <i>zolmitriptan tab 5 mg</i>                                 | 1    | QL 9 / 30 DAYS                          |
| <i>zolmitriptan orally disintegrating tab 5 mg</i>           | 1    | QL 9 / 30 DAYS                          |
| SELECTIVE SEROTONIN AGONISTS 5-HT(1F)                        |      |   |
| REYVOW 100 MG TAB  | 3    | QL 4 / 30 day(s)<br>PA                  |
| REYVOW 50 MG TAB   | 3    | QL 4 / 30 day(s)<br>PA                  |
| MINERALS & ELECTROLYTES<br>FLUORIDE                          |      |   |
| FLURA-DROPS 0.55 (0.25 F) MG/DROP SOLUTION                   | 1    | AL1 Up to 8 yrs old<br>PRE Preventative |
| <i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>     | 1    | PRE Preventative                        |
| <i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i> | 1    | PRE Preventative                        |
| <i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>   | 1    | PRE Preventative                        |
| <i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i> | 1    | PRE Preventative                        |
| <i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>     | 1    | PRE Preventative                        |
| PHOSPHATE  |      |   |
| <i>potassium phosphate monobasic tab 500 mg</i>              | 1    |   |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <b>POTASSIUM</b>   |      |                       |
| <i>potassium bicarbonate effer tab 25 meq</i>                  | 1    |                       |
| <i>potassium bicarbonate effer tab 25 meq</i>                  | 1    |                       |
| <i>potassium chloride tab er 10 meq</i>                        | 1    |                       |
| <i>potassium chloride powder packet 20 meq</i>                 | 2    |                       |
| <i>potassium chloride tab er 8 meq (600 mg)</i>                | 1    |                       |
| <i>potassium chloride microencapsulated crys er tab 10 meq</i> | 1    |                       |
| <i>potassium chloride microencapsulated crys er tab 15 meq</i> | 1    |                       |
| <i>potassium chloride microencapsulated crys er tab 20 meq</i> | 1    |                       |
| <i>potassium chloride cap er 10 meq</i>                        | 1    |                       |
| <i>potassium chloride cap er 8 meq</i>                         | 1    |                       |
| <i>potassium bicarbonate effer tab 25 meq</i>                  | 1    |                       |
| <i>potassium chloride oral soln 10% (20 meq/15ml)</i>          | 1    |                       |
| <i>potassium chloride powder packet 20 meq</i>                 | 2    |                       |
| <i>potassium chloride oral soln 10% (20 meq/15ml)</i>          | 1    |                       |
| <i>potassium chloride microencapsulated crys er tab 10 meq</i> | 1    |                       |
| <i>potassium chloride microencapsulated crys er tab 15 meq</i> | 1    |                       |
| <i>potassium chloride microencapsulated crys er tab 20 meq</i> | 1    |                       |
| <i>potassium chloride cap er 10 meq</i>                        | 1    |                       |
| <i>potassium chloride tab er 10 meq</i>                        | 1    |                       |
| <i>potassium chloride tab er 20 meq (1500 mg)</i>              | 1    |                       |
| <i>potassium chloride cap er 8 meq</i>                         | 1    |                       |
| <i>potassium chloride tab er 8 meq (600 mg)</i>                | 1    |                       |
| POTASSIUM CHLORIDE ER 8 MEQ TAB ER                             | 1    |                       |
| <b>MISCELLANEOUS THERAPEUTIC CLASSES</b>                       |      |                       |
| <b>ANTILEPROTICS</b>   |      |                       |
| THALOMID 100 MG CAP  | 4    | PA<br>S               |
| THALOMID 150 MG CAP  | 4    | PA<br>S               |

| PRODUCT DESCRIPTION                                       | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| THALOMID 200 MG CAP                                       | 4    | PA<br>S               |
| THALOMID 50 MG CAP  | 4    | PA<br>S               |
| <b>B-LYMPHOCYTE STIMULATOR (BLYS)-SPECIFIC INHIBITORS</b> |      |                       |
| BENLYSTA 200 MG/ML SOLN A-INJ                             | 4    | PA<br>S               |
| BENLYSTA 200 MG/ML SOLN PRSYR                             | 4    | PA<br>S               |
| <b>CHELATING AGENTS</b>                                   |      |                       |
| <i>trientine hcl cap 250 mg</i>                           | 4    | PA<br>S               |
| <i>penicillamine cap 250 mg</i>                           | 4    | PA<br>S               |
| <i>penicillamine tab 250 mg</i>                           | 4    | PA<br>S               |
| <i>trientine hcl cap 250 mg</i>                           | 4    | PA<br>S               |
| <b>CYCLOSPORINE ANALOGS</b>                               |      |                       |
| <i>cyclosporine cap 100 mg</i>                            | 2    |                       |
| <i>cyclosporine cap 25 mg</i>                             | 1    | QL 90 / 30 DAYS       |
| <i>cyclosporine modified cap 100 mg</i>                   | 1    | QL 4 / 1 day(s)       |
| <i>cyclosporine modified oral soln 100 mg/ml</i>          | 1    | QL 90 / 30 DAYS       |
| <i>cyclosporine modified cap 25 mg</i>                    | 1    | QL 4 / 1 day(s)       |
| <i>cyclosporine modified cap 50 mg</i>                    | 1    | QL 120 / 30 DAYS      |
| <i>cyclosporine modified cap 100 mg</i>                   | 1    | QL 4 / 1 day(s)       |
| <i>cyclosporine modified oral soln 100 mg/ml</i>          | 1    | QL 90 / 30 DAYS       |



| PRODUCT DESCRIPTION                                    | TIER | LIMITS & RESTRICTIONS      |
|--|------|----------------------------|
| <i>cyclosporine modified cap 25 mg</i>                 | 1    | QL 4 / 1 day(s)            |
| LUPKYNIS 7.9 MG CAP                                    | 4    | PA<br>S                    |
| NEORAL 100 MG CAP                                      | 4    | QL 4 / 1 day(s)<br>PA      |
| NEORAL 100 MG/ML SOLUTION                              | 4    | PA                         |
| NEORAL 25 MG CAP                                       | 4    | QL 4 / 1 day(s)<br>PA      |
| <b>ENZYMES</b>   |      |                            |
| XIAFLEX 0.9 MG RECON SOLN                              | 4    | PA<br>S                    |
| <b>IMMUNOMODULATORS FOR MYELOYDYSPLASTIC SYNDROMES</b> |      |                            |
| <i>lenalidomide cap 10 mg</i>                          | 4    | QL 1 / 1 day(s)<br>PA<br>S |
| <i>lenalidomide cap 15 mg</i>                          | 4    | QL 1 / 1 day(s)<br>PA<br>S |
| <i>lenalidomide caps 2.5 mg</i>                        | 4    | PA<br>S                    |
| <i>lenalidomide cap 20 mg</i>                          | 4    | PA<br>S                    |
| <i>lenalidomide cap 25 mg</i>                          | 4    | QL 1 / 1 day(s)<br>PA<br>S |
| <i>lenalidomide cap 5 mg</i>                           | 4    | QL 1 / 1 day(s)<br>PA<br>S |
| REVLIMID 10 MG CAP                                     | 4    | QL 1 / 1 day(s)<br>PA<br>S |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS  |
|---|------|--|
| REVLIMID 15 MG CAP  | 4    | <div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;"><span style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 1 / 1 day(s)</div> <div style="margin-bottom: 5px;"><span style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</span></div> <div><span style="background-color: #e74c3c; color: white; padding: 2px 5px; border-radius: 3px;">S</span></div> </div> |
| REVLIMID 2.5 MG CAP   | 4    | <div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;"><span style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</span></div> <div><span style="background-color: #e74c3c; color: white; padding: 2px 5px; border-radius: 3px;">S</span></div> </div>  |
| REVLIMID 20 MG CAP  | 4    | <div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;"><span style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</span></div> <div><span style="background-color: #e74c3c; color: white; padding: 2px 5px; border-radius: 3px;">S</span></div> </div>  |
| REVLIMID 25 MG CAP  | 4    | <div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;"><span style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 1 / 1 day(s)</div> <div style="margin-bottom: 5px;"><span style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</span></div> <div><span style="background-color: #e74c3c; color: white; padding: 2px 5px; border-radius: 3px;">S</span></div> </div> |
| REVLIMID 5 MG CAP   | 4    | <div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;"><span style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 1 / 1 day(s)</div> <div style="margin-bottom: 5px;"><span style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</span></div> <div><span style="background-color: #e74c3c; color: white; padding: 2px 5px; border-radius: 3px;">S</span></div> </div> |
| <b>INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS</b>               |      |  |
| <i>mycophenolate mofetil for oral susp 200 mg/ml</i>                | 2    | <div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;"><span style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</span></div> <div><span style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">AL1</span> Up to 8 yrs old</div> </div>  |
| <i>mycophenolate mofetil cap 250 mg</i>                             | 1    |  |
| <i>mycophenolate mofetil tab 500 mg</i>                             | 1    |  |
| <i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i> | 2    |  |
| <i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i> | 2    |  |
| <b>IRRIGATION SOLUTIONS</b>   |      |  |
| <i>*irrigation solution, physiological**</i>                        | 3    |  |
| <i>*irrigation solution, physiological**</i>                        | 3    |  |
| <b>MACROLIDE IMMUNOSUPPRESSANTS</b>                                 |      |  |
| ASTAGRAF XL 0.5 MG CAP ER 24H                                       | 3    | <div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;"><span style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 45 / 30 DAYS</div> <div><span style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</span></div> </div>  |
| ASTAGRAF XL 1 MG CAP ER 24H   | 3    | <div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;"><span style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 45 / 30 DAYS</div> <div><span style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</span></div> </div>  |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS         |
|---|------|-------------------------------|
| ASTAGRAF XL 5 MG CAP ER 24H                                   | 3    | QL 45 / 30 DAYS<br>PA         |
| ENVARUSUS XR 0.75 MG TAB ER 24H                               | 3    | PA                            |
| ENVARUSUS XR 1 MG TAB ER 24H                                  | 3    | PA                            |
| ENVARUSUS XR 4 MG TAB ER 24H                                  | 3    | PA                            |
| <i>everolimus tab 0.25 mg</i>                                 | 2    | QL 120 / 30 day(s)            |
| <i>everolimus tab 0.5 mg</i>                                  | 2    | QL 120 / 30 day(s)            |
| <i>everolimus tab 0.75 mg</i>                                 | 2    | QL 60 / 30 day(s)             |
| <i>everolimus tab 1 mg</i>                                    | 2    | QL 60 / 30 day(s)             |
| <i>sirolimus tab 0.5 mg</i>                                   | 2    | QL 1 / 1 day(s)               |
| <i>sirolimus tab 1 mg</i>                                     | 2    | QL 1 / 1 day(s)               |
| <i>sirolimus oral soln 1 mg/ml</i>                            | 4    | PA<br>AL1 0 to 8 yrs old<br>S |
| <i>sirolimus tab 2 mg</i>                                     | 2    |                               |
| <i>tacrolimus cap 0.5 mg</i>                                  | 1    |                               |
| <i>tacrolimus cap 1 mg</i>                                    | 1    |                               |
| <i>tacrolimus cap 5 mg</i>                                    | 1    |                               |
| <b>MONOCLONAL ANTIBODIES</b>                                  |      |                               |
| ENSPRYNG 120 MG/ML SOLN PRSYR                                 | 4    | PA<br>S                       |
| <b>PIK3CA-RELATED OVERGROWTH SPECTRUM AGENTS - PI3K INHIB</b> |      |                               |
| VIJOICE 125 MG TAB THPK                                       | 4    | PA<br>S                       |
| VIJOICE 200 & 50 MG TAB THPK                                  | 4    | PA<br>S                       |
| VIJOICE 50 MG TAB THPK  | 4    | PA<br>S                       |

| PRODUCT DESCRIPTION                                      | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <b>POTASSIUM REMOVING AGENTS</b>                         |      |                       |
| <i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i> | 1    |                       |
| LOKELMA 10 GM PACKET                                     | 3    | PA                    |
| LOKELMA 5 GM PACKET                                      | 3    | PA                    |
| <i>*sodium polystyrene sulfonate powder**</i>            | 1    |                       |
| <i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i> | 1    |                       |
| SPS 15 GM/60ML SUSPENSION                                | 2    |                       |
| VELTASSA 16.8 GM PACKET                                  | 3    | QL 30 / 30 DAYS<br>PA |
| VELTASSA 25.2 GM PACKET                                  | 3    | QL 30 / 30 DAYS<br>PA |
| VELTASSA 8.4 GM PACKET                                   | 3    | QL 60 / 28 DAYS<br>PA |
| <b>PURINE ANALOGS</b>                                    |      |                       |
| <i>azathioprine tab 50 mg</i>                            | 1    |                       |
| <b>ROCK INHIBITORS</b>                                   |      |                       |
| REZUROCK 200 MG TAB                                      | 4    | PA<br>S               |
| <b>MOUTH/THROAT/DENTAL AGENTS</b>                        |      |                       |
| <b>ANESTHETICS TOPICAL ORAL</b>                          |      |                       |
| <i>lidocaine hcl viscous soln 2%</i>                     | 1    |                       |
| <b>ANTI-INFECTIVES - THROAT</b>                          |      |                       |
| <i>clotrimazole troche 10 mg</i>                         | 1    |                       |
| <i>nystatin susp 100000 unit/ml</i>                      | 1    |                       |
| ORAVIG 50 MG TAB   | 3    | QL 14 / 14 DAYS<br>PA |
| <b>ANTISEPTICS - MOUTH/THROAT</b>                        |      |                       |
| <i>chlorhexidine gluconate soln 0.12%</i>                | 1    |                       |
| <i>chlorhexidine gluconate soln 0.12%</i>                | 1    |                       |

| PRODUCT DESCRIPTION                                      | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>chlorhexidine gluconate soln 0.12%</i>                | 1    |                       |
| <b>SALIVA STIMULANTS</b>                                 |      |                       |
| <i>cevimeline hcl cap 30 mg</i>                          | 1    |                       |
| <i>pilocarpine hcl tab 5 mg</i>                          | 1    |                       |
| <i>pilocarpine hcl tab 7.5 mg</i>                        | 1    |                       |
| <b>STEROIDS - MOUTH/THROAT/DENTAL</b>                    |      |                       |
| <i>triamcinolone acetonide dental paste 0.1%</i>         | 1    |                       |
| <b>MULTIVITAMINS</b>                                     |      |                       |
| <b>PRENATAL MV &amp; MIN W/FE-FA</b>                     |      |                       |
| CO-NATAL FA TAB  | 1    | PRE Preventative      |
| COMPLETENATE 29-1 MG CHEW TAB                            | 2    |                       |
| NEONATAL COMPLETE 27-1 MG TAB                            | 1    |                       |
| NEONATAL COMPLETE 29-1 MG TAB                            | 1    | PRE Preventative      |
| NEONATAL PLUS 27-1 MG TAB                                | 1    |                       |
| OB COMPLETE/DHA 30-10-1-200 MG CAP                       | 2    |                       |
| PNV TABS 29-1 29-1 MG TAB                                | 2    |                       |
| PRENATAL 19 29-1 MG CHEW TAB                             | 2    |                       |
| PRENATAL 27-1 MG TAB                                     | 1    |                       |
| PRENATAL PLUS IRON 29-1 MG TAB                           | 1    |                       |
| PRENATAL VITAMIN PLUS LOW IRON 27-1 MG TAB               | 1    |                       |
| PRETAB 29-1 MG TAB                                       | 1    | PRE Preventative      |
| TRINATAL RX 1 60-1 MG TAB                                | 2    |                       |
| VINATE ONE 60-1 MG TAB                                   | 2    |                       |
| VITATHELY WITH GINGER 27-1 MG TAB                        | 1    |                       |
| WESTAB PLUS 27-1 MG TAB                                  | 1    |                       |
| <b>PRENATAL MV &amp; MIN W/FE-FA-CA-OMEGA 3 FISH OIL</b> |      |                       |
| COMPLETE NATAL DHA 29-1-200 & 200 MG MISC                | 2    |                       |
| TRIVEEN-DUO DHA 29-1-200 & 300 MG MISC                   | 2    |                       |

| PRODUCT DESCRIPTION                                | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| WESNATAL DHA COMPLETE 29-1-200 & 200 MG MISC       | 2    |                       |
| PRENATAL MV & MIN W/FE-FA-DHA                      |      |                       |
| PNV-DHA+DOCUSATE 27-1.25-300 MG CAP                | 2    |                       |
| VITAFOL-OB+DHA 65-1 & 250 MG MISC                  | 2    |                       |
| VITAMEDMD ONE RX/QUATREFOLIC 30-0.6-0.4-200 MG CAP | 2    |                       |
| PRENATAL VITAMINS                                  |      |                       |
| VITAMEDMD REDICHEW RX 1.4 MG CHEW TAB              | 2    |                       |
| MUSCULOSKELETAL THERAPY AGENTS                     |      |                       |
| CENTRAL MUSCLE RELAXANTS                           |      |                       |
| <i>baclofen tab 10 mg</i>                          | 1    | QL 90 / 30 DAYS       |
| <i>baclofen tab 20 mg</i>                          | 1    | QL 6 / 1 day(s)       |
| <i>baclofen tab 5 mg</i>                           | 1    | QL 90 / 30 day(s)     |
| <i>chlorzoxazone tab 500 mg</i>                    | 1    |                       |
| <i>chlorzoxazone tab 750 mg</i>                    | 1    |                       |
| <i>cyclobenzaprine hcl tab 10 mg</i>               | 1    |                       |
| <i>cyclobenzaprine hcl tab 5 mg</i>                | 1    |                       |
| <i>chlorzoxazone tab 750 mg</i>                    | 1    |                       |
| <i>metaxalone tab 800 mg</i>                       | 1    | QL 90 / 30 DAYS       |
| <i>metaxalone tab 800 mg</i>                       | 1    | QL 90 / 30 DAYS       |
| <i>methocarbamol tab 500 mg</i>                    | 1    |                       |
| <i>methocarbamol tab 750 mg</i>                    | 1    |                       |
| <i>orphenadrine citrate tab er 12hr 100 mg</i>     | 1    |                       |
| <i>tizanidine hcl cap 2 mg (base equivalent)</i>   | 1    |                       |
| <i>tizanidine hcl tab 2 mg (base equivalent)</i>   | 1    |                       |
| <i>tizanidine hcl cap 4 mg (base equivalent)</i>   | 1    |                       |
| <i>tizanidine hcl tab 4 mg (base equivalent)</i>   | 1    |                       |
| <i>tizanidine hcl cap 6 mg (base equivalent)</i>   | 1    |                       |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <b>DIRECT MUSCLE RELAXANTS</b>                                    |      |                       |
| <i>dantrolene sodium cap 100 mg</i>                               | 1    |                       |
| <i>dantrolene sodium cap 25 mg</i>                                | 1    |                       |
| <i>dantrolene sodium cap 50 mg</i>                                | 1    |                       |
| <b>MUSCLE RELAXANT COMBINATIONS</b>                               |      |                       |
| <i>carisoprodol w/ aspirin &amp; codeine tab 200-325-16 mg</i>    | 2    | PA                    |
| <i>orphenadrine w/ aspirin &amp; caffeine tab 50-770-60 mg</i>    | 2    | PA                    |
| <i>orphenadrine w/ aspirin &amp; caffeine tab 50-770-60 mg</i>    | 2    | PA                    |
| <b>NASAL AGENTS - SYSTEMIC AND TOPICAL ANTIHISTAMINE-STEROID</b>  |      |                       |
| <i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i> | 2    |                       |
| <b>NASAL ANTICHOLINERGICS</b>                                     |      |                       |
| <i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>        | 1    | QL 30 / 28 DAYS       |
| <i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>        | 1    | QL 15 / 14 DAYS       |
| <b>NASAL ANTIHISTAMINES</b>                                       |      |                       |
| <i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>            | 1    | QL 30 / 25 DAYS       |
| <i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>         | 1    | QL 30 / 25 DAYS       |
| <i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>            | 1    | QL 30 / 25 DAYS       |
| <i>olopatadine hcl nasal soln 0.6%</i>                            | 1    | QL 30.5 / 30 DAYS     |
| <b>NASAL STEROIDS</b>   |      |                       |
| <i>flunisolide nasal soln 25 mcg/act (0.025%)</i>                 | 1    | QL 25 / 25 day(s)     |
| <i>fluticasone propionate nasal susp 50 mcg/act</i>               | 1    | QL 16 / 30 DAYS       |
| <i>mometasone furoate nasal susp 50 mcg/act</i>                   | 1    | QL 34 / 30 DAYS       |
| XHANCE 93 MCG/ACT EXHU  | 2    | PA                    |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <b>NEUROMUSCULAR AGENTS</b>   |      |                       |
| <b>ALS AGENTS - MISCELLANEOUS</b>                                   |      |                       |
| RADICAVA ORS 105 MG/5ML SUSPENSION                                  | 4    | PA<br>S               |
| RADICAVA ORS STARTER KIT 105 MG/5ML SUSPENSION                      | 4    | PA<br>S               |
| <b>BENZATHIAZOLES</b>   |      |                       |
| <i>riluzole tab 50 mg</i>   | 1    |                       |
| <b>NONDEPOLARIZING MUSCLE RELAXANTS</b>                             |      |                       |
| <i>atracurium besylate preservative free (pf) iv soln 50 mg/5ml</i> | 2    | PA                    |
| <b>SPINAL MUSCULAR ATROPHY-SMN2 SPLICING MODIFIERS</b>              |      |                       |
| EVRYSDI 0.75 MG/ML RECON SOLN                                       | 4    | PA<br>S               |
| <b>NUTRIENTS</b>  |      |                       |
| <b>LIPIDS</b>   |      |                       |
| DOJOLVI 100 % LIQUID  | 4    | PA<br>S               |
| <b>OPHTHALMIC AGENTS</b>  |      |                       |
| <b>ALPHA ADRENERGIC AGONIST &amp; CARBONIC ANHYDRASE INHIB COMB</b> |      |                       |
| SIMBRINZA 1-0.2 % SUSPENSION  | 3    |                       |
| <b>ARTIFICIAL TEAR INSERTS</b>                                      |      |                       |
| LACRISERT 5 MG INSERT   | 3    | PA                    |
| <b>BETA-BLOCKERS - OPTHALMIC</b>                                    |      |                       |
| BETAXOLOL HCL 0.5 % SOLUTION  | 1    |                       |
| <i>betaxolol hcl ophth soln 0.5%</i>                                | 1    |                       |
| BETIMOL 0.25 % SOLUTION   | 3    |                       |
| BETIMOL 0.5 % SOLUTION  | 3    |                       |
| BETOPTIC-S 0.25 % SUSPENSION  | 3    |                       |
| CARTEOLOL HCL 1 % SOLUTION  | 1    |                       |



| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| LEVOBUNOLOL HCL 0.5 % SOLUTION                                     | 1    |                       |
| <i>levobunolol hcl ophth soln 0.5%</i>                             | 1    |                       |
| <i>timolol maleate ophth gel forming soln 0.25%</i>                | 1    |                       |
| <i>timolol maleate ophth soln 0.25%</i>                            | 1    |                       |
| <i>timolol maleate ophth gel forming soln 0.5%</i>                 | 1    |                       |
| <i>timolol maleate ophth soln 0.5%</i>                             | 1    |                       |
| <b>BETA-BLOCKERS - OPHTHALMIC COMBINATIONS</b>                     |      |                       |
| <i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>    | 1    |                       |
| <i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>   | 1    |                       |
| <i>dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf</i> | 1    |                       |
| <i>dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%</i>        | 1    |                       |
| <b>CYCLOPLEGIC MYDRIATICS</b>                                      |      |                       |
| ATROPINE SULFATE 1 % SOLUTION                                      | 1    |                       |
| <i>atropine sulfate ophth soln 1%</i>                              | 1    |                       |
| <i>cyclopentolate hcl ophth soln 0.5%</i>                          | 1    |                       |
| <i>cyclopentolate hcl ophth soln 1%</i>                            | 1    |                       |
| <i>cyclopentolate hcl ophth soln 2%</i>                            | 1    |                       |
| <i>homatropine hbr ophth soln 5%</i>                               | 1    |                       |
| <i>tropicamide ophth soln 0.5%</i>                                 | 1    |                       |
| <i>tropicamide ophth soln 1%</i>                                   | 1    |                       |
| <b>LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG</b>      |      |                       |
| XIIDRA 5 % SOLUTION  | 2    |                       |
| <b>MIOTICS - CHOLINESTERASE INHIBITORS</b>                         |      |                       |
| PHOSPHOLINE IODIDE 0.125 % RECON SOLN                              | 2    |                       |
| <b>MIOTICS - DIRECT ACTING</b>                                     |      |                       |
| <i>pilocarpine hcl ophth soln 1%</i>                               | 1    |                       |
| <i>pilocarpine hcl ophth soln 2%</i>                               | 1    |                       |
| <i>pilocarpine hcl ophth soln 4%</i>                               | 1    |                       |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <b>OPHTHALMIC ANTI-INFECTIVE COMBINATIONS</b>                       |      |                       |
| <i>bacitracin-polymyxin b ophth oint</i>                            | 1    |                       |
| <i>bacitracin-polymyxin b ophth oint</i>                            | 1    |                       |
| <i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i> | 1    |                       |
| <i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i> | 1    |                       |
| <i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i> | 1    |                       |
| NEOMYCIN-POLYMYXIN-GRAMICIDIN 1.75-10000-.025 SOLUTION              | 1    |                       |
| <i>bacitracin-polymyxin b ophth oint</i>                            | 1    |                       |
| <i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>       | 1    |                       |
| <b>OPHTHALMIC ANTIALLERGIC</b>                                      |      |                       |
| ALOCRI 2 % SOLUTION   | 2    |                       |
| ALOMIDE 0.1 % SOLUTION  | 2    |                       |
| <i>azelastine hcl ophth soln 0.05%</i>                              | 1    |                       |
| <i>bepotastine besilate ophth soln 1.5%</i>                         | 2    | QL 10 / 30 day(s)     |
| CROMOLYN SODIUM 4 % SOLUTION  | 1    |                       |
| <i>cromolyn sodium ophth soln 4%</i>                                | 1    |                       |
| <i>epinastine hcl ophth soln 0.05%</i>                              | 1    |                       |
| LASTACAFT 0.25 % SOLUTION   | 3    |                       |
| <i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>            | 1    |                       |
| <i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>            | 1    |                       |
| <b>OPHTHALMIC ANTIBIOTICS</b>                                       |      |                       |
| AZASITE 1 % SOLUTION  | 3    |                       |
| BACITRACIN 500 UNIT/GM OINTMENT                                     | 1    |                       |
| BESIVANCE 0.6 % SUSPENSION  | 3    |                       |
| <i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>          | 1    |                       |
| ERYTHROMYCIN 5 MG/GM OINTMENT                                       | 1    |                       |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>erythromycin ophth oint 5 mg/gm</i>                             | 1    |                       |
| <i>gatifloxacin ophth soln 0.5%</i>                                | 1    | QL 2.5 / 30 DAYS      |
| <i>gentamicin sulfate ophth soln 0.3%</i>                          | 1    |                       |
| LEVOFLOXACIN 0.5 % SOLUTION  | 1    |                       |
| <i>levofloxacin ophth soln 0.5%</i>                                | 1    |                       |
| LEVOFLOXACIN 1.5 % SOLUTION  | 2    |                       |
| MOXEZA 0.5 % SOLUTION  | 3    | QL 3 / 30 DAYS        |
| MOXIFLOXACIN HCL (2X DAY) 0.5 % SOLUTION                           | 1    |                       |
| <i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>               | 1    |                       |
| <i>ofloxacin ophth soln 0.3%</i>                                   | 1    |                       |
| <i>tobramycin ophth soln 0.3%</i>                                  | 1    |                       |
| <b>OPHTHALMIC ANTIFUNGAL</b>                                       |      |                       |
| NATACYN 5 % SUSPENSION   | 3    |                       |
| <b>OPHTHALMIC ANTIVIRALS</b>                                       |      |                       |
| TRIFLURIDINE 1 % SOLUTION  | 1    |                       |
| ZIRGAN 0.15 % GEL  | 3    |                       |
| <b>OPHTHALMIC CARBONIC ANHYDRASE INHIBITORS</b>                    |      |                       |
| <i>brinzolamide ophth susp 1%</i>                                  | 2    |                       |
| <i>dorzolamide hcl ophth soln 2%</i>                               | 1    |                       |
| <b>OPHTHALMIC IMMUNOMODULATORS</b>                                 |      |                       |
| <i>cyclosporine (ophth) emulsion 0.05%</i>                         | 2    |                       |
| <b>OPHTHALMIC KINASE INHIBITORS - COMBINATIONS</b>                 |      |                       |
| ROCKLATAN 0.02-0.005 % SOLUTION                                    | 3    | PA                    |
| <b>OPHTHALMIC NONSTEROIDAL ANTI-INFLAMMATORY AGENTS</b>            |      |                       |
| <i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i> | 1    | QL 3.4 / 30 DAYS      |
| <i>diclofenac sodium ophth soln 0.1%</i>                           | 1    |                       |
| FLURBIPROFEN SODIUM 0.03 % SOLUTION                                | 1    |                       |
| ILEVRO 0.3 % SUSPENSION  | 3    |                       |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>ketorolac tromethamine ophth soln 0.4%</i>              | 1    |                       |
| <i>ketorolac tromethamine ophth soln 0.5%</i>              | 1    |                       |
| NEVANAC 0.1 % SUSPENSION                                   | 3    |                       |
| <b>OPHTHALMIC RHO KINASE INHIBITORS</b>                    |      |                       |
| RHOPRESSA 0.02 % SOLUTION                                  | 3    | PA                    |
| <b>OPHTHALMIC SELECTIVE ALPHA ADRENERGIC AGONISTS</b>      |      |                       |
| APRACLONIDINE HCL 0.5 % SOLUTION                           | 1    |                       |
| <i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i> | 1    |                       |
| <i>brimonidine tartrate ophth soln 0.2%</i>                | 1    |                       |
| <b>OPHTHALMIC STEROID COMBINATIONS</b>                     |      |                       |
| BLEPHAMIDE S.O.P. 10-0.2 % OINTMENT                        | 3    |                       |
| <i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>    | 1    |                       |
| <i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>    | 1    |                       |
| SULFACETAMIDE-PREDNISOLONE 10-0.23 % SOLUTION              | 1    |                       |
| TOBRADEX 0.3-0.1 % OINTMENT                                | 2    |                       |
| <i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>        | 1    |                       |
| <b>OPHTHALMIC STEROIDS</b>                                 |      |                       |
| ALREX 0.2 % SUSPENSION                                     | 3    | ST                    |
| DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION              | 1    |                       |
| <i>difluprednate ophth emulsion 0.05%</i>                  | 1    | QL 5 / 30 day(s)      |
| FLAREX 0.1 % SUSPENSION                                    | 3    |                       |
| <i>fluorometholone ophth susp 0.1%</i>                     | 1    |                       |
| FML 0.1 % OINTMENT   | 2    |                       |
| FML FORTE 0.25 % SUSPENSION                                | 2    |                       |
| LOTEMAX 0.5 % OINTMENT                                     | 3    | ST                    |
| LOTEPREDNOL ETABONATE 0.5 % GEL                            | 1    | ST                    |
| <i>loteprednol etabonate ophth gel 0.5%</i>                | 1    |                       |
| <i>loteprednol etabonate ophth susp 0.5%</i>               | 1    | QL 15 / 30 DAYS       |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| MAXIDEX 0.1 % SUSPENSION   | 3    |                       |
| PRED MILD 0.12 % SUSPENSION  | 2    |                       |
| PREDNISOLONE ACETATE 1 % SUSPENSION                                | 1    |                       |
| PREDNISOLONE ACETATE P-F 1 % SUSPENSION                            | 1    |                       |
| PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION                         | 1    |                       |
| <b>OPHTHALMIC SULFONAMIDES</b>                                     |      |                       |
| <i>sulfacetamide sodium ophth soln 10%</i>                         | 1    |                       |
| <b>OPHTHALMICS - CYSTINOSIS AGENTS</b>                             |      |                       |
| CYSTADROPS 0.37 % SOLUTION   | 4    | PA<br>S               |
| CYSTARAN 0.44 % SOLUTION   | 4    | PA<br>S               |
| <b>PROSTAGLANDINS - OPHTHALMIC</b>                                 |      |                       |
| <i>latanoprost ophth soln 0.005%</i>                               | 1    | QL 5 / 30 DAYS        |
| LUMIGAN 0.01 % SOLUTION  | 2    | QL 7 / 30 DAYS        |
| <i>tafluprost preservative free (pf) ophth soln 0.0015%</i>        | 2    | QL 1 / 1 day(s)       |
| <i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i> | 2    |                       |
| <b>OTIC AGENTS</b>   |      |                       |
| <b>OTIC AGENTS - MISCELLANEOUS</b>                                 |      |                       |
| <i>acetic acid otic soln 2%</i>                                    | 1    |                       |
| <b>OTIC ANTI-INFECTIVES</b>  |      |                       |
| CIPROFLOXACIN HCL 0.2 % SOLUTION                                   | 1    |                       |
| <i>ofloxacin otic soln 0.3%</i>                                    | 1    |                       |
| OTIPRIO 6 % SUSPENSION   | 3    | PA                    |
| <b>OTIC STEROID-ANTI-INFECTIVE COMBINATIONS</b>                    |      |                       |
| CIPRO HC 0.2-1 % SUSPENSION  | 2    |                       |
| <i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>              | 1    |                       |
| COLY-MYCIN S 3.3-3-10-0.5 MG/ML SUSPENSION                         | 3    |                       |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS   |
|---|------|---|
| <i>neomycin-polymyxin-hc otic soln 1%</i>                         | 1    |   |
| <i>neomycin-polymyxin-hc otic soln 1%</i>                         | 1    |   |
| <i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i> | 1    |   |
| OTOVEL 0.3-0.025 % SOLUTION                                       | 3    | ST  |
| <b>OTIC STEROIDS</b>  |      |   |
| <i>fluocinolone acetonide (otic) oil 0.01%</i>                    | 1    |   |
| <i>fluocinolone acetonide (otic) oil 0.01%</i>                    | 1    |   |
| <i>hydrocortisone w/ acetic acid otic soln 1-2%</i>               | 1    |   |
| HYDROCORTISONE-ACETIC ACID 1-2 % SOLUTION                         | 1    |   |
| <b>OXYTOCICS</b>  |      |   |
| <i>methylergonovine maleate tab 0.2 mg</i>                        | 2    | QL 28 / 30 DAYS   |
| <i>methylergonovine maleate tab 0.2 mg</i>                        | 2    | QL 28 / 30 DAYS   |
| <b>PASSIVE IMMUNIZING AND TREATMENT AGENTS</b>                    |      |   |
| <b>ANTIVIRAL MONOCLONAL ANTIBODIES</b>                            |      |   |
| BEYFORTUS 100 MG/ML SOLN PRSYR                                    | 2    | QL 1 / 0 day(s)<br>AL1 Up to 0.67 yrs old<br>MFL 1 / 365 day(s)<br>PRE Preventative   |
| BEYFORTUS 50 MG/0.5ML SOLN PRSYR                                  | 2    | QL 0.5 / 0 day(s)<br>AL1 Up to 0.67 yrs old<br>MFL 1 / 365 day(s)<br>PRE Preventative |
| <b>IMMUNE SERUMS</b>  |      |   |
| HIZENTRA 1 GM/5ML SOLN PRSYR                                      | 4    | PA<br>S   |
| HIZENTRA 1 GM/5ML SOLUTION  | 4    | PA<br>S   |
| HIZENTRA 10 GM/50ML SOLUTION                                      | 4    | PA<br>S   |

| PRODUCT DESCRIPTION                                 | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| HIZENTRA 2 GM/10ML SOLN PRSYR                       | 4    | PA<br>S               |
| HIZENTRA 2 GM/10ML SOLUTION                         | 4    | PA<br>S               |
| HIZENTRA 4 GM/20ML SOLN PRSYR                       | 4    | PA<br>S               |
| HIZENTRA 4 GM/20ML SOLUTION                         | 4    | PA<br>S               |
| <b>PASSIVE IMMUNIZING AGENTS - COMBINATIONS</b>     |      |                       |
| HYQVIA 10 GM/100ML KIT                              | 4    | PA<br>S               |
| HYQVIA 2.5 GM/25ML KIT                              | 4    | PA<br>S               |
| HYQVIA 20 GM/200ML KIT                              | 4    | PA<br>S               |
| HYQVIA 30 GM/300ML KIT                              | 4    | PA<br>S               |
| HYQVIA 5 GM/50ML KIT                                | 4    | PA<br>S               |
| <b>PENICILLINS<br/>AMINOPENICILLINS</b>             |      |                       |
| AMOXICILLIN 125 MG CHEW TAB                         | 1    |                       |
| <i>amoxicillin (trihydrate) for susp 125 mg/5ml</i> | 1    |                       |
| <i>amoxicillin (trihydrate) for susp 200 mg/5ml</i> | 1    |                       |
| <i>amoxicillin (trihydrate) cap 250 mg</i>          | 1    |                       |
| AMOXICILLIN 250 MG CHEW TAB                         | 1    |                       |
| <i>amoxicillin (trihydrate) for susp 250 mg/5ml</i> | 1    |                       |
| <i>amoxicillin (trihydrate) for susp 400 mg/5ml</i> | 1    |                       |
| <i>amoxicillin (trihydrate) cap 500 mg</i>          | 1    |                       |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>amoxicillin (trihydrate) tab 500 mg</i>                      | 1    |                       |
| <i>amoxicillin (trihydrate) tab 875 mg</i>                      | 1    |                       |
| AMPICILLIN 500 MG CAP   | 1    |                       |
| <b>NATURAL PENICILLINS</b>                                      |      |                       |
| PENICILLIN V POTASSIUM 125 MG/5ML RECON SOLN                    | 1    |                       |
| <i>penicillin v potassium tab 250 mg</i>                        | 1    |                       |
| PENICILLIN V POTASSIUM 250 MG/5ML RECON SOLN                    | 1    |                       |
| <i>penicillin v potassium tab 500 mg</i>                        | 1    |                       |
| <b>PENICILLIN COMBINATIONS</b>                                  |      |                       |
| AMOXICILLIN-POT CLAVULANATE 200-28.5 MG CHEW TAB                | 1    |                       |
| <i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i> | 1    |                       |
| <i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>           | 1    |                       |
| <i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i> | 1    |                       |
| AMOXICILLIN-POT CLAVULANATE 400-57 MG CHEW TAB                  | 1    |                       |
| <i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i>   | 1    |                       |
| <i>amoxicillin &amp; k clavulanate tab 500-125 mg</i>           | 1    |                       |
| <i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i> | 1    |                       |
| <i>amoxicillin &amp; k clavulanate tab 875-125 mg</i>           | 1    |                       |
| <b>PENICILLINASE-RESISTANT PENICILLINS</b>                      |      |                       |
| <i>dicloxacillin sodium cap 250 mg</i>                          | 1    |                       |
| <i>dicloxacillin sodium cap 500 mg</i>                          | 1    |                       |
| <i>nafcillin sodium for inj 1 gm</i>                            | 2    | PA                    |
| <b>PROGESTINS</b>   |      |                       |
| <i>medroxyprogesterone acetate tab 10 mg</i>                    | 1    |                       |
| <i>medroxyprogesterone acetate tab 2.5 mg</i>                   | 1    |                       |
| <i>medroxyprogesterone acetate tab 5 mg</i>                     | 1    |                       |
| <i>megestrol acetate susp 625 mg/5ml</i>                        | 1    |                       |
| <i>norethindrone acetate tab 5 mg</i>                           | 1    |                       |



| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>progesterone cap 100 mg</i>  | 1    |                       |
| <i>progesterone cap 200 mg</i>  | 1    |                       |
| <b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.<br/>ALCOHOL DETERRENTS</b> |      |                       |
| <i>acamprosate calcium tab delayed release 333 mg</i>                           | 1    |                       |
| <i>disulfiram tab 250 mg</i>  | 1    |                       |
| <i>disulfiram tab 500 mg</i>  | 1    |                       |
| <b>BENZODIAZEPINES &amp; TRICYCLIC AGENTS</b>                                   |      |                       |
| CHLORDIAZEPOXIDE-AMITRIPTYLINE 5-12.5 MG TAB                                    | 1    |                       |
| <b>CHOLINOMIMETICS - ACHE INHIBITORS</b>  |      |                       |
| <i>donepezil hydrochloride tab 10 mg</i>  | 1    | QL 30 / 30 DAYS       |
| <i>donepezil hydrochloride orally disintegrating tab 10 mg</i>                  | 1    | QL 30 / 30 DAYS       |
| <i>donepezil hydrochloride tab 23 mg</i>  | 1    | QL 30 / 30 DAYS       |
| <i>donepezil hydrochloride tab 5 mg</i>   | 1    | QL 30 / 30 DAYS       |
| <i>donepezil hydrochloride orally disintegrating tab 5 mg</i>                   | 1    | QL 30 / 30 DAYS       |
| <i>galantamine hydrobromide tab 12 mg</i>                                       | 1    | QL 60 / 30 DAYS       |
| <i>galantamine hydrobromide tab 4 mg</i>  | 1    | QL 60 / 30 DAYS       |
| GALANTAMINE HYDROBROMIDE 4 MG/ML SOLUTION                                       | 1    | QL 180 / 30 DAYS      |
| <i>galantamine hydrobromide tab 8 mg</i>  | 1    | QL 60 / 30 DAYS       |
| <i>galantamine hydrobromide cap er 24hr 16 mg</i>                               | 1    | QL 30 / 30 DAYS       |
| <i>galantamine hydrobromide cap er 24hr 24 mg</i>                               | 1    | QL 30 / 30 DAYS       |
| <i>galantamine hydrobromide cap er 24hr 8 mg</i>                                | 1    | QL 30 / 30 DAYS       |
| <i>rivastigmine td patch 24hr 13.3 mg/24hr</i>                                  | 1    | QL 30 / 30 DAYS       |
| <i>rivastigmine td patch 24hr 4.6 mg/24hr</i>                                   | 1    | QL 30 / 30 DAYS       |
| <i>rivastigmine td patch 24hr 9.5 mg/24hr</i>                                   | 1    | QL 30 / 30 DAYS       |
| <i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>                       | 1    | QL 60 / 30 DAYS       |

| PRODUCT DESCRIPTION                                       | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>rivastigmine tartrate cap 3 mg (base equivalent)</i>   | 1    | QL 60 / 30 DAYS       |
| <i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i> | 1    | QL 60 / 30 DAYS       |
| <i>rivastigmine tartrate cap 6 mg (base equivalent)</i>   | 1    | QL 60 / 30 DAYS       |
| <b>FIBROMYALGIA AGENT - SNRIS</b>                         |      |                       |
| SAVELLA 100 MG TAB  | 3    | QL 60 / 30 DAYS<br>PA |
| SAVELLA 12.5 MG TAB                                       | 3    | QL 60 / 30 DAYS<br>PA |
| SAVELLA 25 MG TAB   | 3    | QL 60 / 30 DAYS<br>PA |
| SAVELLA 50 MG TAB   | 3    | QL 60 / 30 DAYS<br>PA |
| SAVELLA TITRATION PACK 12.5 & 25 & 50 MG MISC             | 3    | PA                    |
| <b>MOVEMENT DISORDER DRUG THERAPY</b>                     |      |                       |
| <i>tetrabenazine tab 12.5 mg</i>                          | 2    | QL 3 / 1 day(s)<br>PA |
| <i>tetrabenazine tab 25 mg</i>                            | 2    | QL 3 / 1 day(s)<br>PA |
| <b>MS AGENTS - PYRIMIDINE SYNTHESIS INHIBITORS</b>        |      |                       |
| <i>teriflunomide tab 14 mg</i>                            | 4    | PA<br>S               |
| <i>teriflunomide tab 7 mg</i>                             | 4    | PA<br>S               |
| <b>MULTIPLE SCLEROSIS AGENTS</b>                          |      |                       |
| <i>glatiramer acetate soln prefilled syringe 20 mg/ml</i> | 4    | QL 30 / 30 day(s)     |
| <i>glatiramer acetate soln prefilled syringe 40 mg/ml</i> | 4    | QL 12 / 28 day(s)     |

| PRODUCT DESCRIPTION                                       | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <b>MULTIPLE SCLEROSIS AGENTS - ANTIMETABOLITES</b>        |      |                       |
| MAVENCLAD (10 TABS) 10 MG TAB THPK                        | 4    | PA<br>S               |
| MAVENCLAD (4 TABS) 10 MG TAB THPK                         | 4    | PA<br>S               |
| MAVENCLAD (5 TABS) 10 MG TAB THPK                         | 4    | PA<br>S               |
| MAVENCLAD (6 TABS) 10 MG TAB THPK                         | 4    | PA<br>S               |
| MAVENCLAD (7 TABS) 10 MG TAB THPK                         | 4    | PA<br>S               |
| MAVENCLAD (8 TABS) 10 MG TAB THPK                         | 4    | PA<br>S               |
| MAVENCLAD (9 TABS) 10 MG TAB THPK                         | 4    | PA<br>S               |
| <b>MULTIPLE SCLEROSIS AGENTS - INTERFERONS</b>            |      |                       |
| BETASERON 0.3 MG KIT                                      | 4    | PA<br>S               |
| REBIF 22 MCG/0.5ML SOLN PRSYR                             | 4    | PA<br>S               |
| REBIF 44 MCG/0.5ML SOLN PRSYR                             | 4    | PA<br>S               |
| REBIF REBIDOSE 22 MCG/0.5ML SOLN A-INJ                    | 4    | PA<br>S               |
| REBIF REBIDOSE 44 MCG/0.5ML SOLN A-INJ                    | 4    | PA<br>S               |
| REBIF REBIDOSE TITRATION PACK 6X8.8 & 6X22 MCG SOLN A-INJ | 4    | PA<br>S               |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| REBIF TITRATION PACK 6X8.8 & 6X22 MCG SOLN PRSYR                     | 4    | PA<br>S               |
| <b>MULTIPLE SCLEROSIS AGENTS - MONOCLONAL ANTIBODIES</b>             |      |                       |
| KESIMPTA 20 MG/0.4ML SOLN A-INJ                                      | 4    | PA<br>S               |
| <b>MULTIPLE SCLEROSIS AGENTS - NRF2 PATHWAY ACTIVATORS</b>           |      |                       |
| <i>dimethyl fumarate capsule delayed release 120 mg</i>              | 1    | QL 2 / 1 day(s)       |
| <i>dimethyl fumarate capsule delayed release 240 mg</i>              | 1    | QL 2 / 1 day(s)       |
| <i>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg</i> | 1    | QL 2 / 1 day(s)       |
| <b>MULTIPLE SCLEROSIS AGENTS - POTASSIUM CHANNEL BLOCKERS</b>        |      |                       |
| <i>dalfampridine tab er 12hr 10 mg</i>                               | 2    | QL 60 / 30 DAYS       |
| <b>N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONISTS</b>              |      |                       |
| <i>memantine hcl tab 10 mg</i>                                       | 1    | QL 60 / 30 DAYS       |
| <i>memantine hcl oral solution 2 mg/ml</i>                           | 1    | QL 30 / 30 DAYS       |
| <i>memantine hcl oral solution 2 mg/ml</i>                           | 1    | QL 30 / 30 DAYS       |
| <i>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack</i>   | 1    | QL 49 / 30 day(s)     |
| <i>memantine hcl tab 5 mg</i>  | 1    | QL 120 / 30 DAYS      |
| <i>memantine hcl cap er 24hr 14 mg</i>                               | 1    | QL 30 / 30 DAYS       |
| <i>memantine hcl cap er 24hr 21 mg</i>                               | 1    | QL 30 / 30 DAYS       |
| <i>memantine hcl cap er 24hr 28 mg</i>                               | 1    | QL 30 / 30 DAYS       |
| <i>memantine hcl cap er 24hr 7 mg</i>                                | 1    | QL 30 / 30 DAYS       |
| <b>PHENOTHIAZINES &amp; TRICYCLIC AGENTS</b>                         |      |                       |
| PERPHENAZINE-AMITRIPTYLINE 2-10 MG TAB                               | 1    |                       |
| PERPHENAZINE-AMITRIPTYLINE 2-25 MG TAB                               | 1    |                       |
| PERPHENAZINE-AMITRIPTYLINE 4-10 MG TAB                               | 1    |                       |
| PERPHENAZINE-AMITRIPTYLINE 4-25 MG TAB                               | 1    |                       |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS                        |
|---|------|--|
| PERPHENAZINE-AMITRIPTYLINE 4-50 MG TAB                      | 1    |  |
| POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS        |      |  |
| <i>pregabalin tab er 24hr 165 mg</i>                        | 2    | PA   |
| <i>pregabalin tab er 24hr 330 mg</i>                        | 2    | PA   |
| <i>pregabalin tab er 24hr 82.5 mg</i>                       | 2    | PA   |
| PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS - SSRIS       |      |  |
| FLUOXETINE HCL (PMDD) 10 MG CAP                             | 1    | QL 90 / 30 DAYS<br>VAL Value Preventive List |
| FLUOXETINE HCL (PMDD) 10 MG TAB                             | 1    | QL 90 / 30 DAYS<br>VAL Value Preventive List |
| FLUOXETINE HCL (PMDD) 20 MG CAP                             | 1    | QL 90 / 30 DAYS<br>VAL Value Preventive List |
| FLUOXETINE HCL (PMDD) 20 MG TAB                             | 1    | QL 90 / 30 DAYS<br>VAL Value Preventive List |
| ERGOLOID MESYLATES 1 MG TAB                                 | 1    |  |
| PIMOZIDE 1 MG TAB   | 1    | QL 30 / 30 DAYS                              |
| PIMOZIDE 2 MG TAB   | 1    | QL 60 / 30 DAYS                              |
| SMOKING DETERRENTS  |      |  |
| APO-VARENICLINE 0.5 MG TAB                                  | 1    | QL 60 / 30 day(s)<br>PRE Preventative        |
| APO-VARENICLINE 1 MG TAB                                    | 1    | QL 60 / 30 day(s)<br>PRE Preventative        |
| <i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i> | 1    | QL 3 / 1 day(s)<br>PRE Preventative          |
| CHANTIX 0.5 MG TAB  | 1    | QL 60 / 30 day(s)<br>PRE Preventative        |
| CHANTIX 1 MG TAB  | 1    | QL 60 / 30 day(s)<br>PRE Preventative        |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS   |
|--|------|---|
| CHANTIX CONTINUING MONTH PAK 1 MG TAB                                  | 1    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 60 / 30 day(s)</div> <div>PRE Preventative</div> </div>                              |
| CHANTIX STARTING MONTH PAK 0.5 MG X 11 & 1 MG X 42 TAB THPK            | 1    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 53 / 0 day(s)</div> <div>MFL 1 / 365 day(s)</div> <div>PRE Preventative</div> </div> |
| NICOTROL 10 MG INHALER   | 1    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 672 / 30 DAYS</div> <div>PRE Preventative</div> </div>                               |
| NICOTROL NS 10 MG/ML SOLUTION  | 1    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 120 / 30 DAYS</div> <div>PRE Preventative</div> </div>                               |
| <i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</i> | 1    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 53 / 0 day(s)</div> <div>MFL 1 / 365 day(s)</div> <div>PRE Preventative</div> </div> |
| <i>varenicline tartrate tab 0.5 mg (base equiv)</i>                    | 1    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 60 / 30 day(s)</div> <div>PRE Preventative</div> </div>                              |
| <i>varenicline tartrate tab 1 mg (base equiv)</i>                      | 1    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 60 / 30 day(s)</div> <div>PRE Preventative</div> </div>                              |
| <i>varenicline tartrate tab 1 mg (base equiv)</i>                      | 1    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 60 / 30 day(s)</div> <div>PRE Preventative</div> </div>                              |
| <b>SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS</b>               |      |   |
| <i> fingolimod hcl cap 0.5 mg (base equiv)</i>                         | 1    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 1 / 1 day(s)</div> </div>  |
| GILENYA 0.25 MG CAP  | 4    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div>PA</div> <div>S</div> </div>  |
| MAYZENT 0.25 MG TAB  | 4    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div>PA</div> <div>S</div> </div>  |
| MAYZENT 1 MG TAB   | 4    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div>PA</div> <div>S</div> </div>  |
| MAYZENT 2 MG TAB   | 4    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div>PA</div> <div>S</div> </div>  |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| MAYZENT STARTER PACK 0.25 MG TAB THPK                                    | 4    | PA<br>S               |
| MAYZENT STARTER PACK 12 X 0.25 MG TAB THPK                               | 4    | PA<br>S               |
| PONVORY 20 MG TAB  | 4    | PA<br>S               |
| PONVORY STARTER PACK 2,3,4,5,6,7,8,9 & 10 MG TAB THPK                    | 4    | PA<br>S               |
| ZEPOSIA 0.92 MG CAP  | 4    | PA<br>S               |
| ZEPOSIA 7-DAY STARTER PACK 4 X 0.23MG & 3 X 0.46MG CAP THPK              | 4    | PA<br>S               |
| ZEPOSIA STARTER KIT 0.23MG & 0.46MG & 0.92MG CAP THPK                    | 4    | PA<br>S               |
| ZEPOSIA STARTER KIT 0.23MG & 0.46MG & 0.92MG(21) CAP THPK                | 4    | PA<br>S               |
| <b>VASOMOTOR SYMPTOM AGENTS - SSRIS</b>                                  |      |                       |
| <i>paroxetine mesylate cap 7.5 mg (base equiv)</i>                       | 1    | QL 30 / 30 DAYS       |
| <b>RESPIRATORY AGENTS - MISC.<br/>ALPHA-PROTEINASE INHIBITOR (HUMAN)</b> |      |                       |
| ARALAST NP 1000 MG RECON SOLN  | 4    | PA<br>S               |
| ARALAST NP 500 MG RECON SOLN   | 4    | PA<br>S               |
| GLASSIA 1000 MG/50ML SOLUTION  | 4    | PA<br>S               |
| PROLASTIN-C 1000 MG RECON SOLN   | 4    | PA<br>S               |

| PRODUCT DESCRIPTION                         | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| PROLASTIN-C 1000 MG/20ML SOLUTION           | 4    | PA<br>S               |
| ZEMAIRA 1000 MG RECON SOLN                  | 4    | PA<br>S               |
| <b>CFTR POTENTIATORS</b>                    |      |                       |
| KALYDECO 13.4 MG PACKET                     | 4    | PA<br>S               |
| KALYDECO 150 MG TAB                         | 4    | PA<br>S               |
| KALYDECO 25 MG PACKET                       | 4    | PA<br>S               |
| KALYDECO 50 MG PACKET                       | 4    | PA<br>S               |
| KALYDECO 75 MG PACKET                       | 4    | PA<br>S               |
| <b>CYSTIC FIBROSIS AGENT - COMBINATIONS</b> |      |                       |
| ORKAMBI 100-125 MG PACKET                   | 4    | PA<br>S               |
| ORKAMBI 100-125 MG TAB                      | 4    | PA<br>S               |
| ORKAMBI 150-188 MG PACKET                   | 4    | PA<br>S               |
| ORKAMBI 200-125 MG TAB                      | 4    | PA<br>S               |
| ORKAMBI 75-94 MG PACKET                     | 4    | PA<br>S               |
| SYMDEKO 100-150 & 150 MG TAB THPK           | 4    | PA<br>S               |



| PRODUCT DESCRIPTION                                  | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| SYMDEKO 50-75 & 75 MG TAB THPK                       | 4    | PA<br>S               |
| TRIKAFTA 100-50-75 & 150 MG TAB THPK                 | 4    | PA<br>S               |
| TRIKAFTA 100-50-75 & 75 MG THER PACK                 | 4    | PA<br>S               |
| TRIKAFTA 50-25-37.5 & 75 MG TAB THPK                 | 4    | PA<br>S               |
| TRIKAFTA 80-40-60 & 59.5 MG THER PACK                | 4    | PA<br>S               |
| <b>HYDROLYTIC ENZYMES</b>                            |      |                       |
| PULMOZYME 2.5 MG/2.5ML SOLUTION                      | 4    | PA<br>S               |
| <b>PULMONARY FIBROSIS AGENTS</b>                     |      |                       |
| <i>pirfenidone tab 267 mg</i>                        | 4    | PA<br>S               |
| <i>pirfenidone tab 801 mg</i>                        | 4    | PA<br>S               |
| <b>PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS</b> |      |                       |
| OFEV 100 MG CAP                                      | 4    | PA<br>S               |
| OFEV 150 MG CAP                                      | 4    | PA<br>S               |
| <b>SULFONAMIDES</b>                                  |      |                       |
| SULFADIAZINE 500 MG TAB                              | 1    |                       |
| <i>sulfadiazine tab 500 mg</i>                       | 1    |                       |
| <b>TETRACYCLINES</b>                                 |      |                       |
| <i>doxycycline monohydrate tab 100 mg</i>            | 1    |                       |
| <i>minocycline hcl tab er 24hr 90 mg</i>             | 2    | QL 30 / 30 DAYS       |

| PRODUCT DESCRIPTION                                   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>demeclocycline hcl tab 150 mg</i>                  | 2    |                       |
| <i>demeclocycline hcl tab 300 mg</i>                  | 2    |                       |
| <i>doxycycline hyclate cap 100 mg</i>                 | 1    |                       |
| <i>doxycycline hyclate tab 100 mg</i>                 | 1    |                       |
| <i>doxycycline hyclate tab delayed release 100 mg</i> | 2    |                       |
| <i>doxycycline hyclate tab delayed release 150 mg</i> | 2    |                       |
| <i>doxycycline hyclate tab 20 mg</i>                  | 1    |                       |
| <i>doxycycline hyclate cap 50 mg</i>                  | 1    |                       |
| <i>doxycycline hyclate tab delayed release 50 mg</i>  | 2    |                       |
| <i>doxycycline hyclate tab delayed release 75 mg</i>  | 2    |                       |
| <i>doxycycline monohydrate cap 100 mg</i>             | 1    |                       |
| <i>doxycycline monohydrate tab 100 mg</i>             | 1    |                       |
| <i>doxycycline monohydrate tab 150 mg</i>             | 1    |                       |
| <i>doxycycline monohydrate for susp 25 mg/5ml</i>     | 1    | AL1 Up to 8 yrs old   |
| <i>doxycycline monohydrate cap 50 mg</i>              | 1    |                       |
| <i>doxycycline monohydrate tab 50 mg</i>              | 1    |                       |
| <i>doxycycline monohydrate tab 75 mg</i>              | 1    |                       |
| <i>doxycycline hyclate tab 100 mg</i>                 | 1    |                       |
| <i>minocycline hcl cap 100 mg</i>                     | 1    |                       |
| <i>minocycline hcl tab 100 mg</i>                     | 1    |                       |
| <i>minocycline hcl cap 50 mg</i>                      | 1    |                       |
| <i>minocycline hcl tab 50 mg</i>                      | 1    |                       |
| <i>minocycline hcl cap 75 mg</i>                      | 1    |                       |
| <i>minocycline hcl tab er 24hr 105 mg</i>             | 2    | QL 30 / 30 DAYS       |
| <i>minocycline hcl tab er 24hr 115 mg</i>             | 2    | QL 30 / 30 DAYS       |
| <i>minocycline hcl tab er 24hr 135 mg</i>             | 2    | QL 30 / 30 DAYS       |
| <i>minocycline hcl tab er 24hr 45 mg</i>              | 2    | QL 30 / 30 DAYS       |

| PRODUCT DESCRIPTION                       | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>minocycline hcl tab er 24hr 55 mg</i>  | 2    | QL 30 / 30 DAYS       |
| <i>minocycline hcl tab er 24hr 65 mg</i>  | 2    | QL 30 / 30 DAYS       |
| <i>minocycline hcl tab er 24hr 80 mg</i>  | 2    | QL 30 / 30 DAYS       |
| <i>minocycline hcl tab er 24hr 90 mg</i>  | 2    | QL 30 / 30 DAYS       |
| <i>doxycycline monohydrate cap 100 mg</i> | 1    |                       |
| <i>doxycycline hyclate cap 100 mg</i>     | 1    |                       |
| <i>doxycycline hyclate cap 50 mg</i>      | 1    |                       |
| <i>tetracycline hcl cap 250 mg</i>        | 1    |                       |
| <b>THYROID AGENTS</b>                     |      |                       |
| <b>ANTITHYROID AGENTS</b>                 |      |                       |
| <i>methimazole tab 10 mg</i>              | 1    |                       |
| <i>methimazole tab 5 mg</i>               | 1    |                       |
| <i>propylthiouracil tab 50 mg</i>         | 1    |                       |
| <b>THYROID HORMONES</b>                   |      |                       |
| ARMOUR THYROID 120 MG TAB                 | 2    |                       |
| ARMOUR THYROID 15 MG TAB                  | 2    |                       |
| ARMOUR THYROID 180 MG TAB                 | 2    |                       |
| ARMOUR THYROID 240 MG TAB                 | 2    |                       |
| ARMOUR THYROID 30 MG TAB                  | 2    |                       |
| ARMOUR THYROID 300 MG TAB                 | 2    |                       |
| ARMOUR THYROID 60 MG TAB                  | 2    |                       |
| ARMOUR THYROID 90 MG TAB                  | 2    |                       |
| <i>levothyroxine sodium tab 100 mcg</i>   | 1    |                       |
| <i>levothyroxine sodium tab 112 mcg</i>   | 1    |                       |
| <i>levothyroxine sodium tab 125 mcg</i>   | 1    |                       |
| <i>levothyroxine sodium tab 137 mcg</i>   | 1    |                       |
| <i>levothyroxine sodium tab 150 mcg</i>   | 1    |                       |
| <i>levothyroxine sodium tab 175 mcg</i>   | 1    |                       |

| PRODUCT DESCRIPTION                     | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>levothyroxine sodium tab 200 mcg</i> | 1    |                       |
| <i>levothyroxine sodium tab 25 mcg</i>  | 1    |                       |
| <i>levothyroxine sodium tab 50 mcg</i>  | 1    |                       |
| <i>levothyroxine sodium tab 75 mcg</i>  | 1    |                       |
| <i>levothyroxine sodium tab 88 mcg</i>  | 1    |                       |
| <i>levothyroxine sodium tab 100 mcg</i> | 1    |                       |
| <i>levothyroxine sodium tab 112 mcg</i> | 1    |                       |
| <i>levothyroxine sodium tab 125 mcg</i> | 1    |                       |
| <i>levothyroxine sodium tab 137 mcg</i> | 1    |                       |
| <i>levothyroxine sodium tab 150 mcg</i> | 1    |                       |
| <i>levothyroxine sodium tab 175 mcg</i> | 1    |                       |
| <i>levothyroxine sodium tab 200 mcg</i> | 1    |                       |
| <i>levothyroxine sodium tab 25 mcg</i>  | 1    |                       |
| <i>levothyroxine sodium tab 300 mcg</i> | 1    |                       |
| <i>levothyroxine sodium tab 50 mcg</i>  | 1    |                       |
| <i>levothyroxine sodium tab 75 mcg</i>  | 1    |                       |
| <i>levothyroxine sodium tab 88 mcg</i>  | 1    |                       |
| LEVOTHYROXINE SODIUM 100 MCG CAP        | 2    |                       |
| <i>levothyroxine sodium tab 100 mcg</i> | 1    |                       |
| LEVOTHYROXINE SODIUM 112 MCG CAP        | 2    |                       |
| <i>levothyroxine sodium tab 112 mcg</i> | 1    |                       |
| LEVOTHYROXINE SODIUM 125 MCG CAP        | 2    |                       |
| <i>levothyroxine sodium tab 125 mcg</i> | 1    |                       |
| LEVOTHYROXINE SODIUM 13 MCG CAP         | 2    |                       |
| LEVOTHYROXINE SODIUM 137 MCG CAP        | 2    |                       |
| <i>levothyroxine sodium tab 137 mcg</i> | 1    |                       |
| LEVOTHYROXINE SODIUM 150 MCG CAP        | 2    |                       |
| <i>levothyroxine sodium tab 150 mcg</i> | 1    |                       |

| PRODUCT DESCRIPTION                     | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| LEVOTHYROXINE SODIUM 175 MCG CAP        | 2    |                       |
| <i>levothyroxine sodium tab 175 mcg</i> | 1    |                       |
| LEVOTHYROXINE SODIUM 200 MCG CAP        | 2    |                       |
| <i>levothyroxine sodium tab 200 mcg</i> | 1    |                       |
| LEVOTHYROXINE SODIUM 25 MCG CAP         | 2    |                       |
| <i>levothyroxine sodium tab 25 mcg</i>  | 1    |                       |
| <i>levothyroxine sodium tab 300 mcg</i> | 1    |                       |
| LEVOTHYROXINE SODIUM 50 MCG CAP         | 2    |                       |
| <i>levothyroxine sodium tab 50 mcg</i>  | 1    |                       |
| LEVOTHYROXINE SODIUM 75 MCG CAP         | 2    |                       |
| <i>levothyroxine sodium tab 75 mcg</i>  | 1    |                       |
| LEVOTHYROXINE SODIUM 88 MCG CAP         | 2    |                       |
| <i>levothyroxine sodium tab 88 mcg</i>  | 1    |                       |
| <i>levothyroxine sodium tab 100 mcg</i> | 1    |                       |
| <i>levothyroxine sodium tab 112 mcg</i> | 1    |                       |
| <i>levothyroxine sodium tab 125 mcg</i> | 1    |                       |
| <i>levothyroxine sodium tab 137 mcg</i> | 1    |                       |
| <i>levothyroxine sodium tab 150 mcg</i> | 1    |                       |
| <i>levothyroxine sodium tab 175 mcg</i> | 1    |                       |
| <i>levothyroxine sodium tab 200 mcg</i> | 1    |                       |
| <i>levothyroxine sodium tab 25 mcg</i>  | 1    |                       |
| <i>levothyroxine sodium tab 50 mcg</i>  | 1    |                       |
| <i>levothyroxine sodium tab 75 mcg</i>  | 1    |                       |
| <i>levothyroxine sodium tab 88 mcg</i>  | 1    |                       |
| <i>liothyronine sodium tab 25 mcg</i>   | 1    |                       |
| <i>liothyronine sodium tab 5 mcg</i>    | 1    |                       |
| <i>liothyronine sodium tab 50 mcg</i>   | 1    |                       |
| NATURE-THROID 113.75 MG TAB             | 2    |                       |

| PRODUCT DESCRIPTION         | TIER | LIMITS & RESTRICTIONS |
|-----------------------------|------|-----------------------|
| NATURE-THROID 130 MG TAB    | 2    |                       |
| NATURE-THROID 146.25 MG TAB | 2    |                       |
| NATURE-THROID 16.25 MG TAB  | 2    |                       |
| NATURE-THROID 162.5 MG TAB  | 2    |                       |
| NATURE-THROID 195 MG TAB    | 2    |                       |
| NATURE-THROID 260 MG TAB    | 2    |                       |
| NATURE-THROID 32.5 MG TAB   | 2    |                       |
| NATURE-THROID 325 MG TAB    | 2    |                       |
| NATURE-THROID 48.75 MG TAB  | 2    |                       |
| NATURE-THROID 65 MG TAB     | 2    |                       |
| NATURE-THROID 81.25 MG TAB  | 2    |                       |
| NATURE-THROID 97.5 MG TAB   | 2    |                       |
| NIVA THYROID 120 MG TAB     | 1    |                       |
| NIVA THYROID 15 MG TAB      | 1    |                       |
| NIVA THYROID 30 MG TAB      | 1    |                       |
| NIVA THYROID 60 MG TAB      | 1    |                       |
| NIVA THYROID 90 MG TAB      | 1    |                       |
| NP THYROID 120 MG TAB       | 1    |                       |
| NP THYROID 15 MG TAB        | 1    |                       |
| NP THYROID 30 MG TAB        | 1    |                       |
| NP THYROID 60 MG TAB        | 1    |                       |
| NP THYROID 90 MG TAB        | 1    |                       |
| SYNTHROID 100 MCG TAB       | 2    |                       |
| SYNTHROID 112 MCG TAB       | 2    |                       |
| SYNTHROID 125 MCG TAB       | 2    |                       |
| SYNTHROID 137 MCG TAB       | 2    |                       |
| SYNTHROID 150 MCG TAB       | 2    |                       |
| SYNTHROID 175 MCG TAB       | 2    |                       |

| PRODUCT DESCRIPTION                     | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| SYNTHROID 200 MCG TAB                   | 2    |                       |
| SYNTHROID 25 MCG TAB                    | 2    |                       |
| SYNTHROID 300 MCG TAB                   | 2    |                       |
| SYNTHROID 50 MCG TAB                    | 2    |                       |
| SYNTHROID 75 MCG TAB                    | 2    |                       |
| SYNTHROID 88 MCG TAB                    | 2    |                       |
| THYROID 120 MG TAB                      | 1    |                       |
| <i>thyroid tab 120 mg (2 grain)</i>     | 1    |                       |
| THYROID 15 MG TAB                       | 1    |                       |
| <i>thyroid tab 15 mg (1/4 grain)</i>    | 1    |                       |
| THYROID 30 MG TAB                       | 1    |                       |
| <i>thyroid tab 30 mg (1/2 grain)</i>    | 1    |                       |
| THYROID 60 MG TAB                       | 1    |                       |
| <i>thyroid tab 60 mg (1 grain)</i>      | 1    |                       |
| THYROID 90 MG TAB                       | 1    |                       |
| <i>thyroid tab 90 mg (1 1/2 grain)</i>  | 1    |                       |
| <i>levothyroxine sodium tab 100 mcg</i> | 1    |                       |
| <i>levothyroxine sodium tab 112 mcg</i> | 1    |                       |
| <i>levothyroxine sodium tab 125 mcg</i> | 1    |                       |
| <i>levothyroxine sodium tab 137 mcg</i> | 1    |                       |
| <i>levothyroxine sodium tab 150 mcg</i> | 1    |                       |
| <i>levothyroxine sodium tab 175 mcg</i> | 1    |                       |
| <i>levothyroxine sodium tab 200 mcg</i> | 1    |                       |
| <i>levothyroxine sodium tab 25 mcg</i>  | 1    |                       |
| <i>levothyroxine sodium tab 300 mcg</i> | 1    |                       |
| <i>levothyroxine sodium tab 50 mcg</i>  | 1    |                       |
| <i>levothyroxine sodium tab 75 mcg</i>  | 1    |                       |
| <i>levothyroxine sodium tab 88 mcg</i>  | 1    |                       |

| PRODUCT DESCRIPTION                                     | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| WESTHROID 130 MG TAB                                    | 3    |                       |
| WESTHROID 195 MG TAB                                    | 3    |                       |
| WESTHROID 32.5 MG TAB                                   | 3    |                       |
| WESTHROID 65 MG TAB                                     | 3    |                       |
| WESTHROID 97.5 MG TAB                                   | 3    |                       |
| WP THYROID 113.75 MG TAB                                | 3    |                       |
| WP THYROID 130 MG TAB                                   | 3    |                       |
| WP THYROID 16.25 MG TAB                                 | 3    |                       |
| WP THYROID 32.5 MG TAB                                  | 3    |                       |
| WP THYROID 48.75 MG TAB                                 | 3    |                       |
| WP THYROID 65 MG TAB                                    | 3    |                       |
| WP THYROID 81.25 MG TAB                                 | 3    |                       |
| WP THYROID 97.5 MG TAB                                  | 3    |                       |
| <b>TOXOIDS</b>  |      |                       |
| <b>TOXOID COMBINATIONS</b>                              |      |                       |
| ADACEL 5-2-15.5 LF-MCG/0.5 SUSPENSION                   | 1    | PRE Preventative      |
| BOOSTRIX 5-2.5-18.5 LF-MCG/0.5 SUSP PRSYR               | 1    | PRE Preventative      |
| BOOSTRIX 5-2.5-18.5 LF-MCG/0.5 SUSPENSION               | 1    | PRE Preventative      |
| DAPTACEL 23-15-5 SUSPENSION                             | 1    | PRE Preventative      |
| DIPHtheria-TETANUS TOXOIDS DT 25-5 LFU/0.5ML SUSPENSION | 1    | PRE Preventative      |
| INFANRIX 25-58-10 SUSPENSION                            | 1    | PRE Preventative      |
| KINRIX SUSPENSION                                       | 1    | PRE Preventative      |
| KINRIX 0.5 ML SUSP PRSYR                                | 1    | PRE Preventative      |
| PEDIARIX SUSP PRSYR                                     | 1    | PRE Preventative      |
| PENTACEL RECON SUSP                                     | 1    | PRE Preventative      |
| QUADRACEL SUSPENSION                                    | 1    | PRE Preventative      |



| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| QUADRACEL 0.5 ML SUSP PRSYR   | 1    | PRE Preventative      |
| TDVAX 2-2 LF/0.5ML SUSPENSION   | 1    | PRE Preventative      |
| TENIVAC 5-2 LFU INJECTABLE  | 1    | PRE Preventative      |
| TETANUS-DIPHTHERIA TOXOIDS TD 2-2 LF/0.5ML SUSPENSION                               | 1    | PRE Preventative      |
| VAXELIS SUSP PRSYR  | 1    | PRE Preventative      |
| VAXELIS SUSPENSION  | 1    | PRE Preventative      |
| <b>ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS<br/>ANTICHOLINERGIC COMBINATIONS</b> |      |                       |
| BELLADONNA ALKALOIDS-OPIUM 16.2-60 MG SUPPOS  | 2    |                       |
| <b>ANTISPASMODICS</b>   |      |                       |
| <i>dicyclomine hcl cap 10 mg</i>  | 1    |                       |
| <i>dicyclomine hcl oral soln 10 mg/5ml</i>  | 1    | AL1 Up to 8 yrs old   |
| <i>dicyclomine hcl tab 20 mg</i>  | 1    |                       |
| <b>BELLADONNA ALKALOIDS</b>   |      |                       |
| <i>hyoscyamine sulfate sl tab 0.125 mg</i>  | 1    |                       |
| <i>hyoscyamine sulfate tab 0.125 mg</i>   | 1    |                       |
| <i>hyoscyamine sulfate tab er 12hr 0.375 mg</i>                                     | 1    |                       |
| <i>hyoscyamine sulfate sl tab 0.125 mg</i>  | 1    |                       |
| <i>hyoscyamine sulfate sl tab 0.125 mg</i>  | 1    |                       |
| <i>hyoscyamine sulfate tab er 12hr 0.375 mg</i>                                     | 1    |                       |
| SYMAX DUOTAB 0.375 MG TAB ER  | 3    | PA                    |
| <i>hyoscyamine sulfate sl tab 0.125 mg</i>  | 1    |                       |
| <i>hyoscyamine sulfate tab er 12hr 0.375 mg</i>                                     | 1    |                       |
| <b>H-2 ANTAGONISTS</b>  |      |                       |
| CIMETIDINE HCL 300 MG/5ML SOLUTION  | 1    | AL1 Up to 8 yrs old   |
| <i>cimetidine hcl soln 300 mg/5ml</i>   | 1    | AL1 Up to 8 yrs old   |
| <i>cimetidine hcl soln 300 mg/5ml</i>   | 1    | AL1 Up to 8 yrs old   |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS                     |
|---|------|---|
| <i>famotidine tab 20 mg</i>   | 1    |   |
| <i>famotidine tab 40 mg</i>   | 1    |   |
| <i>famotidine for susp 40 mg/5ml</i>                                | 1    |   |
| NIZATIDINE 150 MG CAP   | 1    |   |
| <i>nizatidine cap 150 mg</i>  | 1    |   |
| NIZATIDINE 300 MG CAP   | 1    |   |
| <i>nizatidine cap 300 mg</i>  | 1    |   |
| <i>ranitidine hcl syrup 15 mg/ml (75 mg/5ml)</i>                    | 1    | AL1 Up to 8 yrs old                       |
| <i>ranitidine hcl cap 150 mg</i>                                    | 1    |   |
| <i>ranitidine hcl tab 150 mg</i>                                    | 1    |   |
| <i>ranitidine hcl syrup 15 mg/ml (75 mg/5ml)</i>                    | 1    | AL1 Up to 8 yrs old                       |
| <i>ranitidine hcl cap 300 mg</i>                                    | 1    |   |
| <i>ranitidine hcl tab 300 mg</i>                                    | 1    |   |
| <i>ranitidine hcl syrup 15 mg/ml (75 mg/5ml)</i>                    | 1    | AL1 Up to 8 yrs old                       |
| <b>MISC. ANTI-ULCER</b>   |      |   |
| <i>sucralfate tab 1 gm</i>  | 1    |   |
| <i>sucralfate susp 1 gm/10ml</i>                                    | 1    |   |
| <b>PROTON PUMP INHIBITOR-ANTACID COMBINATIONS</b>                   |      |   |
| KONVOMEK 2-84 MG/ML RECON SUSP                                      | 3    | QL 300 / 30 day(s)<br>AL1 Up to 8 yrs old |
| <b>PROTON PUMP INHIBITORS</b>                                       |      |   |
| <i>dexlansoprazole cap delayed release 30 mg</i>                    | 2    | QL 1 / 1 day(s)<br>ST                     |
| <i>dexlansoprazole cap delayed release 60 mg</i>                    | 2    | QL 30 / 30 day(s)<br>ST                   |
| <i>esomeprazole magnesium for delayed release susp packet 10 mg</i> | 2    | AL1 Up to 8 yrs old                       |
| <i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>   | 1    |   |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS                   |
|---|------|---|
| <i>esomeprazole magnesium for delayed release susp packet 20 mg</i> | 2    | AL1 Up to 8 yrs old                     |
| <i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>   | 1    | QL 60 / 30 DAYS                         |
| <i>esomeprazole magnesium for delayed release susp packet 40 mg</i> | 2    | AL1 Up to 8 yrs old                     |
| FIRST-LANSOPRAZOLE 3 MG/ML SUSPENSION                               | 1    | QL 10 / 1 day(s)<br>AL1 Up to 8 yrs old |
| FIRST-OMEPRAZOLE 2 MG/ML SUSPENSION                                 | 1    | QL 10 / 1 day(s)<br>AL1 Up to 8 yrs old |
| <i>lansoprazole cap delayed release 15 mg</i>                       | 1    | QL 60 / 30 DAYS                         |
| <i>lansoprazole cap delayed release 30 mg</i>                       | 1    | QL 60 / 30 DAYS                         |
| <i>omeprazole cap delayed release 10 mg</i>                         | 1    | QL 60 / 30 DAYS                         |
| <i>omeprazole cap delayed release 20 mg</i>                         | 1    | QL 60 / 30 day(s)                       |
| <i>omeprazole cap delayed release 40 mg</i>                         | 1    | QL 60 / 30 DAYS                         |
| <i>pantoprazole sodium ec tab 20 mg (base equiv)</i>                | 1    | QL 60 / 30 DAYS                         |
| <i>pantoprazole sodium ec tab 40 mg (base equiv)</i>                | 1    | QL 60 / 30 DAYS                         |
| <i>rabeprazole sodium ec tab 20 mg</i>                              | 1    | QL 60 / 30 DAYS                         |
| <b>QUATERNARY ANTICHOLINERGICS</b>                                  |      |   |
| <i>glycopyrrolate tab 1 mg</i>                                      | 1    |   |
| <i>glycopyrrolate oral soln 1 mg/5ml</i>                            | 2    | PA<br>AL1 Up to 8 yrs old               |
| <i>glycopyrrolate tab 2 mg</i>                                      | 1    |   |
| <i>methscopolamine bromide tab 2.5 mg</i>                           | 1    |   |
| <i>methscopolamine bromide tab 5 mg</i>                             | 1    |   |
| <b>ULCER DRUGS - PROSTAGLANDINS</b>                                 |      |   |
| <i>misoprostol tab 100 mcg</i>                                      | 1    |   |
| <i>misoprostol tab 200 mcg</i>                                      | 1    |   |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS                  |
|---|------|--|
| <b>URINARY ANTISPASMODICS</b>                                   |      |  |
| <b>URINARY ANTISPASMODIC - ANTIMUSCARINIC (ANTICHOLINERGIC)</b> |      |  |
| <i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>  | 1    | QL 30 / 30 DAYS                        |
| <i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i> | 1    |  |
| <i>fesoterodine fumarate tab er 24hr 4 mg</i>                   | 1    | QL 30 / 30 day(s)                      |
| <i>fesoterodine fumarate tab er 24hr 8 mg</i>                   | 1    | QL 30 / 30 day(s)                      |
| GELNIQUE 10 % GEL   | 3    | QL 30 / 30 DAYS                        |
| GELNIQUE PUMP 10 % GEL  | 3    | QL 30 / 30 DAYS                        |
| OXYBUTYNIN CHLORIDE 2.5 MG TAB                                  | 2    | QL 1 / 1 day(s)<br>AL1 0 to 18 yrs old |
| <i>oxybutynin chloride tab 5 mg</i>                             | 1    | QL 120 / 30 DAYS                       |
| <i>oxybutynin chloride solution 5 mg/5ml</i>                    | 1    | QL 600 / 30 day(s)                     |
| <i>oxybutynin chloride tab er 24hr 10 mg</i>                    | 1    |  |
| <i>oxybutynin chloride tab er 24hr 15 mg</i>                    | 1    |  |
| <i>oxybutynin chloride tab er 24hr 5 mg</i>                     | 1    |  |
| <i>solifenacin succinate tab 10 mg</i>                          | 2    | QL 30 / 30 DAYS                        |
| <i>solifenacin succinate tab 5 mg</i>                           | 2    | QL 30 / 30 DAYS                        |
| <i>tolterodine tartrate tab 1 mg</i>                            | 1    | QL 60 / 30 DAYS                        |
| <i>tolterodine tartrate tab 2 mg</i>                            | 1    | QL 60 / 30 DAYS                        |
| <i>tolterodine tartrate cap er 24hr 2 mg</i>                    | 1    | QL 30 / 30 DAYS                        |
| <i>tolterodine tartrate cap er 24hr 4 mg</i>                    | 1    | QL 30 / 30 DAYS                        |
| <i>tropium chloride tab 20 mg</i>                               | 1    | QL 60 / 30 DAYS                        |
| <i>tropium chloride cap er 24hr 60 mg</i>                       | 1    |  |
| VESICARE LS 5 MG/5ML SUSPENSION                                 | 3    | AL1 Up to 8 yrs old                    |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS                         |
|--|------|---|
| <b>URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS</b> |      |   |
| MYRBETRIQ 25 MG TAB ER 24H                                 | 3    | QL 30 / 30 DAYS<br>ST                         |
| MYRBETRIQ 50 MG TAB ER 24H                                 | 3    | QL 30 / 30 DAYS<br>ST                         |
| MYRBETRIQ 8 MG/ML SRER                                     | 3    | QL 10 / 1 day(s)<br>ST<br>AL1 Up to 8 yrs old |
| <b>URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS</b>       |      |   |
| <i>bethanechol chloride tab 10 mg</i>                      | 1    |   |
| <i>bethanechol chloride tab 25 mg</i>                      | 1    |   |
| <i>bethanechol chloride tab 5 mg</i>                       | 1    |   |
| <i>bethanechol chloride tab 50 mg</i>                      | 1    |   |
| <b>URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS</b>    |      |   |
| <i>flavoxate hcl tab 100 mg</i>                            | 1    |   |
| <b>VACCINES</b>  |      |   |
| <b>BACTERIAL VACCINES</b>                                  |      |   |
| ACTHIB RECON SOLN  | 1    | PRE Preventative                              |
| BEXSERO SUSP PRSYR   | 1    | PRE Preventative                              |
| HIBERIX 10 MCG RECON SOLN                                  | 1    | PRE Preventative                              |
| MENACTRA SOLUTION  | 1    | PRE Preventative                              |
| MENQUADFI SOLUTION   | 1    | PRE Preventative                              |
| MENVEO RECON SOLN  | 1    | PRE Preventative                              |
| MENVEO SOLUTION  | 1    | PRE Preventative                              |
| PEDVAX HIB 7.5 MCG/0.5ML SUSPENSION                        | 1    | PRE Preventative                              |
| PNEUMOVAX 23 25 MCG/0.5ML INJECTABLE                       | 1    | PRE Preventative                              |
| PREVNAR 13 SUSPENSION                                      | 1    | PRE Preventative                              |

| PRODUCT DESCRIPTION                            | TIER | LIMITS & RESTRICTIONS                       |
|--|------|---|
| PREVNAR 20 0.5 ML SUSP PRSYR                   | 1    | PRE Preventative                            |
| TRUMENBA SUSP PRSYR                            | 1    | PRE Preventative                            |
| VAXNEUVANCE 0.5 ML SUSP PRSYR                  | 1    | PRE Preventative                            |
| <b>VIRAL VACCINE COMBINATIONS</b>              |      |   |
| M-M-R II RECON SOLN                            | 1    | AL1 Up to 59 yrs old<br>PRE Preventative    |
| PRIORIX RECON SUSP                             | 1    | PRE Preventative                            |
| PROQUAD RECON SUSP                             | 1    | AL1 Up to 59 yrs old<br>PRE Preventative    |
| TWINRIX 720-20 ELU-MCG/ML SUSP PRSYR           | 1    | PRE Preventative                            |
| <b>VIRAL VACCINES</b>                          |      |   |
| ABRYVO 120 MCG/0.5ML RECON SOLN                | 2    | PRE Preventative                            |
| ACAM2000 RECON SOLN                            | 2    |   |
| AFLURIA QUADRIVALENT SUSPENSION                | 1    | QL 0.5 / 0 DAYS<br>PRE Preventative         |
| AFLURIA QUADRIVALENT 0.25 ML SUSP PRSYR        | 1    | QL 0.5 / 0 DAYS<br>PRE Preventative         |
| AFLURIA QUADRIVALENT 0.5 ML SUSP PRSYR         | 1    | QL 0.5 / 0 DAYS<br>PRE Preventative         |
| AREXVY 120 MCG/0.5ML RECON SUSP                | 2    | AL1 At least 60 yrs old<br>PRE Preventative |
| ASTRAZENECA COVID-19 VACCINE 0.5 ML SUSPENSION | 1    | MFL 3 / 1 year(s)<br>PRE Preventative       |
| COMIRNATY 30 MCG/0.3ML SUSP PRSYR              | 1    | MFL 3 / 1 year(s)<br>PRE Preventative       |
| COMIRNATY 30 MCG/0.3ML SUSPENSION              | 1    | MFL 3 / 1 year(s)<br>PRE Preventative       |

| PRODUCT DESCRIPTION                              | TIER | LIMITS & RESTRICTIONS                  |
|--|------|--|
| ENGERIX-B 10 MCG/0.5ML SUSP PRSYR                | 1    | PRE Preventative                       |
| ENGERIX-B 20 MCG/ML SUSP PRSYR                   | 1    | PRE Preventative                       |
| ENGERIX-B 20 MCG/ML SUSPENSION                   | 1    | PRE Preventative                       |
| FLUAD 0.5 ML SUSP PRSYR                          | 1    | QL 0.5 / 0 DAYS<br>PRE Preventative    |
| FLUAD QUADRIVALENT 0.5 ML PRSYR                  | 1    | MFL 1 / 365 day(s)<br>PRE Preventative |
| FLUARIX QUADRIVALENT 0.5 ML SUSP PRSYR           | 1    | QL 0.5 / 0 DAYS<br>PRE Preventative    |
| FLUBLOK QUADRIVALENT 0.5 ML SOLN PRSYR           | 1    | QL 0.5 / 0 day(s)<br>PRE Preventative  |
| FLUCELVAX QUADRIVALENT SUSPENSION                | 1    | QL 0.5 / 0 day(s)<br>PRE Preventative  |
| FLUCELVAX QUADRIVALENT 0.5 ML SUSP PRSYR         | 1    | QL 0.5 / 0 DAYS<br>PRE Preventative    |
| FLULAVAL QUADRIVALENT SUSPENSION                 | 1    | QL 0.5 / 0 DAYS<br>PRE Preventative    |
| FLULAVAL QUADRIVALENT 0.5 ML SUSP PRSYR          | 1    | QL 0.5 / 0 DAYS<br>PRE Preventative    |
| FLUMIST QUADRIVALENT SUSPENSION                  | 1    | QL 0.5 / 0 DAYS<br>PRE Preventative    |
| FLUZONE HIGH-DOSE 0.5 ML SUSP PRSYR              | 1    | QL 0.5 / 0 DAYS<br>PRE Preventative    |
| FLUZONE HIGH-DOSE QUADRIVALENT 0.7 ML SUSP PRSYR | 1    | PRE Preventative                       |
| FLUZONE QUADRIVALENT SUSPENSION                  | 1    | QL 0.5 / 0 DAYS<br>PRE Preventative    |
| FLUZONE QUADRIVALENT 0.25 ML SUSP PRSYR          | 1    | QL 0.5 / 0 DAYS<br>PRE Preventative    |

| PRODUCT DESCRIPTION                                    | TIER | LIMITS & RESTRICTIONS                   |
|--|------|---|
| FLUZONE QUADRIVALENT 0.5 ML SUSP PRSYR                 | 1    | QL 0.5 / 0 DAYS<br>PRE Preventative     |
| FLUZONE QUADRIVALENT 0.5 ML SUSPENSION                 | 1    | QL 0.5 / 0 DAYS<br>PRE Preventative     |
| GARDASIL 9 SUSP PRSYR                                  | 1    | AL1 9 to 45 yrs old<br>PRE Preventative |
| GARDASIL 9 SUSPENSION                                  | 1    | AL1 9 to 45 yrs old<br>PRE Preventative |
| HAVRIX 1440 EL U/ML SUSPENSION                         | 1    | PRE Preventative                        |
| HAVRIX 720 EL U/0.5ML SUSPENSION                       | 1    | PRE Preventative                        |
| HEPLISAV-B 20 MCG/0.5ML SOLN PRSYR                     | 1    | PRE Preventative                        |
| HEPLISAV-B 20 MCG/0.5ML SOLUTION                       | 1    | PRE Preventative                        |
| IPOL INJECTABLE  | 1    | PRE Preventative                        |
| JYNNEOS 0.5 ML SUSPENSION                              | 2    |   |
| MODERNA COVID-19 BIVAL 6M-5Y 10 MCG/0.2ML SUSPENSION   | 1    | MFL 3 / 1 year(s)<br>PRE Preventative   |
| MODERNA COVID-19 BIVAL BOOSTER 50 MCG/0.5ML SUSPENSION | 1    | MFL 3 / 1 year(s)<br>PRE Preventative   |
| MODERNA COVID-19 BIVALENT 50 MCG/0.5ML SUSPENSION      | 1    | MFL 3 / 1 year(s)<br>PRE Preventative   |
| MODERNA COVID-19 VAC (BOOSTER) 50 MCG/0.5ML SUSPENSION | 1    | MFL 3 / 365 day(s)<br>PRE Preventative  |
| MODERNA COVID-19 VAC 6M-11Y 25 MCG/0.25ML SUSPENSION   | 2    | MFL 3 / 1 year(s)<br>PRE Preventative   |
| MODERNA COVID-19 VACC 6-11Y 50 MCG/0.5ML SUSPENSION    | 1    | MFL 3 / 1 year(s)<br>PRE Preventative   |
| MODERNA COVID-19 VACC 6M-5Y 25 MCG/0.25ML SUSPENSION   | 1    | MFL 3 / 1 year(s)<br>PRE Preventative   |



| PRODUCT DESCRIPTION                                    | TIER | LIMITS & RESTRICTIONS                  |
|--|------|--|
| MODERNA COVID-19 VACCINE 100 MCG/0.5ML SUSPENSION      | 1    | MFL 3 / 1 year(s)<br>PRE Preventative  |
| NOVAVAX COVID-19 VACCINE 5 MCG/0.5ML SUSPENSION        | 1    | MFL 3 / 1 year(s)<br>PRE Preventative  |
| PFIZER COVID-19 BIVAL 6MO-4YR 3 MCG/0.2ML SUSPENSION   | 1    | MFL 3 / 1 year(s)<br>PRE Preventative  |
| PFIZER COVID-19 VAC BIVAL 5-11 10 MCG/0.2ML SUSPENSION | 1    | MFL 3 / 1 year(s)<br>PRE Preventative  |
| PFIZER COVID-19 VAC BIVALENT 30 MCG/0.3ML SUSPENSION   | 1    | MFL 3 / 1 year(s)<br>PRE Preventative  |
| PFIZER COVID-19 VAC-TRIS 5-11Y 10 MCG/0.2ML SUSPENSION | 1    | MFL 3 / 1 year(s)<br>PRE Preventative  |
| PFIZER COVID-19 VAC-TRIS 5-11Y 10 MCG/0.3ML SUSPENSION | 2    | MFL 3 / 1 year(s)<br>PRE Preventative  |
| PFIZER COVID-19 VAC-TRIS 6M-4Y 3 MCG/0.2ML SUSPENSION  | 1    | MFL 3 / 365 day(s)<br>PRE Preventative |
| PFIZER COVID-19 VAC-TRIS 6M-4Y 3 MCG/0.3ML SUSPENSION  | 2    | MFL 3 / 1 year(s)<br>PRE Preventative  |
| PFIZER-BIONT COVID-19 VAC-TRIS 30 MCG/0.3ML SUSPENSION | 1    | MFL 3 / 1 year(s)<br>PRE Preventative  |
| PFIZER-BIONTECH COVID-19 VACC 30 MCG/0.3ML SUSPENSION  | 1    | MFL 3 / 1 year(s)<br>PRE Preventative  |
| PREHEVBRIO 10 MCG/ML SUSPENSION                        | 1    | PRE Preventative                       |
| RECOMBIVAX HB 10 MCG/ML SUSP PRSYR                     | 1    | PRE Preventative                       |
| RECOMBIVAX HB 10 MCG/ML SUSPENSION                     | 1    | PRE Preventative                       |
| RECOMBIVAX HB 40 MCG/ML SUSPENSION                     | 1    | PRE Preventative                       |
| RECOMBIVAX HB 5 MCG/0.5ML SUSP PRSYR                   | 1    | PRE Preventative                       |

| PRODUCT DESCRIPTION                                | TIER | LIMITS & RESTRICTIONS                       |
|--|------|---|
| RECOMBIVAX HB 5 MCG/0.5ML SUSPENSION               | 1    | PRE Preventative                            |
| ROTARIX RECON SUSP                                 | 1    | AL1 Up to 8 yrs old<br>PRE Preventative     |
| ROTARIX SUSPENSION                                 | 1    | AL1 Up to 8 yrs old<br>PRE Preventative     |
| ROTATEQ SOLUTION                                   | 1    | AL1 Up to 8 yrs old<br>PRE Preventative     |
| SANOFI COVID-19 VAC (BOOSTER) 5 MCG/0.5ML EMULSION | 1    | MFL 3 / 1 year(s)<br>PRE Preventative       |
| SHINGRIX 50 MCG/0.5ML RECON SUSP                   | 1    | PRE Preventative                            |
| SPIKEVAX 50 MCG/0.5ML SUSP PRSYR                   | 1    | MFL 3 / 1 year(s)<br>PRE Preventative       |
| SPIKEVAX 50 MCG/0.5ML SUSPENSION                   | 1    | MFL 3 / 365 day(s)<br>PRE Preventative      |
| SPIKEVAX COVID-19 VACCINE 100 MCG/0.5ML SUSPENSION | 1    | MFL 3 / 1 year(s)<br>PRE Preventative       |
| VAQTA 25 UNIT/0.5ML SUSPENSION                     | 1    | PRE Preventative                            |
| VAQTA 50 UNIT/ML SUSPENSION                        | 1    | PRE Preventative                            |
| VARIVAX 1350 PFU/0.5ML INJECTABLE                  | 1    | PRE Preventative                            |
| ZOSTAVAX 19400 UNT/0.65ML RECON SUSP               | 1    | AL1 At least 50 yrs old<br>PRE Preventative |
| <b>VAGINAL AND RELATED PRODUCTS</b>                |      |   |
| <b>IMIDAZOLE-RELATED ANTIFUNGALS</b>               |      |   |
| <i>terconazole vaginal cream 0.4%</i>              | 1    | QL 450 / 30 DAYS                            |
| <i>terconazole vaginal cream 0.8%</i>              | 1    | QL 450 / 30 day(s)                          |
| <i>terconazole vaginal suppos 80 mg</i>            | 1    | QL 3 / 3 DAYS                               |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS   |
|--|------|---|
| <b>VAGINAL ANTI-INFECTIVES</b>                                   |      |   |
| <i>clindamycin phosphate vaginal cream 2%</i>                    | 1    |   |
| <i>metronidazole vaginal gel 0.75%</i>                           | 1    |   |
| VANDAZOLE 0.75 % GEL   | 1    |   |
| <b>VAGINAL CONTRACEPTIVE PH MODULATOR - COMBINATIONS</b>         |      |   |
| PHEXXI 1.8-1-0.4 % GEL   | 1    | <span>QL</span> 60 / 30 day(s)<br><span>PRE</span> Preventative |
| <b>VAGINAL ESTROGENS</b>   |      |   |
| <i>estradiol vaginal cream 0.1 mg/gm</i>                         | 2    |   |
| <i>estradiol vaginal tab 10 mcg</i>                              | 1    |   |
| ESTRING 2 MG RING  | 2    | <span>QL</span> 1 / 90 DAYS                                     |
| ESTRING 7.5 MCG/24HR RING  | 2    | <span>QL</span> 1 / 90 DAYS                                     |
| FEMRING 0.05 MG/24HR RING  | 3    | <span>QL</span> 1 / 84 DAYS                                     |
| FEMRING 0.1 MG/24HR RING   | 3    | <span>QL</span> 1 / 84 DAYS                                     |
| PREMARIN 0.625 MG/GM CREAM                                       | 2    |   |
| <i>estradiol vaginal tab 10 mcg</i>                              | 1    |   |
| <b>VAGINAL PROGESTINS</b>  |      |   |
| CRINONE 4 % GEL  | 4    | <span>PA</span><br><span>S</span>                               |
| CRINONE 8 % GEL  | 4    | <span>PA</span><br><span>S</span>                               |
| ENDOMETRIN 100 MG INSERT   | 3    |   |
| <b>VASOPRESSORS</b>  |      |   |
| <b>ANAPHYLAXIS THERAPY AGENTS</b>                                |      |   |
| EPINEPHRINE 0.15 MG/0.15ML SOLN A-INJ                            | 1    | <span>QL</span> 4 / 365 day(s)                                  |
| <i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i> | 1    | <span>QL</span> 4 / 365 day(s)                                  |
| EPINEPHRINE 0.3 MG/0.3ML SOLN A-INJ                              | 1    | <span>QL</span> 4 / 365 day(s)                                  |
| <i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>  | 1    | <span>QL</span> 4 / 365 day(s)                                  |

| PRODUCT DESCRIPTION                                      | TIER | LIMITS & RESTRICTIONS   |
|--|------|---|
| SYMJEPI 0.15 MG/0.3ML SOLN PRSYR                         | 2    | <span>QL</span> 4 / 365 day(s)<br><span>MFL</span> 2 / 365 DAYS |
| <b>NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS</b> |      |   |
| <i>droxidopa cap 100 mg</i>                              | 2    | PA  |
| <i>droxidopa cap 200 mg</i>                              | 2    | PA  |
| <i>droxidopa cap 300 mg</i>                              | 2    | PA  |
| <i>midodrine hcl tab 10 mg</i>                           | 1    |   |
| <i>midodrine hcl tab 2.5 mg</i>                          | 1    |   |
| <i>midodrine hcl tab 5 mg</i>                            | 1    |   |
| <b>VITAMINS</b>  |      |   |
| <b>VITAMIN D</b>   |      |   |
| DRISDOL 1.25 MG (50000 UT) CAP                           | 1    |   |
| <i>ergocalciferol cap 1.25 mg (50000 unit)</i>           | 1    | <span>QL</span> 4 / 28 DAYS                                     |
| <i>ergocalciferol cap 1.25 mg (50000 unit)</i>           | 1    | <span>QL</span> 4 / 28 DAYS                                     |
| <i>ergocalciferol cap 1.25 mg (50000 unit)</i>           | 1    | <span>QL</span> 4 / 28 DAYS                                     |
| <b>VITAMIN K</b>   |      |   |
| <i>phytonadione tab 5 mg</i>                             | 2    | <span>QL</span> 5 / 30 DAYS                                     |

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