



**Pharmacy Solutions**  
**Abridged Formulary 2024**

# How to Use This Document

## What is the UNC Health Pharmacy Solutions formulary?

The UNC Health Pharmacy Solutions formulary is a list of prescription medications that are covered as part of your pharmacy benefit. This document is a list of the most commonly used prescription drugs included on the formulary.

The full UNC Health Pharmacy Solutions formulary is developed in consultation with a team of health care providers and represents prescription therapies that are a necessary part of a quality treatment program. The plan's Pharmacy & Therapeutics Committee is composed of practicing prescribers and pharmacists who review medications at least quarterly.

## Introduction

This formulary document is organized into broad categories by Therapeutic Class. Generic drugs are shown in lower case *italic* type, and brand name drugs are shown in CAPITAL letters.

## What are tiers?

Within the formulary, each medication has been assigned a drug tier, or a level of coverage. There may be differences in out-of-pocket cost depending on the tier level. Please refer to your benefits guide for detailed information on the out-of-pocket costs associated with each tier.

**Tier 1:** This tier mostly consists of low cost, commonly used generic prescription medications.

**Tier 2:** This tier mostly consists of moderate cost prescription medications. This tier may include higher cost generic medications and some preferred brand-name prescription medications.

**Tier 3:** This tier mostly consists of higher cost prescription medications including non- preferred brand-name prescription medications. Usually, there is a tier one or two alternative available for medication in this tier.

**Tier 4:** This tier is reserved for the highest cost specialty prescription medications used to treat complex or rare conditions.

| TIER | DESCRIPTION                 |                                                                                                                                                                                                 |
|------|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1    | Generics                    |                                                                                                                                                                                                 |
| 2    | Preferred Brands            |                                                                                                                                                                                                 |
| 3    | Non-Preferred Brands        |                                                                                                                                                                                                 |
| 4    | Specialty                   |                                                                                                                                                                                                 |
| NF   | Non Formulary               |                                                                                                                                                                                                 |
| TYPE | DESCRIPTION                 |                                                                                                                                                                                                 |
| QL   | Quantity Limit              | There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.                                                                                  |
| ST   | Step Therapy                | In some cases, you may be required to first try certain drugs to treat your medical condition before you move up a “step” to other drug options.                                                |
| C    | Custom                      | This drug has unique restrictions.                                                                                                                                                              |
| S    | Specialty Drug              | Specialty drugs are high-cost drugs used to treat complex or rare conditions. Some examples of the diseases include; multiple sclerosis, rheumatoid arthritis, hepatitis C, and hemophilia.     |
| HCR  | Health Care Reform Products | The Affordable Care Act (ACA) requires certain preventive generic products to be covered at zero dollar copay. This does not include plans that are grandfathered.                              |
| PA   | PA Applies                  | Your provider is required to get prior authorization before you fill your prescription, which ensures appropriate use of the selected drug. Without prior approval, we may not cover this drug. |
| QPD  | Quantity Per Day            | Quantity Per Day.                                                                                                                                                                               |



Quantity Limit (Custom)

There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.



COVID Test Kits

These products are covered at \$0 cost share.



Non Formulary

These products have lower cost alternatives.

## LIST OF COVERED PRESCRIPTION MEDICATIONS

| PRODUCT DESCRIPTION                      | TIER | LIMITS & RESTRICTIONS                       |
|------------------------------------------|------|---------------------------------------------|
| ALPHA-ADRENERGIC BLOCKING AGENT(SYMPATH) |      |                                             |
| NON-SEL.ALPHA-ADRENERGIC BLOCKING AGENTS |      |                                             |
| <i>dihydroergotamine 1 mg/ml amp</i>     | 1    | ST<br>QPD 0.858 per day                     |
| <i>dihydroergotamine 4 mg/ml spry</i>    | NF   | PA<br>QPD 0.286 per day<br>NF Non Formulary |
| ERGOMAR                                  | 3    | ST<br>QPD 0.715 per day                     |
| <i>ergotamine-caffeine</i>               | NF   | ST<br>QPD 1.429 per day<br>NF Non Formulary |
| MIGERGOT                                 | 3    | ST<br>QPD 0.667 per day                     |
| <i>phenoxybenzamine hcl</i>              | 1    |                                             |
| TRUDHESA                                 | 3    | PA<br>QPD 0.429 per day                     |
| SELECTIVE ALPHA-1-ADRENERGIC BLOCK.AGENT |      |                                             |
| <i>alfuzosin hcl er</i>                  | 1    |                                             |
| <i>silodosin</i>                         | NF   | NF Non Formulary                            |
| <i>tamsulosin hcl</i>                    | 1    |                                             |
| ANALGESICS AND ANTIPYRETICS              |      |                                             |
| ANALGESICS AND ANTIPYRETICS, MISC.       |      |                                             |
| ALLZITAL                                 | 3    | QPD 12 per day<br>NF Non Formulary          |

| PRODUCT DESCRIPTION                          | TIER | LIMITS & RESTRICTIONS              |
|----------------------------------------------|------|------------------------------------|
| BUPAP                                        | NF   | QPD 6 per day<br>NF Non Formulary  |
| <i>butalbital-acetaminophn 50-300</i>        | NF   | QPD 6 per day<br>NF Non Formulary  |
| <i>butalbital-acetaminophn 50-325</i>        | 1    | QPD 6 per day                      |
| <i>butalbital-acetaminophen-caffe</i>        | NF   | QPD 6 per day<br>NF Non Formulary  |
| ESGIC 50-325-40 MG CAPSULE                   | NF   | QPD 6 per day<br>NF Non Formulary  |
| GRALISE (ER 450 MG TABLET, ER 750 MG TABLET) | 3    | ST<br>QPD 1.0 per day              |
| GRALISE ER 300 MG TABLET                     | 3    | ST<br>QPD 1 per day                |
| GRALISE ER 600 MG TABLET                     | 3    | ST<br>QPD 3 per day                |
| GRALISE ER 900 MG TABLET                     | 3    | ST<br>QPD 2.0 per day              |
| TENCON                                       | 3    | QPD 6 per day                      |
| VTOL LQ                                      | NF   | QPD 90 per day<br>NF Non Formulary |
| ZEBUTAL                                      | NF   | QPD 6 per day<br>NF Non Formulary  |
| OPIATE AGONISTS                              |      |                                    |
| <i>acetamin-caff-dihydrocodeine</i>          | NF   | QPD 10 per day<br>NF Non Formulary |

| PRODUCT DESCRIPTION                                                                   | TIER | LIMITS & RESTRICTIONS                   |
|---------------------------------------------------------------------------------------|------|-----------------------------------------|
| <i>acetamin-codein 300-30 mg/12.5</i>                                                 | 1    | QPD 90 per day                          |
| <i>acetaminop-codeine 120-12 mg/5</i>                                                 | 1    | QPD 90.0 per day                        |
| <i>acetaminophen-cod #4 tablet</i>                                                    | 1    | QPD 6 per day                           |
| <i>acetaminophen-codeine (#2 tablet, #3 tablet)</i>                                   | 1    | QPD 12 per day                          |
| APADAZ                                                                                | NF   | QPD 12 per day<br>NF Non Formulary      |
| <i>asa-butalb-caffeine-codeine</i>                                                    | 1    | QPD 6 per day                           |
| ASCOMP WITH CODEINE                                                                   | 1    | QPD 6 per day                           |
| <i>benzhydrocodone-acetaminophen</i>                                                  | NF   | QPD 12 per day<br>NF Non Formulary      |
| <i>butalb-acetamin-caf-cod 50-300</i>                                                 | NF   | QPD 6 per day<br>NF Non Formulary       |
| <i>butalb-acetamin-caf-cod 50-325</i>                                                 | 1    | QPD 6 per day                           |
| <i>butalbital compound-codeine</i>                                                    | 1    | QPD 6 per day                           |
| <i>codeine sulfate (15 mg tablet, 60 mg tablet)</i>                                   | 3    | QPD 6 per day                           |
| <i>codeine sulfate 30 mg tablet</i>                                                   | 1    | QPD 6 per day                           |
| CONZIP (100 MG CAPSULE, 200 MG CAPSULE, 300 MG CAPSULE)                               | NF   | PA<br>QPD 1 per day<br>NF Non Formulary |
| DISKETS                                                                               | 1    | QPD 3 per day                           |
| ENDOCET (2.5-325 MG TABLET, 5-325 MG TABLET)                                          | 1    | QPD 12 per day                          |
| ENDOCET 10-325 MG TABLET                                                              | 1    | QPD 6 per day                           |
| ENDOCET 7.5-325 MG TABLET                                                             | 1    | QPD 8 per day                           |
| <i>fentanyl (25 mcg/hr patch, 50 mcg/hr patch, 75 mcg/hr patch, 100 mcg/hr patch)</i> | 1    | PA<br>QPD 0.5 per day                   |

| PRODUCT DESCRIPTION                                                                                                                                        | TIER | LIMITS & RESTRICTIONS                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----------------------------------------------------------------------|
| <i>fentanyl (37.5 mcg/hr patch, 62.5 mcg/hr patch, 87.5 mcg/hr patch)</i>                                                                                  | NF   | <div>PA</div> <div>QPD 0.5 per day</div> <div>NF Non Formulary</div> |
| <i>fentanyl 12 mcg/hr patch</i>                                                                                                                            | 1    | <div>PA</div> <div>QPD 0.5 per day</div>                             |
| <i>fentanyl citrate (cit 1,200 mcg, cit 1,600 mcg, citrate 200 mcg, citrate 400 mcg, citrate 600 mcg, citrate 800 mcg)</i>                                 | 1    | <div>PA</div> <div>QPD 4 per day</div>                               |
| <i>fentanyl citrate (100 mcg tb, 200 mcg tb, 400 mcg tb, 600 mcg tb, 800 mcg tb)</i>                                                                       | NF   | <div>PA</div> <div>QPD 4 per day</div> <div>NF Non Formulary</div>   |
| FENTORA                                                                                                                                                    | NF   | <div>PA</div> <div>QPD 4 per day</div> <div>NF Non Formulary</div>   |
| <i>hydrocodone bitartrate er (er 10 mg capsule, er 15 mg capsule, er 20 mg capsule, er 30 mg capsule, er 40 mg capsule, er 50 mg capsule)</i>              | NF   | <div>PA</div> <div>QPD 2 per day</div> <div>NF Non Formulary</div>   |
| <i>hydrocodone bitartrate er (er 20 mg tablet, er 30 mg tablet, er 40 mg tablet, er 60 mg tablet, er 80 mg tablet, er 100 mg tablet, er 120 mg tablet)</i> | NF   | <div>PA</div> <div>QPD 1 per day</div> <div>NF Non Formulary</div>   |
| <i>hydrocodone-acetamin 10-325/15</i>                                                                                                                      | NF   | <div>QPD 90 per day</div> <div>NF Non Formulary</div>                |
| <i>hydrocodone-acetaminophen (hydrocodone-acetamin 2.5-108/5, hydrocodone-acetamin 5-217/10, hydrocodone-acetamin 7.5-325/15)</i>                          | 1    | <div>QPD 90 per day</div>                                            |
| <i>hydrocodone-acetamin 5-300 mg</i>                                                                                                                       | NF   | <div>QPD 8 per day</div> <div>NF Non Formulary</div>                 |
| <i>hydrocodone-acetamin 5-325 mg</i>                                                                                                                       | 1    | <div>QPD 8 per day</div>                                             |

| PRODUCT DESCRIPTION                                                                              | TIER | LIMITS & RESTRICTIONS                   |
|--------------------------------------------------------------------------------------------------|------|-----------------------------------------|
| <i>hydrocodone-acetaminophen (7.5-300, 10-300 mg)</i>                                            | NF   | QPD 6 per day<br>NF Non Formulary       |
| <i>hydrocodone-acetaminophen (7.5-325, 10-325 mg)</i>                                            | 1    | QPD 6 per day                           |
| <i>hydrocodone-ibuprofen (5-200 mg, 10-200)</i>                                                  | 3    | QPD 5 per day                           |
| <i>hydrocodone-ibuprofen 7.5-200</i>                                                             | 1    | QPD 5 per day                           |
| <i>hydromorphone er</i>                                                                          | NF   | PA<br>QPD 1 per day<br>NF Non Formulary |
| <i>hydromorphone hcl (1 mg/ml solution, 5 mg/5 ml soln)</i>                                      | 1    | QPD 48 per day                          |
| <i>hydromorphone hcl (2 mg tablet, 4 mg tablet, 8 mg tablet)</i>                                 | 1    | QPD 6 per day                           |
| LAZANDA                                                                                          | NF   | PA<br>QPD 1 per day<br>NF Non Formulary |
| <i>levorphanol tartrate</i>                                                                      | NF   | QPD 4 per day<br>NF Non Formulary       |
| LORTAB                                                                                           | NF   | QPD 67.5 per day<br>NF Non Formulary    |
| <i>methadone 10 mg/5 ml solution</i>                                                             | 1    | QPD 15 per day                          |
| <i>methadone 5 mg/5 ml solution</i>                                                              | 1    | QPD 30 per day                          |
| <i>methadone hcl (hcl 5 mg tablet, 10 mg/ml oral conc, hcl 10 mg tablet, 40 mg tablet dispr)</i> | 1    | QPD 3 per day                           |
| METHADONE INTENSOL                                                                               | 1    | QPD 3 per day                           |
| METHADOSE 40 MG TABLET DISPR                                                                     | 1    | QPD 3 per day                           |
| <i>morphine sulf 100 mg/5 ml conc</i>                                                            | 1    | QPD 9.0 per day                         |

| PRODUCT DESCRIPTION                                                                                                | TIER | LIMITS & RESTRICTIONS                   |
|--------------------------------------------------------------------------------------------------------------------|------|-----------------------------------------|
| <i>morphine sulf 20 mg/5 ml soln</i>                                                                               | 3    | QPD 45 per day                          |
| <i>morphine sulfate (10 mg/5 ml cup, 10 mg/5 ml soln)</i>                                                          | 1    | QPD 90 per day                          |
| <i>morphine sulfate ir 15 mg tab</i>                                                                               | 2    | QPD 12 per day                          |
| <i>morphine sulfate ir 30 mg tab</i>                                                                               | 2    | QPD 6 per day                           |
| <i>morphine sulfate er (er 10 mg cap, er 20 mg cap, er 50 mg cap, er 80 mg cap, er 100 mg cap)</i>                 | 3    | PA<br>QPD 2 per day                     |
| <i>morphine sulfate er (er 30 mg cap, er 60 mg cap)</i>                                                            | 3    | PA<br>QPD 1 per day<br>NF Non Formulary |
| <i>morphine sulfate er 40 mg cap</i>                                                                               | NF   | PA<br>QPD 2 per day<br>NF Non Formulary |
| <i>morphine sulfate er (er 45 mg cap, er 75 mg cap, er 90 mg cap, er 120 mg cap)</i>                               | NF   | PA<br>QPD 1 per day<br>NF Non Formulary |
| <i>morphine sulfate er (er 15 mg tablet, er 30 mg tablet, er 60 mg tablet, er 100 mg tablet, er 200 mg tablet)</i> | 1    | PA<br>QPD 3 per day                     |
| NALOCET                                                                                                            | NF   | QPD 12 per day<br>NF Non Formulary      |
| NUCYNTA                                                                                                            | 3    | QPD 6 per day<br>NF Non Formulary       |
| NUCYNTA ER                                                                                                         | 2    | PA<br>QPD 2 per day                     |
| OXAYDO                                                                                                             | NF   | QPD 6 per day<br>NF Non Formulary       |
| <i>oxycodone hcl (ir) 5 mg cap</i>                                                                                 | NF   | QPD 12 per day<br>NF Non Formulary      |

| PRODUCT DESCRIPTION                                                                            | TIER | LIMITS & RESTRICTIONS                   |
|------------------------------------------------------------------------------------------------|------|-----------------------------------------|
| <i>oxycodone hcl 100 mg/5 ml conc</i>                                                          | 1    | QPD 9 per day                           |
| <i>oxycodone hcl (5 mg/5 ml cup, 5 mg/5 ml soln)</i>                                           | 1    | QPD 180 per day                         |
| <i>oxycodone hcl (10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i>                              | 1    | QPD 6 per day                           |
| <i>oxycodone hcl (ir) 5 mg tablet</i>                                                          | 1    | QPD 12 per day                          |
| <i>oxycodone-acetaminoph 10-300/5</i>                                                          | NF   | QPD 30 per day<br>NF Non Formulary      |
| <i>oxycodone-acetaminophn 5-325/5</i>                                                          | NF   | QPD 60 per day<br>NF Non Formulary      |
| <i>oxycodon-acetaminophen 7.5-300</i>                                                          | NF   | QPD 8 per day<br>NF Non Formulary       |
| <i>oxycodone-acetaminophen (oxycodone-acetaminophen 5-300, oxycodone-acetaminophn 2.5-300)</i> | NF   | QPD 12 per day<br>NF Non Formulary      |
| <i>oxycodone-acetaminophen (oxycodone-acetaminophen 5-325, oxycodone-acetaminophn 2.5-325)</i> | 1    | QPD 12 per day                          |
| <i>oxycodone-acetaminophen 10-300</i>                                                          | NF   | QPD 6 per day<br>NF Non Formulary       |
| <i>oxycodone-acetaminophen 10-325</i>                                                          | 1    | QPD 6 per day                           |
| <i>oxycodone-acetaminophn 7.5-325</i>                                                          | 1    | QPD 8 per day                           |
| <i>oxymorphone hcl</i>                                                                         | 1    | QPD 6 per day                           |
| <i>oxymorphone hcl er</i>                                                                      | NF   | PA<br>QPD 2 per day<br>NF Non Formulary |
| PROLATE 10 MG-300 MG/5 ML SOLN                                                                 | NF   | QPD 30 per day<br>NF Non Formulary      |

| PRODUCT DESCRIPTION                                                                | TIER | LIMITS & RESTRICTIONS                                              |
|------------------------------------------------------------------------------------|------|--------------------------------------------------------------------|
| PROLATE 10-300 MG TABLET                                                           | NF   | <div>QPD 6 per day</div> <div>NF Non Formulary</div>               |
| PROLATE 5-300 MG TABLET                                                            | NF   | <div>QPD 12 per day</div> <div>NF Non Formulary</div>              |
| PROLATE 7.5-300 MG TABLET                                                          | NF   | <div>QPD 8 per day</div> <div>NF Non Formulary</div>               |
| QDOLO                                                                              | NF   | <div>QPD 80 per day</div> <div>NF Non Formulary</div>              |
| ROXYBOND (15 MG TABLET, 30 MG TABLET)                                              | NF   | <div>QPD 6 per day</div> <div>NF Non Formulary</div>               |
| ROXYBOND 5 MG TABLET                                                               | NF   | <div>QPD 12 per day</div> <div>NF Non Formulary</div>              |
| SEGLENTIS                                                                          | NF   | <div>QPD 4 per day</div> <div>NF Non Formulary</div>               |
| SUBSYS (1,200 MCG SPRAY, 1,600 MCG SPRAY)                                          | NF   | <div>PA</div> <div>QPD 8 per day</div> <div>NF Non Formulary</div> |
| SUBSYS (100 MCG SPRAY, 200 MCG SPRAY, 400 MCG SPRAY, 600 MCG SPRAY, 800 MCG SPRAY) | NF   | <div>PA</div> <div>QPD 4 per day</div> <div>NF Non Formulary</div> |
| <i>tramadol hcl (5 mg/ml solution, 25 mg/5 ml cup)</i>                             | NF   | <div>QPD 80 per day</div> <div>NF Non Formulary</div>              |
| <i>tramadol hcl 100 mg tablet</i>                                                  | NF   | <div>QPD 4 per day</div> <div>NF Non Formulary</div>               |
| <i>tramadol hcl 50 mg tablet</i>                                                   | 1    | <div>QPD 8.0 per day</div>                                         |
| <i>tramadol hcl er (er 100 mg capsule, er 200 mg capsule, er 300 mg capsule)</i>   | NF   | <div>PA</div> <div>QPD 1 per day</div> <div>NF Non Formulary</div> |

| PRODUCT DESCRIPTION                                                                                                                             | TIER | LIMITS & RESTRICTIONS              |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------|------------------------------------|
| <i>tramadol hcl er (er 100 mg tablet, er 200 mg tablet, er 300 mg tablet, hcl er 100 mg tablet, hcl er 200 mg tablet, hcl er 300 mg tablet)</i> | 1    | PA<br>QPD 1 per day                |
| <i>tramadol hcl-acetaminophen</i>                                                                                                               | 1    | QPD 8 per day                      |
| TREZIX                                                                                                                                          | NF   | QPD 10 per day<br>NF Non Formulary |
| XTAMPZA ER (ER 9 MG CAPSULE, ER 13.5 MG CAPSULE, ER 18 MG CAPSULE, ER 27 MG CAPSULE)                                                            | 2    | PA<br>QPD 2 per day                |
| XTAMPZA ER 36 MG CAPSULE                                                                                                                        | 2    | PA<br>QPD 8 per day                |
| OPIATE PARTIAL AGONISTS                                                                                                                         |      |                                    |
| BELBUCA                                                                                                                                         | 2    | PA<br>QPD 2 per day                |
| <i>buprenorphine hcl (2 mg tablet, 8 mg tablet)</i>                                                                                             | 1    | QL MAX 6 / 90 DAYS                 |
| <i>buprenorphine-nalox 2-0.5mg fm</i>                                                                                                           | 1    | QPD 4 per day                      |
| <i>buprenorphine-nalox 4-1mg film</i>                                                                                                           | 1    | QPD 2 per day                      |
| <i>buprenorphine-naloxone (8-2mg film, 12-3mg flm)</i>                                                                                          | 1    | QPD 2.0 per day                    |
| <i>buprenorphine-nalox 2-0.5mg tb</i>                                                                                                           | 1    | QPD 4.0 per day                    |
| <i>buprenorphine-nalox 8-2 mg tab</i>                                                                                                           | 1    | QPD 3.0 per day                    |
| <i>butorphanol 10 mg/ml spray</i>                                                                                                               | 1    | QPD 0.25 per day                   |
| ZUBSOLV (0.7-0.18 MG TABLET, 2.9-0.71 MG TABLET, 5.7-1.4 MG TABLET)                                                                             | 3    | QPD 1 per day                      |
| ZUBSOLV (8.6-2.1 MG TABLET, 11.4-2.9 MG TABLET)                                                                                                 | 3    | QPD 2 per day                      |
| ZUBSOLV 1.4-0.36 MG TABLET SL                                                                                                                   | 3    | QPD 3 per day                      |

| PRODUCT DESCRIPTION                                                                                                    | TIER | LIMITS & RESTRICTIONS |
|------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| ANOREXIGENIC AGENTS                                                                                                    |      |                       |
| AMPHETAMINE DERIVATIVES                                                                                                |      |                       |
| LOMAIRA                                                                                                                | 3    | PA<br>QPD 3 per day   |
| <i>phentermine 37.5 mg capsule</i>                                                                                     | 1    | PA<br>QPD 1 per day   |
| <i>phentermine hcl (15 mg capsule, 30 mg capsule, 37.5 mg tablet)</i>                                                  | 1    | PA<br>QPD 1 per day   |
| ANOREXIGENIC AGENTS, MISCELLANEOUS                                                                                     |      |                       |
| CONTRACE                                                                                                               | 3    | PA<br>QPD 4 per day   |
| QSYMIA                                                                                                                 | 3    | PA<br>QPD 1 per day   |
| ANOREXIGENICS; RESPIRATORY, CNS STIMULANTS                                                                             |      |                       |
| AMPHETAMINES                                                                                                           |      |                       |
| <i>dextroamphetamine 5 mg/5 ml</i>                                                                                     | 1    | QPD 60 per day        |
| <i>dextroamphetamine 10 mg tab</i>                                                                                     | 1    | QPD 6 per day         |
| <i>dextroamphetamine 5 mg tab</i>                                                                                      | 1    | QPD 3 per day         |
| <i>dextroamphetamine er 5 mg cap</i>                                                                                   | 1    | QPD 3 per day         |
| <i>dextroamphetamine sulfate er (er 10 mg cap, er 15 mg cap)</i>                                                       | 1    | QPD 4 per day         |
| <i>dextroamphetamine-amphet er (er 5 mg cap, er 10 mg cap, er 15 mg cap, er 20 mg cap, er 25 mg cap, er 30 mg cap)</i> | 1    | QPD 1.0 per day       |
| <i>dextroamp-amphetamin 20 mg tab</i>                                                                                  | 1    | QPD 3.0 per day       |

| PRODUCT DESCRIPTION                                                                                                                                                                                                                    | TIER | LIMITS & RESTRICTIONS             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------------------|
| <i>dextroamphetamine-amphetamine (dextroamp-amphetam 7.5 mg tab, dextroamp-amphetam 12.5 mg tab, dextroamp-amphetamin 10 mg tab, dextroamp-amphetamin 15 mg tab, dextroamp-amphetamin 30 mg tab, dextroamp-amphetamine 5 mg tab)</i>   | 1    | QPD 2.0 per day                   |
| <i>lisdexamfetamine dimesylate (10 mg capsule, 10 mg tb chew, 20 mg capsule, 20 mg tb chew, 30 mg capsule, 30 mg tb chew, 40 mg capsule, 40 mg tb chew, 50 mg capsule, 50 mg tb chew, 60 mg capsule, 60 mg tb chew, 70 mg capsule)</i> | 1    | QPD 1 per day                     |
| <i>methamphetamine hcl</i>                                                                                                                                                                                                             | NF   | QPD 5 per day<br>NF Non Formulary |
| PROCENTRA                                                                                                                                                                                                                              | 1    | QPD 60 per day                    |
| ZENZEDI 10 MG TABLET                                                                                                                                                                                                                   | 1    | QPD 6 per day                     |
| ZENZEDI 5 MG TABLET                                                                                                                                                                                                                    | 1    | QPD 3 per day                     |
| RESPIRATORY AND CNS STIMULANTS                                                                                                                                                                                                         |      |                                   |
| AZSTARYS                                                                                                                                                                                                                               | 2    | QPD 1 per day                     |
| <i>caffeine cit 60 mg/3 ml oral</i>                                                                                                                                                                                                    | 1    |                                   |
| <i>dexmethylphenidate hcl</i>                                                                                                                                                                                                          | 1    | QPD 2 per day                     |
| <i>dexmethylphenidate hcl er</i>                                                                                                                                                                                                       | 1    | QPD 1 per day                     |
| JORNAY PM                                                                                                                                                                                                                              | 2    | QPD 1 per day                     |
| <i>methylphenidate er (er 18 mg tab, er 27 mg tab, er 54 mg tab)</i>                                                                                                                                                                   | 1    | QPD 1 per day                     |
| <i>methylphenidate er 36 mg tab</i>                                                                                                                                                                                                    | 1    | QPD 2 per day                     |
| <i>methylphenidate er (er 10 mg tab, er 20 mg tab)</i>                                                                                                                                                                                 | 1    | QPD 3 per day                     |
| <i>methylphenidate er (la)</i>                                                                                                                                                                                                         | 1    | QPD 1 per day                     |
| <i>methylphenidate 10 mg/5 ml sol</i>                                                                                                                                                                                                  | 1    | QPD 30 per day                    |

| PRODUCT DESCRIPTION                                                                   | TIER | LIMITS & RESTRICTIONS |
|---------------------------------------------------------------------------------------|------|-----------------------|
| <i>methylphenidate 5 mg/5 ml soln</i>                                                 | 1    | QPD 15 per day        |
| <i>methylphenidate hcl (2.5 mg chew tb, 5 mg chew tab, 5 mg tablet, 20 mg tablet)</i> | 1    | QPD 3 per day         |
| <i>methylphenidate hcl (10 mg chew tab, 10 mg tablet)</i>                             | 1    | QPD 6 per day         |
| <i>methylphenidate hcl cd</i>                                                         | 1    | QPD 1 per day         |
| <i>methylphenidate hcl er (cd)</i>                                                    | 1    | QPD 1 per day         |
| <i>methylphenidate la (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>                | 1    | QPD 1 per day         |
| QUILLICHEW ER (ER 20 MG CHEW TAB, ER 40 MG CHEW TAB)                                  | 2    | QPD 1 per day         |
| QUILLICHEW ER 30 MG CHEW TAB                                                          | 2    | QPD 2 per day         |
| QUILLIVANT XR                                                                         | 2    | QPD 12 per day        |
| WAKEFULNESS-PROMOTING AGENTS                                                          |      |                       |
| <i>armodafinil</i>                                                                    | 1    |                       |
| <i>modafinil</i>                                                                      | 1    |                       |
| SUNOSI                                                                                | 2    | PA<br>QPD 1 per day   |
| ANTI-INFECTIVE AGENTS                                                                 |      |                       |
| ANTHELMINTICS                                                                         |      |                       |
| <i>albendazole</i>                                                                    | 1    |                       |
| EMVERM                                                                                | NF   | NF Non Formulary      |
| <i>ivermectin 3 mg tablet</i>                                                         | 1    |                       |
| <i>praziquantel</i>                                                                   | 1    |                       |

| PRODUCT DESCRIPTION                                                                   | TIER | LIMITS & RESTRICTIONS |
|---------------------------------------------------------------------------------------|------|-----------------------|
| URINARY ANTI-INFECTIVES                                                               |      |                       |
| <i>fosfomycin tromethamine</i>                                                        | 1    |                       |
| <i>methenamine hippurate</i>                                                          | 1    |                       |
| <i>nitrofurantoin (25 mg/5 ml susp, mcr 25 mg cap, mcr 50 mg cap, mcr 100 mg cap)</i> | 1    |                       |
| <i>nitrofurantoin 50 mg/5 ml susp</i>                                                 | NF   | NF Non Formulary      |
| <i>nitrofurantoin mono-macro</i>                                                      | 1    |                       |
| PRIMSOL                                                                               | 3    |                       |
| <i>trimethoprim</i>                                                                   | 1    |                       |
| ANTI-INFECTIVES (EENT)                                                                |      |                       |
| ANTIBACTERIALS (EENT)                                                                 |      |                       |
| AK-POLY-BAC                                                                           | 1    |                       |
| <i>bacitracin 500 unit/gm ophth</i>                                                   | 2    |                       |
| <i>bacitracin-polymyxin</i>                                                           | 1    |                       |
| BESIVANCE                                                                             | 2    |                       |
| BLEPHAMIDE                                                                            | 3    |                       |
| CETRAXAL                                                                              | NF   | NF Non Formulary      |
| CIPRO HC                                                                              | NF   | NF Non Formulary      |
| <i>ciprofloxacin 0.2% otic soln</i>                                                   | 3    |                       |
| <i>ciprofloxacin 0.3% eye drop</i>                                                    | 1    |                       |
| <i>ciprofloxacin hcl-fluocinolone</i>                                                 | NF   | NF Non Formulary      |
| <i>ciprofloxacin-dexamethasone</i>                                                    | 1    |                       |
| CORTISPORIN-TC                                                                        | NF   | NF Non Formulary      |
| <i>doxycycline hyclate 20 mg tab</i>                                                  | 1    |                       |

| PRODUCT DESCRIPTION                                                                         | TIER | LIMITS & RESTRICTIONS |
|---------------------------------------------------------------------------------------------|------|-----------------------|
| <i>erythromycin 0.5% eye ointment</i>                                                       | 1    |                       |
| <i>gatifloxacin</i>                                                                         | 1    |                       |
| GENTAK                                                                                      | 3    |                       |
| <i>gentamicin 0.3% eye drop</i>                                                             | 1    |                       |
| <i>levofloxacin 0.5% eye drops</i>                                                          | 1    |                       |
| <i>levofloxacin 1.5% eye drops</i>                                                          | NF   | NF Non Formulary      |
| <i>moxifloxacin 0.5% eye drops</i>                                                          | 1    |                       |
| <i>moxifloxacin 0.5% eye drp-visc</i>                                                       | NF   | NF Non Formulary      |
| NEO-POLYCIN                                                                                 | 1    |                       |
| NEO-POLYCIN HC                                                                              | 1    |                       |
| <i>neomycin-bacitracin-poly-hc</i>                                                          | 1    |                       |
| <i>neomycin-bacitracin-polymyxin</i>                                                        | 1    |                       |
| <i>neomycin-polymyxin-dexameth (neomyc-polym-dexamet ointm, neomyc-polym-dexameth drop)</i> | 1    |                       |
| <i>neomycin-polymyxin-gramicidin</i>                                                        | 3    |                       |
| <i>neomycin-poly-hc eye drops</i>                                                           | NF   | NF Non Formulary      |
| <i>neomycin-polymyxin-hc ear susp</i>                                                       | 1    |                       |
| <i>neomycin-polymyxin-hydrocort</i>                                                         | 1    |                       |
| <i>ofloxacin (ear drops, eye drops)</i>                                                     | 1    |                       |
| OTOVEL                                                                                      | NF   | NF Non Formulary      |
| POLYCIN                                                                                     | 1    |                       |
| <i>polymyxin b sul-trimethoprim</i>                                                         | 1    |                       |
| PRED-G                                                                                      | 3    |                       |
| <i>sulfacetamide 10% eye drops</i>                                                          | 1    |                       |

| PRODUCT DESCRIPTION                                          | TIER | LIMITS & RESTRICTIONS |
|--------------------------------------------------------------|------|-----------------------|
| <i>sulfacetamide 10% eye ointment</i>                        | 3    |                       |
| <i>sulfacetamide-prednisolone</i>                            | 3    |                       |
| TOBRADEX ST                                                  | NF   | NF Non Formulary      |
| <i>tobramycin 0.3% eye drop</i>                              | 1    |                       |
| <i>tobramycin-dexamethasone</i>                              | 1    |                       |
| ZYLET                                                        | 3    |                       |
| ANTIFUNGALS (EENT)                                           |      |                       |
| NATACYN                                                      | 2    |                       |
| ANTIVIRALS (EENT)                                            |      |                       |
| <i>trifluridine</i>                                          | 2    |                       |
| EENT ANTI-INFECTIVES, MISCELLANEOUS                          |      |                       |
| <i>acetic acid 2% ear solution</i>                           | 1    |                       |
| <i>chlorhexidine gluconate (15 ml cup, 15 ml cup, rinse)</i> | 1    |                       |
| <i>hydrocortisone-acetic acid</i>                            | 1    |                       |
| PERIOGARD                                                    | 1    |                       |
| ANTI-INFECTIVES (SKIN, MUCOUS MEMBRANE)                      |      |                       |
| ANTIBACTERIALS (SKIN, MUCOUS MEMBRANE)                       |      |                       |
| ALTABAX                                                      | NF   | NF Non Formulary      |
| AMZEEQ                                                       | 3    |                       |
| CENTANY                                                      | NF   | NF Non Formulary      |
| CLINDACIN                                                    | NF   | NF Non Formulary      |
| CLINDACIN ETZ 1% PLEDGET                                     | 1    |                       |
| CLINDACIN P                                                  | 1    |                       |

| PRODUCT DESCRIPTION                                                                                          | TIER | LIMITS & RESTRICTIONS |
|--------------------------------------------------------------------------------------------------------------|------|-----------------------|
| <i>clindamycin phos-benzoyl perox (pero 1.2-2.5%, perox 1.2-5%)</i>                                          | 1    |                       |
| <i>clindamycin phos-tretinoin</i>                                                                            | NF   | NF Non Formulary      |
| <i>clindamycin phosphate 1% foam</i>                                                                         | NF   | NF Non Formulary      |
| <i>clindamycin phosphate (ph 1% gel, ph 1% solution, phos 1% pledget, phosp 1% lotion, 2% vaginal cream)</i> | 1    |                       |
| <i>clindamycin-benzoyl peroxide (clindamycin-benzoyl 1-5%, clindamycin-bnz 1-5% pmp)</i>                     | NF   | NF Non Formulary      |
| CLINDESSE                                                                                                    | 3    |                       |
| ERY                                                                                                          | 3    |                       |
| <i>erythromycin (gel, solution)</i>                                                                          | 1    |                       |
| <i>erythromycin-benzoyl peroxide</i>                                                                         | NF   | NF Non Formulary      |
| <i>gentamicin sulfate (cream, ointment)</i>                                                                  | 1    |                       |
| <i>metronidazole (0.75% cream, top 1% gel pump, topical 0.75% gl, topical 1% gel, vaginal 0.75% gl)</i>      | 1    |                       |
| <i>metronidazole 0.75% lotion</i>                                                                            | NF   | NF Non Formulary      |
| <i>mupirocin 2% cream</i>                                                                                    | NF   | NF Non Formulary      |
| <i>mupirocin 2% ointment</i>                                                                                 | 1    |                       |
| NEO-SYNALAR 0.5%-0.025% CREAM                                                                                | NF   | NF Non Formulary      |
| NEUAC GEL                                                                                                    | 1    |                       |
| NUVESSA                                                                                                      | 3    |                       |
| ONEXTON GEL PUMP                                                                                             | 2    |                       |
| ROSADAN (CREAM, GEL)                                                                                         | 1    |                       |
| VANDAZOLE                                                                                                    | 3    |                       |
| XEPI                                                                                                         | 3    |                       |

| PRODUCT DESCRIPTION                                     | TIER | LIMITS & RESTRICTIONS |
|---------------------------------------------------------|------|-----------------------|
| ZILXI                                                   | 2    |                       |
| ANTIVIRALS (SKIN AND MUCOUS MEMBRANE)                   |      |                       |
| <i>acyclovir (cream, ointment)</i>                      | NF   | NF Non Formulary      |
| LOCAL ANTI-INFECTIVES, MISCELLANEOUS                    |      |                       |
| <i>mafenide acetate</i>                                 | NF   | NF Non Formulary      |
| <i>selenium sulfide 2.5% lotion</i>                     | 1    |                       |
| <i>silver sulfadiazine</i>                              | 1    |                       |
| SSD                                                     | 1    |                       |
| <i>sulfacetamide sodium (sod top susp, sodium lotn)</i> | 1    |                       |
| SULFAMYLON 8.5% CREAM                                   | 3    |                       |
| SCABICIDES AND PEDICULICIDES                            |      |                       |
| CROTAN                                                  | 3    |                       |
| <i>lindane</i>                                          | 3    |                       |
| <i>malathion</i>                                        | 1    |                       |
| NATROBA                                                 | 3    |                       |
| <i>permethrin</i>                                       | 1    |                       |
| <i>spinosad</i>                                         | 3    |                       |
| ANTI-INFLAMMATORY AGENTS (EENT)                         |      |                       |
| CORTICOSTEROIDS (EENT)                                  |      |                       |
| ALREX                                                   | 3    |                       |
| <i>dexamethasone 0.1% eye drop</i>                      | 2    |                       |
| EYSUVIS                                                 | 2    |                       |
| FLAC OTIC OIL                                           | 1    |                       |

| PRODUCT DESCRIPTION                                          | TIER | LIMITS & RESTRICTIONS   |
|--------------------------------------------------------------|------|-------------------------|
| FLAREX                                                       | 3    |                         |
| <i>fluocinolone acetonide oil</i>                            | 1    |                         |
| <i>fluorometholone</i>                                       | 1    |                         |
| <i>fluticasone prop 50 mcg spray</i>                         | 1    | QPD 0.534 per day       |
| LOTEMAX 0.5% EYE OINTMENT                                    | 2    |                         |
| LOTEMAX SM                                                   | 2    |                         |
| <i>loteprednol etabonate (etabonate drp, ophthalmc gel)</i>  | 1    |                         |
| MAXIDEX                                                      | 3    |                         |
| <i>prednisolone ac 1% eye drop</i>                           | 2    |                         |
| <i>prednisolone sod 1% eye drop</i>                          | 3    |                         |
| XHANCE                                                       | 3    | PA<br>QPD 1.067 per day |
| EENT ANTI-INFLAMMATORY AGENTS, MISC.                         |      |                         |
| RESTASIS                                                     | 1    |                         |
| XIIDRA                                                       | 2    |                         |
| EENT NONSTEROIDAL ANTI-INFLAM. AGENTS                        |      |                         |
| <i>bromfenac sodium</i>                                      | NF   | NF Non Formulary        |
| BROMSITE                                                     | 3    |                         |
| <i>diclofenac 0.1% eye drops</i>                             | 1    |                         |
| <i>flurbiprofen sodium</i>                                   | 3    |                         |
| ILEVRO                                                       | 3    |                         |
| <i>ketorolac tromethamine (0.4% solution, 0.5% solution)</i> | 1    |                         |

| PRODUCT DESCRIPTION                                                    | TIER | LIMITS & RESTRICTIONS                                                 |
|------------------------------------------------------------------------|------|-----------------------------------------------------------------------|
| ANTI-INFLAMMATORY AGENTS (RESPIRATORY)                                 |      |                                                                       |
| INTERLEUKIN ANTAGONISTS                                                |      |                                                                       |
| DUPIXENT 100 MG/0.67 ML SYRING                                         | 4    | <div>S</div> <div>PA</div> <div>QPD 0.048 per day</div>               |
| FASENRA PEN                                                            | 4    | <div>QL</div> <div>S</div> <div>PA</div> <div>MAX 1 / 56 DAYS</div>   |
| NUCALA (100 MG/ML AUTO-INJECTOR, 100 MG/ML SYRINGE)                    | 4    | <div>S</div> <div>PA</div> <div>QPD 0.108 per day</div>               |
| NUCALA 40 MG/0.4 ML SYRINGE                                            | 4    | <div>S</div> <div>PA</div> <div>QPD 0.015 per day</div>               |
| SKYRIZI 180 MG/1.2 ML ON-BODY                                          | 4    | <div>QL</div> <div>S</div> <div>PA</div> <div>MAX 1.2 / 56 DAYS</div> |
| SKYRIZI 360 MG/2.4 ML ON-BODY                                          | 4    | <div>QL</div> <div>S</div> <div>PA</div> <div>MAX 2.4 / 56 DAYS</div> |
| LEUKOTRIENE MODIFIERS                                                  |      |                                                                       |
| <i>montelukast sod 4 mg granules</i>                                   | NF   | <div>NF</div> <div>Non Formulary</div>                                |
| <i>montelukast sodium (4 mg tab chew, 5 mg tab chew, 10 mg tablet)</i> | 1    |                                                                       |

| PRODUCT DESCRIPTION                                      | TIER | LIMITS & RESTRICTIONS |                                |
|----------------------------------------------------------|------|-----------------------|--------------------------------|
| <i>zafirlukast</i>                                       | 1    |                       |                                |
| <i>zileuton er</i>                                       | NF   | NF                    | Non Formulary                  |
| ZYFLO                                                    | NF   | NF                    | Non Formulary                  |
| MAST-CELL STABILIZERS                                    |      |                       |                                |
| <i>cromolyn 20 mg/2 ml neb soln</i>                      | 1    |                       |                                |
| <i>cromolyn 4% eye drops</i>                             | 1    |                       |                                |
| <i>cromolyn 100 mg/5 ml oral conc</i>                    | 1    |                       |                                |
| ANTI-INFLAMMATORY AGENTS (SKIN, MUCOUS)                  |      |                       |                                |
| ANTI-INFLAMMATORY AGENTS, MISC (SKIN)                    |      |                       |                                |
| EUCRISA                                                  | 2    |                       |                                |
| CORTICOSTEROIDS (SKIN, MUCOUS MEMBRANE)                  |      |                       |                                |
| ALA-SCALP                                                | NF   | QPD<br>NF             | 3.947 per day<br>Non Formulary |
| <i>alclometasone dipropionate (dipr oint, dipro crm)</i> | 1    | QPD                   | 4 per day                      |
| <i>amcinonide 0.1% cream</i>                             | NF   | QPD<br>NF             | 4 per day<br>Non Formulary     |
| ANALPRAM HC 2.5%-1% LOTION                               | 3    |                       |                                |
| ANUCORT-HC                                               | 1    |                       |                                |
| ANUSOL-HC 25 MG SUPPOSITORY                              | 1    |                       |                                |
| APEXICON E                                               | NF   | QPD<br>NF             | 4 per day<br>Non Formulary     |
| BESER                                                    | NF   | QPD<br>NF             | 4 per day<br>Non Formulary     |
| <i>betamethasone dp aug 0.05% gel</i>                    | 3    | QPD                   | 7.143 per day                  |

| PRODUCT DESCRIPTION                                   | TIER | LIMITS & RESTRICTIONS                 |
|-------------------------------------------------------|------|---------------------------------------|
| <i>betamethasone dp aug 0.05% lot</i>                 | 1    | QPD 7 per day                         |
| <i>betamethasone diprop augmented (crm, oin)</i>      | 1    | QPD 7.143 per day                     |
| <i>betamethasone dipropionate (crm, oint)</i>         | 1    | QPD 4.5 per day                       |
| <i>betamethasone dp 0.05% lot</i>                     | 1    | QPD 4 per day                         |
| <i>betamethasone valerate (va cream, valer ointm)</i> | 1    | QPD 4.5 per day                       |
| <i>betamethasone valer 0.12% foam</i>                 | NF   | QPD 5.0 per day<br>NF Non Formulary   |
| <i>betamethasone va 0.1% lotion</i>                   | 1    | QPD 4 per day                         |
| BRYHALI                                               | NF   | QPD 7.143 per day<br>NF Non Formulary |
| CAPEX SHAMPOO                                         | NF   | QPD 30 per day<br>NF Non Formulary    |
| <i>clobetasol emollient 0.05% crm</i>                 | 1    | QPD 7.5 per day                       |
| <i>clobetasol emollnt 0.05% foam</i>                  | NF   | QPD 7.143 per day<br>NF Non Formulary |
| <i>clobetasol emulsion</i>                            | NF   | QPD 7.143 per day<br>NF Non Formulary |
| <i>clobetasol prop 0.05% foam</i>                     | NF   | QPD 7.143 per day<br>NF Non Formulary |
| <i>clobetasol propionate (cream, gel, ointment)</i>   | 1    | QPD 7.5 per day                       |
| <i>clobetasol 0.05% topical lotn</i>                  | NF   | QPD 6.322 per day<br>NF Non Formulary |
| <i>clobetasol 0.05% shampoo</i>                       | NF   | QPD 7.867 per day<br>NF Non Formulary |
| <i>clobetasol 0.05% solution</i>                      | 1    | QPD 7.143 per day                     |

| PRODUCT DESCRIPTION                            | TIER | LIMITS & RESTRICTIONS                 |
|------------------------------------------------|------|---------------------------------------|
| <i>clobetasol prop 0.05% spray</i>             | NF   | QPD 8.429 per day<br>NF Non Formulary |
| <i>clocortolone pivalate</i>                   | 1    | QPD 4.5 per day<br>NF Non Formulary   |
| CLODAN 0.05% SHAMPOO                           | NF   | QPD 7.867 per day<br>NF Non Formulary |
| CORDRAN (0.025% CREAM, 0.05% OINTMENT)         | NF   | QPD 4 per day<br>NF Non Formulary     |
| CORDRAN 4 MCG/SQ CM TAPE LARGE                 | NF   | QPD 0.034 per day<br>NF Non Formulary |
| CORTIFOAM                                      | 2    |                                       |
| <i>desonide (cream, ointment)</i>              | 1    | QPD 4 per day                         |
| <i>desonide 0.05% gel</i>                      | NF   | QPD 4 per day<br>NF Non Formulary     |
| <i>desonide 0.05% lotion</i>                   | NF   | QPD 3.934 per day<br>NF Non Formulary |
| <i>desoximetasone (cream, gel, ointment)</i>   | NF   | QPD 4 per day<br>NF Non Formulary     |
| <i>desoximetasone (cream, ointment)</i>        | 1    | QPD 4 per day                         |
| <i>desoximetasone 0.25% spray</i>              | NF   | QPD 3.334 per day<br>NF Non Formulary |
| DESRX                                          | NF   | QPD 4 per day<br>NF Non Formulary     |
| <i>diflorasone diacetate (cream, ointment)</i> | NF   | QPD 4 per day<br>NF Non Formulary     |

| PRODUCT DESCRIPTION                                                                        | TIER | LIMITS & RESTRICTIONS                 |
|--------------------------------------------------------------------------------------------|------|---------------------------------------|
| <i>fluocinolone acetonide (body oil, scalp oil)</i>                                        | 1    | QPD 3.943 per day                     |
| <i>fluocinolone acetonide (0.01% cream, 0.01% solution, 0.025% cream, 0.025% ointment)</i> | 1    | QPD 4 per day                         |
| <i>fluocinonide (cream, gel, ointment, solution)</i>                                       | 1    | QPD 4 per day                         |
| <i>fluocinonide 0.1% cream</i>                                                             | 1    | QPD 8.572 per day                     |
| <i>fluocinonide-e</i>                                                                      | NF   | QPD 4 per day<br>NF Non Formulary     |
| <i>flurandrenolide (cream, lotion, ointment)</i>                                           | NF   | QPD 4 per day<br>NF Non Formulary     |
| <i>fluticasone propionate (0.005% oint, 0.05% cream)</i>                                   | 1    | QPD 4 per day                         |
| <i>fluticasone prop 0.05% lotion</i>                                                       | NF   | QPD 4 per day<br>NF Non Formulary     |
| <i>halcinonide</i>                                                                         | NF   | QPD 4 per day<br>NF Non Formulary     |
| <i>halobetasol prop 0.05% cream</i>                                                        | 1    | QPD 7.143 per day                     |
| <i>halobetasol propionate (foam, ointmnt)</i>                                              | NF   | QPD 7.143 per day<br>NF Non Formulary |
| HALOG (OINTMENT, SOLUTION)                                                                 | NF   | QPD 4 per day<br>NF Non Formulary     |
| HEMMOREX-HC 25 MG SUPPOSITORY                                                              | 1    |                                       |
| <i>hydrocortisone (1% cream, 100 mg/60 ml)</i>                                             | 1    |                                       |
| <i>hydrocortisone 2.5% lotion</i>                                                          | 1    | QPD 3.934 per day                     |
| <i>hydrocortisone (cream, ointment)</i>                                                    | 1    | QPD 15.134 per day                    |
| <i>hydrocortisone ac 25 mg supp</i>                                                        | 1    |                                       |
| <i>hydrocortisone butyr 0.1% lotn</i>                                                      | NF   | QPD 3.934 per day<br>NF Non Formulary |

| PRODUCT DESCRIPTION                                                                                             | TIER | LIMITS & RESTRICTIONS                 |
|-----------------------------------------------------------------------------------------------------------------|------|---------------------------------------|
| <i>hydrocortisone butyrate (buty cream, butyr oint)</i>                                                         | NF   | QPD 4.5 per day<br>NF Non Formulary   |
| <i>hydrocortisone butyrate (hydrocort buty lipid crm, hydrocort buty lipo cream, hydrocortisone butyr soln)</i> | NF   | QPD 4 per day<br>NF Non Formulary     |
| <i>hydrocortisone valerate (cream, ointmt)</i>                                                                  | NF   | QPD 4 per day<br>NF Non Formulary     |
| <i>hydrocort-pramoxine 1%-1% crm</i>                                                                            | 1    |                                       |
| IMPEKLO                                                                                                         | NF   | QPD 7.286 per day<br>NF Non Formulary |
| IMPOYZ                                                                                                          | 3    | QPD 7.143 per day<br>NF Non Formulary |
| KOURZEQ                                                                                                         | 1    |                                       |
| LEXETTE                                                                                                         | NF   | QPD 7.143 per day<br>NF Non Formulary |
| <i>mometasone furoate (cream, oint)</i>                                                                         | 1    | QPD 4.5 per day                       |
| <i>mometasone furoate 0.1% soln</i>                                                                             | 1    | QPD 4 per day                         |
| NOLIX (CREAM, LOTION)                                                                                           | NF   | QPD 4 per day<br>NF Non Formulary     |
| ORALONE                                                                                                         | 1    |                                       |
| PANDEL                                                                                                          | NF   | QPD 5.334 per day<br>NF Non Formulary |
| <i>prednicarbate (cream, ointment)</i>                                                                          | 3    | QPD 4 per day                         |
| PROCTO-MED HC                                                                                                   | 1    |                                       |
| PROCTOFOAM-HC                                                                                                   | 3    |                                       |
| PROCTOSOL-HC                                                                                                    | 1    |                                       |

| PRODUCT DESCRIPTION                                                                               | TIER | LIMITS & RESTRICTIONS                  |
|---------------------------------------------------------------------------------------------------|------|----------------------------------------|
| PROCTOZONE-HC                                                                                     | 1    |                                        |
| SERNIVO                                                                                           | NF   | QPD 4 per day<br>NF Non Formulary      |
| TEXACORT                                                                                          | NF   | QPD 4 per day<br>NF Non Formulary      |
| TOVET EMOLLIENT                                                                                   | NF   | QPD 7.143 per day<br>NF Non Formulary  |
| <i>triamcinolone 0.147 mg/g spray</i>                                                             | NF   | QPD 4.2 per day<br>NF Non Formulary    |
| <i>triamcinolone 0.05% ointment</i>                                                               | NF   | QPD 14.334 per day<br>NF Non Formulary |
| <i>triamcinolone acetonide (0.025% cream, 0.025% oint, 0.1% cream, 0.1% ointment, 0.5% cream)</i> | 1    | QPD 15.134 per day                     |
| <i>triamcinolone acetonide (0.025% lotion, 0.1% lotion, 0.5% ointment)</i>                        | 1    | QPD 4 per day                          |
| <i>triamcinolone 0.1% paste</i>                                                                   | 1    |                                        |
| TRIANEX                                                                                           | NF   | QPD 14.334 per day<br>NF Non Formulary |
| TRIDERM                                                                                           | 1    | QPD 15.134 per day                     |
| TRITOCIN                                                                                          | NF   | QPD 14.334 per day<br>NF Non Formulary |
| ULTRAVATE                                                                                         | NF   | QPD 8 per day<br>NF Non Formulary      |
| VERDESO                                                                                           | NF   | QPD 3.334 per day<br>NF Non Formulary  |

| PRODUCT DESCRIPTION                                                                                               | TIER | LIMITS & RESTRICTIONS                                              |
|-------------------------------------------------------------------------------------------------------------------|------|--------------------------------------------------------------------|
| ANTIANEMIA DRUGS                                                                                                  |      |                                                                    |
| IRON PREPARATIONS                                                                                                 |      |                                                                    |
| ACCRUFER                                                                                                          | NF   | <div>PA</div> <div>QPD 2 per day</div> <div>NF Non Formulary</div> |
| <i>children's ferrous sulfate</i>                                                                                 | 1    | HCR                                                                |
| CHILDREN'S IRON                                                                                                   | 1    | HCR                                                                |
| <i>ferrous sulfate (15 mg iron/ml drp, 44 mg iron/5ml lq, 220 mg/5 ml elix, 220 mg/5 ml liq, 300 mg/5 ml cup)</i> | 1    | HCR                                                                |
| <i>ferrous sulf 300 mg/6.8ml soln</i>                                                                             | 2    | HCR                                                                |
| <i>infant-toddler iron</i>                                                                                        | 1    | HCR                                                                |
| IRONUP                                                                                                            | 2    | HCR                                                                |
| NOVAFERRUM 15 MG/ML DROPS                                                                                         | 2    | HCR                                                                |
| PEDIA IRON                                                                                                        | 1    | HCR                                                                |
| PEDIATRIC FE-VITE                                                                                                 | 1    | HCR                                                                |
| <i>pediatric iron</i>                                                                                             | 1    | HCR                                                                |
| WEE CARE                                                                                                          | 1    | HCR                                                                |
| ANTIARRHYTHMIC AGENTS                                                                                             |      |                                                                    |
| CLASS IA ANTIARRHYTHMICS                                                                                          |      |                                                                    |
| <i>disopyramide phosphate</i>                                                                                     | 1    |                                                                    |
| NORPACE                                                                                                           | 3    |                                                                    |
| NORPACE CR                                                                                                        | 3    |                                                                    |
| <i>quinidine gluconate</i>                                                                                        | 1    |                                                                    |

| PRODUCT DESCRIPTION                                  | TIER | LIMITS & RESTRICTIONS      |
|------------------------------------------------------|------|----------------------------|
| <i>quinidine sulfate</i>                             | 1    |                            |
| CLASS IB ANTIARRHYTHMICS                             |      |                            |
| <i>mexiletine hcl</i>                                | 1    |                            |
| CLASS IC ANTIARRHYTHMICS                             |      |                            |
| <i>flecainide acetate</i>                            | 1    |                            |
| <i>propafenone hcl</i>                               | 1    |                            |
| <i>propafenone hcl er</i>                            | 1    |                            |
| CLASS III ANTIARRHYTHMICS                            |      |                            |
| <i>amiodarone hcl (100 mg tablet, 200 mg tablet)</i> | 1    |                            |
| <i>amiodarone hcl 400 mg tablet</i>                  | NF   | NF Non Formulary           |
| <i>dofetilide</i>                                    | 1    |                            |
| MULTAQ                                               | 2    |                            |
| PACERONE (100 MG TABLET, 200 MG TABLET)              | 1    |                            |
| PACERONE 400 MG TABLET                               | NF   | NF Non Formulary           |
| ANTIBACTERIALS                                       |      |                            |
| AMINOGLYCOSIDE ANTIBIOTICS                           |      |                            |
| ARIKAYCE                                             | 4    | S<br>PA<br>QPD 8.4 per day |
| KITABIS PAK                                          | 4    | QL max 56 days / fill<br>S |
| <i>neomycin sulfate</i>                              | 1    |                            |
| TOBI PODHALER                                        | 4    | QL max 56 days / fill<br>S |

| PRODUCT DESCRIPTION                                                                  | TIER | LIMITS & RESTRICTIONS                         |
|--------------------------------------------------------------------------------------|------|-----------------------------------------------|
| <i>tobramycin (300 mg/4 ml ampule, 300 mg/5 ml ampule, pak 300 mg/5 ml)</i>          | 4    | <div>QL</div> <div>S</div> max 56 days / fill |
| QUINOLONE ANTIBIOTICS                                                                |      |                                               |
| BAXDELA 450 MG TABLET                                                                | 3    |                                               |
| CIPRO (5% SUSPENSION, 10% SUSPENSION)                                                | 3    |                                               |
| <i>ciprofloxacin</i>                                                                 | 1    |                                               |
| <i>ciprofloxacin hcl (250 mg tab, 500 mg tab, 750 mg tab)</i>                        | 1    |                                               |
| <i>ciprofloxacin hcl 100 mg tab</i>                                                  | 3    |                                               |
| <i>levofloxacin (25 mg/ml solution, 250 mg tablet, 500 mg tablet, 750 mg tablet)</i> | 1    |                                               |
| <i>moxifloxacin hcl</i>                                                              | 1    |                                               |
| <i>ofloxacin 300 mg tablet</i>                                                       | 2    |                                               |
| <i>ofloxacin 400 mg tablet</i>                                                       | 1    |                                               |
| SULFONAMIDE ANTIBIOTICS (SYSTEMIC)                                                   |      |                                               |
| <i>sulfadiazine</i>                                                                  | 1    |                                               |
| <i>sulfamethoxazole-trimethoprim (20 ml cup, ds tablet, ss tablet, susp)</i>         | 1    |                                               |
| SULFATRIM                                                                            | 1    |                                               |
| TETRACYCLINE ANTIBIOTICS                                                             |      |                                               |
| AVIDOXY                                                                              | 1    |                                               |
| COREMINO                                                                             | NF   | <div>NF</div> Non Formulary                   |
| <i>demeclocycline hcl</i>                                                            | 1    |                                               |
| <i>doxycycline hyclate (50 mg cap, 100 mg cap, 100 mg tab)</i>                       | 1    |                                               |

| PRODUCT DESCRIPTION                                                                                                                                                                             | TIER | LIMITS & RESTRICTIONS |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| <i>doxycycline hyclate (50 mg tablet, hyc dr 50 mg tab, hyc dr 75 mg tab, hyc dr 80 mg tab, hyc dr 100 mg tab, hyc dr 150 mg tab, hyc dr 200 mg tab, hyclate 75 mg tab, hyclate 150 mg tab)</i> | NF   | NF Non Formulary      |
| <i>doxycycline monohydrate (75 mg capsule, 150 mg cap)</i>                                                                                                                                      | NF   | NF Non Formulary      |
| <i>doxycycline monohydrate (25 mg/5 ml susp, mono 50 mg cap, mono 50 mg tablet, mono 75 mg tablet, mono 100 mg cap, mono 100 mg tablet, mono 150 mg tablet)</i>                                 | 1    |                       |
| LYMEPAK                                                                                                                                                                                         | 1    |                       |
| <i>minocycline hcl (50 mg capsule, 75 mg capsule, 100 mg capsule)</i>                                                                                                                           | 1    |                       |
| <i>minocycline hcl (50 mg tablet, 75 mg tablet, 100 mg tablet)</i>                                                                                                                              | NF   | NF Non Formulary      |
| <i>minocycline hcl er</i>                                                                                                                                                                       | NF   | NF Non Formulary      |
| MONDOXYNE NL 100 MG CAPSULE                                                                                                                                                                     | 1    |                       |
| MONDOXYNE NL 75 MG CAPSULE                                                                                                                                                                      | 1    | NF Non Formulary      |
| MORGIDOX 100 MG CAPSULE                                                                                                                                                                         | 1    |                       |
| ORACEA                                                                                                                                                                                          | 2    |                       |
| TARGADOX                                                                                                                                                                                        | NF   | NF Non Formulary      |
| <i>tetracycline hcl</i>                                                                                                                                                                         | 1    |                       |
| ANTIBACTERIALS, MISCELLANEOUS                                                                                                                                                                   |      |                       |
| GLYCOPEPTIDE ANTIBIOTICS                                                                                                                                                                        |      |                       |
| <i>vancomycin 250 mg/5ml oral sol</i>                                                                                                                                                           | NF   | NF Non Formulary      |
| <i>vancomycin hcl (25 mg/ml oral soln, 50 mg/ml oral soln, hcl 125 mg capsule, hcl 250 mg capsule)</i>                                                                                          | 1    |                       |

| PRODUCT DESCRIPTION                                                   | TIER | LIMITS & RESTRICTIONS |
|-----------------------------------------------------------------------|------|-----------------------|
| LINCOMYCIN ANTIBIOTICS                                                |      |                       |
| <i>clindamycin (pediatric)</i>                                        | 1    |                       |
| <i>clindamycin hcl</i>                                                | 1    |                       |
| OXAZOLIDINONE ANTIBIOTICS                                             |      |                       |
| <i>linezolid (100 mg/5 ml susp, 600 mg tablet)</i>                    | 1    |                       |
| SIVEXTRO 200 MG TABLET                                                | 3    |                       |
| PLEUROMUTILINS                                                        |      |                       |
| XENLETA 600 MG TABLET                                                 | 4    | S                     |
| RIFAMYCIN ANTIBIOTICS                                                 |      |                       |
| AEMCOLO                                                               | NF   | NF Non Formulary      |
| XIFAXAN 200 MG TABLET                                                 | 3    |                       |
| XIFAXAN 550 MG TABLET                                                 | 2    |                       |
| ANTICHOLINERGIC AGENTS                                                |      |                       |
| ANTIMUSCARINICS/ANTISPASMODICS                                        |      |                       |
| ANORO ELLIPTA                                                         | 2    | QPD 2 per day         |
| ATROVENT HFA                                                          | 3    | QPD 0.86 per day      |
| COMBIVENT RESPIMAT                                                    | 2    | QPD 0.267 per day     |
| DARTISLA                                                              | NF   | NF Non Formulary      |
| <i>dicyclomine hcl (10 mg capsule, 10 mg/5 ml soln, 20 mg tablet)</i> | 1    |                       |
| GLYCATÉ                                                               | NF   | NF Non Formulary      |
| <i>glycopyrrolate (1 mg tablet, 1 mg/5 ml soln, 2 mg tablet)</i>      | 1    |                       |
| <i>glycopyrrolate 1.5 mg tablet</i>                                   | NF   | NF Non Formulary      |

| PRODUCT DESCRIPTION                   | TIER | LIMITS & RESTRICTIONS                   |
|---------------------------------------|------|-----------------------------------------|
| INCRUSE ELLIPTA                       | 2    | QPD 1 per day                           |
| <i>ipratropium br 0.02% soln</i>      | 1    |                                         |
| <i>ipratropium-albuterol</i>          | 1    |                                         |
| <i>methscopolamine bromide</i>        | 1    |                                         |
| QBREXZA                               | NF   | PA<br>QPD 1 per day<br>NF Non Formulary |
| SPIRIVA HANDIHALER                    | 2    | QPD 1 per day                           |
| SPIRIVA RESPIMAT                      | 2    | QPD 0.134 per day                       |
| STIOLTO RESPIMAT                      | 2    | QPD 0.134 per day                       |
| ANTICOAGULANTS                        |      |                                         |
| ANTICOAGULANTS, MISCELLANEOUS         |      |                                         |
| <i>fondaparinux 10 mg/0.8 ml syr</i>  | 1    | QL MAX 24 / 90 DAYS                     |
| <i>fondaparinux 2.5 mg/0.5 ml syr</i> | 1    | QL MAX 15 / 90 DAYS                     |
| <i>fondaparinux 5 mg/0.4 ml syr</i>   | 1    | QL MAX 12 / 90 DAYS                     |
| <i>fondaparinux 7.5 mg/0.6 ml syr</i> | 1    | QL MAX 18 / 90 DAYS                     |
| COUMARIN DERIVATIVES                  |      |                                         |
| JANTOVEN                              | 1    |                                         |
| <i>warfarin sodium</i>                | 1    |                                         |
| DIRECT FACTOR XA INHIBITORS           |      |                                         |
| ELIQUIS DVT-PE TREAT START 5MG        | 2    | QL MAX 74 / 180 DAYS                    |

| PRODUCT DESCRIPTION                                                                                   | TIER | LIMITS & RESTRICTIONS |
|-------------------------------------------------------------------------------------------------------|------|-----------------------|
| ELIQUIS 2.5 MG TABLET                                                                                 | 2    | QPD 2 per day         |
| ELIQUIS 5 MG TABLET                                                                                   | 2    | QPD 2.467 per day     |
| XARELTO 1 MG/ML SUSPENSION                                                                            | 2    | QPD 20.667 per day    |
| XARELTO DVT-PE TREAT START 30D                                                                        | 2    | QPD 1.7 per day       |
| XARELTO (2.5 MG TABLET, 15 MG TABLET)                                                                 | 2    | QPD 2 per day         |
| XARELTO 10 MG TABLET                                                                                  | 2    | QPD 1 per day         |
| XARELTO 20 MG TABLET                                                                                  | 2    | QPD 1 per day         |
| DIRECT THROMBIN INHIBITORS                                                                            |      |                       |
| <i>dabigatran etexilate</i>                                                                           | 1    | QPD 2 per day         |
| PRADAXA (20 MG PELLET PACK, 150 MG PELLET PACK)                                                       | 3    | QPD 2 per day         |
| PRADAXA (30 MG PELLET PACK, 40 MG PELLET PACK, 50 MG PELLET PACK, 110 MG CAPSULE, 110 MG PELLET PACK) | 3    | QPD 4 per day         |
| HEPARINS                                                                                              |      |                       |
| <i>enoxaparin 30 mg/0.3 ml syr</i>                                                                    | 1    | QL MAX 9 / 90 DAYS    |
| <i>enoxaparin 40 mg/0.4 ml syr</i>                                                                    | 1    | QL MAX 12 / 90 DAYS   |
| <i>enoxaparin 60 mg/0.6 ml syr</i>                                                                    | 1    | QL MAX 18 / 90 DAYS   |
| <i>enoxaparin sodium (80 mg/0.8 ml syr, 120 mg/0.8 ml syr)</i>                                        | 1    | QL MAX 24 / 90 DAYS   |
| <i>enoxaparin sodium (100 mg/ml syringe, 150 mg/ml syringe, 300 mg/3 ml vial)</i>                     | 1    | QL MAX 30 / 90 DAYS   |
| FRAGMIN (2,500 UNIT/0.2 ML SYR, 5,000 UNIT/0.2 ML SYR)                                                | 3    | QL MAX 6 / 90 DAYS    |

| PRODUCT DESCRIPTION                                                                                                                                                                                                                                                                                                                    | TIER | LIMITS & RESTRICTIONS |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| FRAGMIN 10,000 UNIT/ML SYRINGE                                                                                                                                                                                                                                                                                                         | 3    | QL MAX 30 / 90 DAYS   |
| FRAGMIN 12,500 UNIT/0.5 ML SYR                                                                                                                                                                                                                                                                                                         | 3    | QL MAX 15 / 90 DAYS   |
| FRAGMIN 15,000 UNIT/0.6 ML SYR                                                                                                                                                                                                                                                                                                         | 3    | QL MAX 18 / 90 DAYS   |
| FRAGMIN 18,000 UNIT/0.72 ML                                                                                                                                                                                                                                                                                                            | 3    | QL MAX 21.6 / 90 DAYS |
| FRAGMIN 7,500 UNIT/0.3 ML SYR                                                                                                                                                                                                                                                                                                          | 3    | QL MAX 9 / 90 DAYS    |
| FRAGMIN 10,000 UNIT/4 ML VIAL                                                                                                                                                                                                                                                                                                          | 3    | QL max 120 / 90 days  |
| FRAGMIN 95,000 UNIT/3.8 ML VL                                                                                                                                                                                                                                                                                                          | 3    | QL MAX 38 / 90 DAYS   |
| <i>heparin sodium (sod 1,000 unit/ml vial, 2,000 unit/2 ml vial, 5,000 unit/ml carpuct, sod 5,000 unit/0.5 ml, sod 5,000 unit/ml syrg, sod 5,000 unit/ml vial, 10,000 unit/10 ml vial, sod 10,000 unit/ml vl, sod 20,000 unit/ml vl, 30,000 unit/30 ml vial, 40,000 unit/4 ml vial, 50,000 unit/10 ml vial, 50,000 unit/5 ml vial)</i> | 1    |                       |
| ANTICONVULSANTS                                                                                                                                                                                                                                                                                                                        |      |                       |
| ANTICONVULSANTS, MISCELLANEOUS                                                                                                                                                                                                                                                                                                         |      |                       |
| APTIOM                                                                                                                                                                                                                                                                                                                                 | 2    |                       |
| BRIVIACT (10 MG TABLET, 10 MG/ML ORAL SOLN, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET, 100 MG TABLET)                                                                                                                                                                                                                                   | 3    |                       |
| <i>carbamazepine (100 mg tab chew, 100 mg/5 ml susp, 200 mg tablet, 200 mg/10 ml cup)</i>                                                                                                                                                                                                                                              | 1    |                       |
| <i>carbamazepine er (er 100 mg cap, er 100 mg tablet, er 200 mg cap, er 200 mg tablet, er 300 mg cap, er 400 mg tablet)</i>                                                                                                                                                                                                            | 1    |                       |

| PRODUCT DESCRIPTION                                                                                                                                                    | TIER | LIMITS & RESTRICTIONS     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| CARBATROL                                                                                                                                                              | 3    |                           |
| DIACOMIT (250 MG CAPSULE, 250 MG POWDER PACKET, 500 MG CAPSULE, 500 MG POWDER PACKET)                                                                                  | 4    | S                         |
| <i>divalproex sodium (dr 125 mg cap sprnk, sod dr 125 mg tab, sod dr 250 mg tab, sod dr 500 mg tab)</i>                                                                | 1    |                           |
| <i>divalproex sodium er</i>                                                                                                                                            | 1    |                           |
| EPIDIOLEX                                                                                                                                                              | 4    | S<br>PA                   |
| EPITOL                                                                                                                                                                 | 1    |                           |
| EQUETRO                                                                                                                                                                | 3    |                           |
| <i>felbamate (400 mg tablet, 600 mg tablet, 600 mg/5 ml susp, 600 mg/5 ml susp cup)</i>                                                                                | 1    |                           |
| FINTEPLA                                                                                                                                                               | 4    | S<br>PA<br>QPD 12 per day |
| FYCOMPA (0.5 MG/ML ORAL SUSP, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)                                                          | 3    |                           |
| <i>gabapentin (100 mg capsule, 250 mg/5 ml soln, 300 mg capsule, 300 mg/6 ml soln, 300 mg/6ml soln cup, 400 mg capsule, 600 mg tablet, 800 mg tablet)</i>              | 1    |                           |
| HORIZANT                                                                                                                                                               | 3    | ST<br>QPD 2 per day       |
| <i>lacosamide (10 mg/ml solution, 50 mg tablet, 50 mg/5 ml cup, 100 mg tablet, 100 mg/10 ml cup, 150 mg tablet, 150 mg/15 ml cup, 200 mg tablet, 200 mg/20 ml cup)</i> | 1    |                           |
| LAMICTAL XR (BLUE)                                                                                                                                                     | 3    |                           |
| LAMICTAL XR (GREEN)                                                                                                                                                    | 3    |                           |

| PRODUCT DESCRIPTION                                                                                                                                      | TIER | LIMITS & RESTRICTIONS |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| LAMICTAL XR (ORANGE)                                                                                                                                     | 3    |                       |
| <i>lamotrigine (5 mg disper tablet, 25 mg disper tab, 25 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>                                     | 1    |                       |
| <i>lamotrigine (blue)</i>                                                                                                                                | 1    |                       |
| <i>lamotrigine (green)</i>                                                                                                                               | 1    |                       |
| <i>lamotrigine (orange)</i>                                                                                                                              | 1    |                       |
| <i>lamotrigine er</i>                                                                                                                                    | 1    |                       |
| <i>lamotrigine odt</i>                                                                                                                                   | NF   | NF Non Formulary      |
| <i>lamotrigine odt (blue)</i>                                                                                                                            | NF   | NF Non Formulary      |
| <i>lamotrigine odt (green)</i>                                                                                                                           | NF   | NF Non Formulary      |
| <i>lamotrigine odt (orange)</i>                                                                                                                          | NF   | NF Non Formulary      |
| <i>levetiracetam (100 mg/ml soln, 250 mg tablet, 500 mg tablet, 500 mg/5 ml cup, 500 mg/5 ml soln, 750 mg tablet, 1,000 mg tablet, 1,000mg/10ml cup)</i> | 1    |                       |
| <i>levetiracetam er</i>                                                                                                                                  | 1    |                       |
| <i>oxcarbazepine (150 mg tablet, 300 mg tablet, 300 mg/5 ml cup, 300 mg/5 ml susp, 600 mg tablet)</i>                                                    | 1    |                       |
| OXTELLAR XR                                                                                                                                              | 3    |                       |
| <i>pregabalin (225 mg capsule, 300 mg capsule)</i>                                                                                                       | 1    | QPD 2.0 per day       |
| <i>pregabalin (25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule, 200 mg capsule)</i>                                          | 1    | QPD 3.0 per day       |
| <i>pregabalin 20 mg/ml solution</i>                                                                                                                      | 1    | QPD 30 per day        |
| ROWEEPRA 500 MG TABLET                                                                                                                                   | 1    |                       |
| <i>rufinamide (40 mg/ml suspension, 200 mg tablet, 400 mg tablet)</i>                                                                                    | 1    |                       |
| SPRITAM                                                                                                                                                  | 3    |                       |

| PRODUCT DESCRIPTION                                                                                                                                                                           | TIER | LIMITS & RESTRICTIONS |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| SUBVENITE                                                                                                                                                                                     | 1    |                       |
| SUBVENITE (BLUE)                                                                                                                                                                              | 1    |                       |
| SUBVENITE (GREEN)                                                                                                                                                                             | 1    |                       |
| SUBVENITE (ORANGE)                                                                                                                                                                            | 1    |                       |
| TEGRETOL (100 MG/5 ML SUSP, 200 MG TABLET)                                                                                                                                                    | 3    |                       |
| TEGRETOL XR                                                                                                                                                                                   | 3    |                       |
| <i>tiagabine hcl</i>                                                                                                                                                                          | 1    |                       |
| <i>topiramate (15 mg sprinkle cap, 25 mg sprinkle cap, 25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>                                                                          | 1    |                       |
| <i>topiramate er (er 25 mg capsule, er 100 mg capsule, er 150 mg capsule)</i>                                                                                                                 | 1    | PA<br>QPD 1 per day   |
| <i>topiramate er 200 mg capsule</i>                                                                                                                                                           | 1    | PA<br>QPD 2.0 per day |
| <i>topiramate er 50 mg capsule</i>                                                                                                                                                            | 1    | PA<br>QPD 1.0 per day |
| <i>valproic acid (250 mg capsule, 250 mg/5 ml cup, 250 mg/5 ml soln, 500 mg/10 ml cup, 500 mg/10 ml sol)</i>                                                                                  | 1    |                       |
| <i>vigabatrin (500 mg powder packet, 500 mg tablet)</i>                                                                                                                                       | 4    | S                     |
| VIGADRONE (500 MG POWDER PACKET, 500 MG TABLET)                                                                                                                                               | 4    | S                     |
| XCOPRI (12.5-25 MG TITRATION PK, 50 MG TABLET, 50-100 MG TITRATION PAK, 100 MG TABLET, 150 MG TABLET, 150-200 MG TITRATION PK, 200 MG TABLET, 250 MG DAILY DOSE PACK, 350 MG DAILY DOSE PACK) | 3    |                       |
| <i>zonisamide</i>                                                                                                                                                                             | 1    |                       |
| BARBITURATES (ANTICONVULSANTS)                                                                                                                                                                |      |                       |
| MYSOLINE                                                                                                                                                                                      | 3    |                       |

| PRODUCT DESCRIPTION                                                                                                                                                          | TIER | LIMITS & RESTRICTIONS |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| <i>primidone (50 mg tablet, 250 mg tablet)</i>                                                                                                                               | 1    |                       |
| <i>primidone 125 mg tablet</i>                                                                                                                                               | 3    |                       |
| BENZODIAZEPINES (ANTICONVULSANTS)                                                                                                                                            |      |                       |
| <i>clobazam (2.5 mg/ml suspension, 10 mg tablet, 20 mg tablet)</i>                                                                                                           | 1    |                       |
| <i>clonazepam (0.125 mg dis tab, 0.125 mg odt, 0.25 mg odt, 0.5 mg dis tablet, 0.5 mg odt, 0.5 mg tablet, 1 mg dis tablet, 1 mg odt, 1 mg tablet, 2 mg odt, 2 mg tablet)</i> | 1    |                       |
| NAYZILAM                                                                                                                                                                     | 3    | QPD 0.334 per day     |
| SYMPAZAN                                                                                                                                                                     | NF   | NF Non Formulary      |
| HYDANTOINS                                                                                                                                                                   |      |                       |
| DILANTIN (50 MG INFATAB, 100 MG CAPSULE)                                                                                                                                     | 3    |                       |
| DILANTIN 30 MG CAPSULE                                                                                                                                                       | 2    |                       |
| DILANTIN-125                                                                                                                                                                 | 3    |                       |
| PHENYTEK                                                                                                                                                                     | 3    |                       |
| <i>phenytoin (50 mg infatab chew, 50 mg tablet chew, 100 mg/4 ml susp cup, 125 mg/5 ml susp)</i>                                                                             | 1    |                       |
| <i>phenytoin sodium extended</i>                                                                                                                                             | 1    |                       |
| SUCCINIMIDES                                                                                                                                                                 |      |                       |
| <i>ethosuximide (250 mg capsule, 250 mg/5 ml soln)</i>                                                                                                                       | 1    |                       |
| <i>methsuximide</i>                                                                                                                                                          | 1    |                       |
| ZARONTIN (250 MG CAPSULE, 250 MG/5 ML SOLUTION)                                                                                                                              | 3    |                       |

| PRODUCT DESCRIPTION                                                                            | TIER | LIMITS & RESTRICTIONS                   |
|------------------------------------------------------------------------------------------------|------|-----------------------------------------|
| ANTIDEPRESSANTS                                                                                |      |                                         |
| ANTIDEPRESSANTS, MISCELLANEOUS                                                                 |      |                                         |
| <i>bupropion hcl 100 mg tablet</i>                                                             | 1    | QPD 4.0 per day                         |
| <i>bupropion hcl 75 mg tablet</i>                                                              | 1    | QPD 2.0 per day                         |
| <i>bupropion hcl sr</i>                                                                        | 1    | QPD 2 per day                           |
| <i>bupropion xl (150 mg tablet, 300 mg tablet)</i>                                             | 1    | QPD 1.0 per day                         |
| <i>mirtazapine 7.5 mg tablet</i>                                                               | 1    | QPD 1.0 per day                         |
| <i>mirtazapine (15 mg odt, 15 mg tablet, 30 mg odt, 30 mg tablet, 45 mg odt, 45 mg tablet)</i> | 1    | QPD 1 per day                           |
| MONOAMINE OXIDASE INHIBITORS                                                                   |      |                                         |
| MARPLAN                                                                                        | 3    |                                         |
| NARDIL                                                                                         | NF   | NF Non Formulary                        |
| <i>phenelzine sulfate</i>                                                                      | 1    |                                         |
| <i>tranylcypromine sulfate</i>                                                                 | 1    |                                         |
| SEL.SEROTONIN,NOREPI REUPTAKE INHIBITOR                                                        |      |                                         |
| <i>desvenlafaxine er</i>                                                                       | NF   | ST<br>QPD 1 per day<br>NF Non Formulary |
| <i>desvenlafaxine succinate er</i>                                                             | 1    | QPD 1.0 per day                         |
| <i>duloxetine hcl (dr 20 mg cap, dr 30 mg cap, dr 60 mg cap)</i>                               | 1    | QPD 2.0 per day                         |
| <i>duloxetine hcl dr 40 mg cap</i>                                                             | NF   | QPD 3.0 per day<br>NF Non Formulary     |
| FETZIMA 20-40 MG TITRATION PAK                                                                 | 3    | QL MAX 28 / 180 DAYS<br>ST              |

| PRODUCT DESCRIPTION                                                               | TIER | LIMITS & RESTRICTIONS                   |
|-----------------------------------------------------------------------------------|------|-----------------------------------------|
| FETZIMA (ER 20 MG CAPSULE, ER 40 MG CAPSULE, ER 80 MG CAPSULE, ER 120 MG CAPSULE) | 3    | ST<br>QPD 1 per day                     |
| <i>venlafaxine hcl</i>                                                            | 1    | QPD 3 per day                           |
| <i>venlafaxine hcl er (er 37.5 mg cap, er 150 mg cap)</i>                         | 1    | QPD 1 per day                           |
| <i>venlafaxine hcl er 75 mg cap</i>                                               | 1    | QPD 3 per day                           |
| <i>venlafaxine hcl er (er 37.5 mg tab, er 150 mg tab, er 225 mg tab)</i>          | NF   | QPD 1.0 per day<br>NF Non Formulary     |
| <i>venlafaxine hcl er 75 mg tab</i>                                               | NF   | QPD 3.0 per day<br>NF Non Formulary     |
| SELECTIVE-SEROTONIN REUPTAKE INHIBITORS                                           |      |                                         |
| <i>citalopram hbr 30 mg capsule</i>                                               | NF   | ST<br>QPD 1 per day<br>NF Non Formulary |
| <i>citalopram hbr 10 mg/5 ml soln</i>                                             | 1    | QPD 20 per day                          |
| <i>citalopram hbr (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>                  | 1    | QPD 1 per day                           |
| <i>escitalopram oxalate 5 mg/5 ml</i>                                             | 1    | QPD 20.0 per day                        |
| <i>escitalopram oxalate (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>             | 1    | QPD 1.0 per day                         |
| <i>fluoxetine dr</i>                                                              | 3    | ST<br>QPD 0.143 per day                 |
| <i>fluoxetine hcl 10 mg capsule</i>                                               | 1    | QPD 1 per day                           |
| <i>fluoxetine hcl 20 mg capsule</i>                                               | 1    | QPD 4 per day                           |
| <i>fluoxetine hcl 40 mg capsule</i>                                               | 1    | QPD 2 per day                           |
| <i>fluoxetine 20 mg/5 ml solution</i>                                             | 1    | QPD 20.0 per day                        |

| PRODUCT DESCRIPTION                                              | TIER | LIMITS & RESTRICTIONS                                              |
|------------------------------------------------------------------|------|--------------------------------------------------------------------|
| <i>fluoxetine hcl 10 mg tablet</i>                               | NF   | <div>QPD 1 per day</div> <div>NF Non Formulary</div>               |
| <i>fluoxetine hcl 20 mg tablet</i>                               | NF   | <div>QPD 4 per day</div> <div>NF Non Formulary</div>               |
| <i>fluoxetine hcl 60 mg tablet</i>                               | NF   | <div>ST</div> <div>QPD 1 per day</div> <div>NF Non Formulary</div> |
| <i>fluvoxamine maleate (25 mg tab, 50 mg tab)</i>                | 1    | QPD 1 per day                                                      |
| <i>fluvoxamine maleate 100 mg tab</i>                            | 1    | QPD 3 per day                                                      |
| <i>fluvoxamine maleate er</i>                                    | NF   | <div>QPD 2 per day</div> <div>NF Non Formulary</div>               |
| <i>olanzapine-fluoxetine hcl</i>                                 | NF   | NF Non Formulary                                                   |
| <i>paroxetine cr (cr 25 mg tablet, cr 37.5 mg tablet)</i>        | NF   | <div>QPD 2 per day</div> <div>NF Non Formulary</div>               |
| <i>paroxetine cr 12.5 mg tablet</i>                              | NF   | <div>QPD 1 per day</div> <div>NF Non Formulary</div>               |
| <i>paroxetine er (er 25 mg tablet, er 37.5 mg tablet)</i>        | NF   | <div>QPD 2 per day</div> <div>NF Non Formulary</div>               |
| <i>paroxetine er 12.5 mg tablet</i>                              | NF   | <div>QPD 1 per day</div> <div>NF Non Formulary</div>               |
| <i>paroxetine hcl 10 mg/5 ml susp</i>                            | NF   | <div>QPD 30 per day</div> <div>NF Non Formulary</div>              |
| <i>paroxetine hcl (10 mg tablet, 20 mg tablet, 40 mg tablet)</i> | 1    | QPD 1.0 per day                                                    |
| <i>paroxetine hcl 30 mg tablet</i>                               | 1    | QPD 2.0 per day                                                    |
| <i>paroxetine mesylate</i>                                       | NF   | NF Non Formulary                                                   |

| PRODUCT DESCRIPTION                                               | TIER | LIMITS & RESTRICTIONS                                              |
|-------------------------------------------------------------------|------|--------------------------------------------------------------------|
| PEXEVA (10 MG TABLET, 20 MG TABLET, 40 MG TABLET)                 | NF   | <div>ST</div> <div>QPD</div> 1 per day <div>NF</div> Non Formulary |
| PEXEVA 30 MG TABLET                                               | NF   | <div>ST</div> <div>QPD</div> 2 per day <div>NF</div> Non Formulary |
| <i>sertraline hcl (150 mg capsule, 200 mg capsule)</i>            | NF   | <div>ST</div> <div>QPD</div> 1 per day <div>NF</div> Non Formulary |
| <i>sertraline 20 mg/ml oral conc</i>                              | 1    | <div>QPD</div> 10 per day                                          |
| <i>sertraline hcl (25 mg tablet, 50 mg tablet)</i>                | 1    | <div>QPD</div> 1.0 per day                                         |
| <i>sertraline hcl 100 mg tablet</i>                               | 1    | <div>QPD</div> 2.0 per day                                         |
| SEROTONIN MODULATORS                                              |      |                                                                    |
| <i>trazodone 300 mg tablet</i>                                    | NF   | <div>NF</div> Non Formulary                                        |
| <i>trazodone hcl (50 mg tablet, 100 mg tablet, 150 mg tablet)</i> | 1    |                                                                    |
| TRINTELLIX                                                        | 3    | <div>ST</div> <div>QPD</div> 1 per day                             |
| VIIBRYD 10-20 MG STARTER PACK                                     | 3    | <div>QL</div> MAX 30 / 180 DAYS <div>ST</div>                      |
| <i>vilazodone hcl</i>                                             | 1    | <div>QPD</div> 1.0 per day                                         |
| TRICYCLICS, OTHER NOREPI-RU INHIBITORS                            |      |                                                                    |
| <i>amitriptyline hcl</i>                                          | 1    |                                                                    |
| <i>chlordiazepoxide-amitriptyline</i>                             | 3    |                                                                    |
| <i>clomipramine hcl</i>                                           | 1    |                                                                    |

| PRODUCT DESCRIPTION                                                                                                                 | TIER | LIMITS & RESTRICTIONS                     |
|-------------------------------------------------------------------------------------------------------------------------------------|------|-------------------------------------------|
| <i>desipramine hcl</i>                                                                                                              | 1    |                                           |
| <i>doxepin hcl (10 mg capsule, 10 mg/ml oral conc, 25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule)</i> | 1    |                                           |
| <i>imipramine hcl</i>                                                                                                               | 1    |                                           |
| <i>imipramine pamoate</i>                                                                                                           | NF   | NF Non Formulary                          |
| <i>nortriptyline hcl (10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap)</i>                                                               | 1    |                                           |
| <i>nortriptyline 10 mg/5 ml soln</i>                                                                                                | 3    |                                           |
| <i>perphenazine-amitriptyline</i>                                                                                                   | 3    |                                           |
| <i>protriptyline hcl</i>                                                                                                            | 1    |                                           |
| <i>trimipramine maleate</i>                                                                                                         | 1    |                                           |
| ANTIDIABETIC AGENTS                                                                                                                 |      |                                           |
| ALPHA-GLUCOSIDASE INHIBITORS                                                                                                        |      |                                           |
| <i>acarbose</i>                                                                                                                     | 1    |                                           |
| <i>miglitol</i>                                                                                                                     | 1    |                                           |
| ANTIDIABETIC AGENTS, MISCELLANEOUS                                                                                                  |      |                                           |
| KORLYM                                                                                                                              | 4    | S<br>PA<br>QPD 4 per day                  |
| BIGUANIDES                                                                                                                          |      |                                           |
| <i>metformin er 1,000 mg gastr-tb</i>                                                                                               | NF   | ST<br>QPD 2.0 per day<br>NF Non Formulary |
| <i>metformin er 500 mg gastrc-tb</i>                                                                                                | NF   | ST<br>QPD 3.0 per day<br>NF Non Formulary |

| PRODUCT DESCRIPTION                                                                                   | TIER | LIMITS & RESTRICTIONS                   |
|-------------------------------------------------------------------------------------------------------|------|-----------------------------------------|
| <i>metformin er 1,000 mg osm-tab</i>                                                                  | NF   | ST<br>QPD 2 per day<br>NF Non Formulary |
| <i>metformin er 500 mg osmotic tb</i>                                                                 | NF   | ST<br>QPD 3 per day<br>NF Non Formulary |
| <i>metformin hcl (500 mg tablet, 850 mg tablet, 1,000 mg tablet)</i>                                  | 1    |                                         |
| <i>metformin hcl (500 mg/5 ml soln, 625 mg tablet)</i>                                                | NF   | NF Non Formulary                        |
| <i>metformin hcl er 500 mg tablet</i>                                                                 | 1    | QPD 4.0 per day                         |
| <i>metformin hcl er 750 mg tablet</i>                                                                 | 1    | QPD 2.0 per day                         |
| DIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS                                                              |      |                                         |
| JANUMET                                                                                               | 2    | QPD 2 per day                           |
| JANUMET XR (50-500 MG TABLET, 100-1,000 MG TABLET)                                                    | 2    | QPD 1 per day                           |
| JANUMET XR 50-1,000 MG TABLET                                                                         | 2    | QPD 2 per day                           |
| JANUVIA                                                                                               | 2    | QPD 1 per day                           |
| INCRETIN MIMETICS                                                                                     |      |                                         |
| BYDUREON BCISE                                                                                        | 3    | PA<br>QPD 0.122 per day                 |
| MOUNJARO (5 MG/0.5 ML PEN, 7.5 MG/0.5 ML PEN, 10 MG/0.5 ML PEN, 12.5 MG/0.5 ML PEN, 15 MG/0.5 ML PEN) | 2    | PA<br>QPD 0.072 per day                 |
| MOUNJARO 2.5 MG/0.5 ML PEN                                                                            | 2    | PA<br>QPD 0.072 per day                 |
| OZEMPIC (0.25-0.5 MG/DOSE PEN, 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML))                          | 2    | PA<br>QPD 0.108 per day                 |

| PRODUCT DESCRIPTION                                                    | TIER | LIMITS & RESTRICTIONS         |
|------------------------------------------------------------------------|------|-------------------------------|
| OZEMPIC 1 MG/DOSE (2 MG/1.5ML)                                         | 2    | PA<br>QPD 0.108 per day       |
| RYBELSUS (7 MG TABLET, 14 MG TABLET)                                   | 2    | PA<br>QPD 1 per day           |
| RYBELSUS 3 MG TABLET                                                   | 2    | QL<br>PA<br>MAX 30 / 180 DAYS |
| TRULICITY                                                              | 2    | PA<br>QPD 0.072 per day       |
| WEGOVY (0.25 MG/0.5 ML PEN, 0.5 MG/0.5 ML PEN, 1 MG/0.5 ML PEN)        | 3    | QL<br>PA<br>MAX 4 / 180 DAYS  |
| WEGOVY 1.7 MG/0.75 ML PEN                                              | 3    | PA<br>QPD 0.429 per day       |
| WEGOVY 2.4 MG/0.75 ML PEN                                              | 3    | PA<br>QPD 0.108 per day       |
| MEGLITINIDES                                                           |      |                               |
| <i>nateglinide</i>                                                     | 1    |                               |
| <i>repaglinide</i>                                                     | 1    |                               |
| SODIUM-GLUC COTRANSPORT 2 (SGLT2) INHIB                                |      |                               |
| FARXIGA                                                                | 2    | QPD 1 per day                 |
| GLYXAMBI                                                               | 2    | QPD 1 per day                 |
| JARDIANCE                                                              | 2    | QPD 1 per day                 |
| SYNJARDY                                                               | 2    | QPD 2 per day                 |
| SYNJARDY XR (5-1,000 MG TABLET, 10-1,000 MG TABLET, 12.5-1,000 MG TAB) | 2    | QPD 2 per day                 |

| PRODUCT DESCRIPTION                                                     | TIER | LIMITS & RESTRICTIONS |
|-------------------------------------------------------------------------|------|-----------------------|
| SYNJARDY XR 25-1,000 MG TABLET                                          | 2    | QPD 1 per day         |
| TRIJARDY XR (10-5-1,000 MG TAB, 25-5-1,000 MG TAB)                      | 2    | QPD 1 per day         |
| TRIJARDY XR (5-2.5-1,000 MG TAB, 12.5-2.5-1,000 MG)                     | 2    | QPD 2 per day         |
| XIGDUO XR (2.5 MG TAB, 5 MG TABLET)                                     | 2    | QPD 2 per day         |
| XIGDUO XR (5 MG-500 MG TABLET, 10 MG-1,000 MG TAB, 10 MG-500 MG TABLET) | 2    | QPD 1 per day         |
| SULFONYLUREAS                                                           |      |                       |
| <i>glimepiride</i>                                                      | 1    |                       |
| <i>glipizide (5 mg tablet, 10 mg tablet)</i>                            | 1    |                       |
| <i>glipizide er</i>                                                     | 1    |                       |
| <i>glipizide xl</i>                                                     | 1    |                       |
| <i>glipizide-metformin</i>                                              | 1    |                       |
| <i>glyburide</i>                                                        | 1    |                       |
| <i>glyburide micronized</i>                                             | 1    |                       |
| <i>glyburide-metformin hcl</i>                                          | 1    |                       |
| THIAZOLIDINEDIONES                                                      |      |                       |
| <i>pioglitazone hcl</i>                                                 | 1    |                       |
| <i>pioglitazone-glimepiride</i>                                         | NF   | NF Non Formulary      |
| <i>pioglitazone-metformin</i>                                           | 1    |                       |
| ANTIEMETICS                                                             |      |                       |
| 5-HT3 RECEPTOR ANTAGONISTS                                              |      |                       |
| ANZEMET                                                                 | 3    | QPD 0.234 per day     |
| <i>granisetron hcl 1 mg tablet</i>                                      | 1    | QPD 0.5 per day       |

| PRODUCT DESCRIPTION                                             | TIER | LIMITS & RESTRICTIONS                 |
|-----------------------------------------------------------------|------|---------------------------------------|
| <i>ondansetron hcl (4 mg/5 ml soln cup, 4 mg/5 ml solution)</i> | 1    | QPD 3.334 per day                     |
| <i>ondansetron hcl (4 mg tablet, 8 mg tablet)</i>               | 1    | QPD 0.7 per day                       |
| <i>ondansetron odt</i>                                          | 1    | QPD 0.7 per day                       |
| SANCUSO                                                         | NF   | QPD 0.067 per day<br>NF Non Formulary |
| ZUPLENZ                                                         | 3    | QPD 0.667 per day<br>NF Non Formulary |
| ANTIEMETICS, MISCELLANEOUS                                      |      |                                       |
| <i>dronabinol</i>                                               | 1    |                                       |
| <i>scopolamine</i>                                              | 1    |                                       |
| SYNDROS                                                         | NF   | NF Non Formulary                      |
| ANTI-HISTAMINES (GI DRUGS)                                      |      |                                       |
| BONJESTA                                                        | 3    |                                       |
| COMPRO                                                          | 1    |                                       |
| <i>doxylamine succ-pyridoxine hcl</i>                           | 1    |                                       |
| <i>prochlorperazine</i>                                         | 1    |                                       |
| <i>prochlorperazine maleate</i>                                 | 1    |                                       |
| <i>trimethobenzamide hcl</i>                                    | 1    |                                       |
| NEUROKININ-1 RECEPTOR ANTAGONISTS                               |      |                                       |
| <i>aprepitant 125-80-80 mg pack</i>                             | 1    | QPD 0.2 per day                       |
| <i>aprepitant 125 mg capsule</i>                                | 1    | QPD 0.067 per day                     |
| <i>aprepitant 40 mg capsule</i>                                 | 1    |                                       |
| <i>aprepitant 80 mg capsule</i>                                 | 1    | QPD 0.134 per day                     |

| PRODUCT DESCRIPTION                                                                                          | TIER | LIMITS & RESTRICTIONS                                                     |
|--------------------------------------------------------------------------------------------------------------|------|---------------------------------------------------------------------------|
| EMEND 125 MG POWDER PACKET                                                                                   | 2    | QPD 0.2 per day                                                           |
| VARUBI                                                                                                       | 2    | QPD 0.134 per day                                                         |
| ANTIFUNGAL (SYSTEMIC)                                                                                        |      |                                                                           |
| ALLYLAMINE ANTIFUNGALS                                                                                       |      |                                                                           |
| <i>terbinafine hcl</i>                                                                                       | 1    |                                                                           |
| ANTIFUNGALS, MISCELLANEOUS                                                                                   |      |                                                                           |
| BREXAFEMME                                                                                                   | NF   | <div>QL MAX 4 / 90 DAYS</div> <div>PA</div> <div>NF Non Formulary</div>   |
| <i>griseofulvin (125 mg/5 ml susp, micro 500 mg tab)</i>                                                     | 1    |                                                                           |
| <i>griseofulvin ultramicrosize</i>                                                                           | 1    |                                                                           |
| AZOLE ANTIFUNGALS                                                                                            |      |                                                                           |
| CRESEMBA 186 MG CAPSULE                                                                                      | 3    | PA                                                                        |
| CRESEMBA 74.5 MG CAPSULE                                                                                     | 3    | PA                                                                        |
| <i>fluconazole (10 mg/ml susp, 40 mg/ml susp, 50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i> | 1    |                                                                           |
| <i>itraconazole (10 mg/ml solution, 100 mg capsule, 100 mg/10 ml cup)</i>                                    | 1    |                                                                           |
| <i>ketoconazole 200 mg tablet</i>                                                                            | 1    |                                                                           |
| NOXAFIL 300 MG POWDERMIX SUSP                                                                                | 2    | PA                                                                        |
| <i>posaconazole (dr 100 mg tablet, 200 mg/5 ml susp)</i>                                                     | 1    | PA                                                                        |
| TOLSURA                                                                                                      | NF   | NF Non Formulary                                                          |
| VIVJOA                                                                                                       | NF   | <div>QL MAX 18 / 180 DAYS</div> <div>PA</div> <div>NF Non Formulary</div> |

| PRODUCT DESCRIPTION                                                                  | TIER | LIMITS & RESTRICTIONS |
|--------------------------------------------------------------------------------------|------|-----------------------|
| <i>voriconazole (40 mg/ml susp, 50 mg tablet, 200 mg tablet)</i>                     | 1    | PA                    |
| POLYENE ANTIFUNGALS                                                                  |      |                       |
| <i>nystatin (100,000 unit/ml susp, 500,000 unit oral tab, 500,000 unit/5 ml cup)</i> | 1    |                       |
| PYRIMIDINE ANTIFUNGALS                                                               |      |                       |
| <i>flucytosine</i>                                                                   | 1    |                       |
| ANTIFUNGALS (SKIN AND MUCOUS MEMBRANE)                                               |      |                       |
| ALLYLAMINES (SKIN AND MUCOUS MEMBRANE)                                               |      |                       |
| <i>naftifine hcl 1% cream</i>                                                        | 3    | NF Non Formulary      |
| <i>naftifine hcl 2% cream</i>                                                        | 1    | NF Non Formulary      |
| <i>naftifine hcl 2% gel</i>                                                          | NF   | NF Non Formulary      |
| NAFTIN 1% GEL                                                                        | NF   | NF Non Formulary      |
| AZOLES (SKIN AND MUCOUS MEMBRANE)                                                    |      |                       |
| <i>clotrimazole 10 mg troche</i>                                                     | 1    |                       |
| <i>clotrimazole-betamethasone crm</i>                                                | 1    |                       |
| <i>clotrimazole-betamethasone lot</i>                                                | NF   | NF Non Formulary      |
| <i>econazole nitrate</i>                                                             | 1    |                       |
| ECOZA                                                                                | NF   | NF Non Formulary      |
| ERTACZO                                                                              | NF   | NF Non Formulary      |
| EXELDERM (CREAM, SOLUTION)                                                           | NF   | NF Non Formulary      |
| GYNAZOLE 1                                                                           | 3    |                       |
| JUBLIA                                                                               | 2    |                       |

| PRODUCT DESCRIPTION                                                 | TIER | LIMITS & RESTRICTIONS |
|---------------------------------------------------------------------|------|-----------------------|
| <i>ketoconazole 2% foam</i>                                         | NF   | NF Non Formulary      |
| <i>ketoconazole (cream, shampoo)</i>                                | 1    |                       |
| KETODAN 2% FOAM                                                     | NF   | NF Non Formulary      |
| <i>luliconazole</i>                                                 | NF   | NF Non Formulary      |
| LUZU                                                                | NF   | NF Non Formulary      |
| <i>miconazole 3 200 mg vag supp</i>                                 | 3    |                       |
| ORAVIG                                                              | 3    |                       |
| <i>oxiconazole nitrate</i>                                          | NF   | NF Non Formulary      |
| OXISTAT 1% LOTION                                                   | NF   | NF Non Formulary      |
| <i>sulconazole nitrate (cream, soln)</i>                            | NF   | NF Non Formulary      |
| <i>terconazole (0.4% cream, 0.8% cream, 80 mg suppository)</i>      | 1    |                       |
| XOLEGEL                                                             | NF   | NF Non Formulary      |
| HYDROXYPYRIDONES (SKIN, MUCOUS MEMBRANE)                            |      |                       |
| CICLODAN 8% SOLUTION                                                | 1    |                       |
| <i>ciclopirox (0.77% cream, 0.77% gel, 1% shampoo, 8% solution)</i> | 1    |                       |
| <i>ciclopirox 0.77% topical susp</i>                                | NF   | NF Non Formulary      |
| POLYENES (SKIN AND MUCOUS MEMBRANE)                                 |      |                       |
| NYAMYC                                                              | 1    |                       |
| <i>nystatin (unit/gm cream, unit/gm oint, unit/gm powd)</i>         | 1    |                       |
| <i>nystatin-triamcinolone (cream, ointm)</i>                        | NF   | NF Non Formulary      |
| NYSTOP                                                              | 1    |                       |

| PRODUCT DESCRIPTION                                                                                                         | TIER | LIMITS & RESTRICTIONS |
|-----------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| ANTIGLAUCOMA AGENTS                                                                                                         |      |                       |
| ALPHA-ADRENERGIC AGONISTS (EENT)                                                                                            |      |                       |
| <i>brimonidine 0.2% eye drop</i>                                                                                            | 1    |                       |
| <i>brimonidine tartrate 0.15% drp</i>                                                                                       | NF   | NF Non Formulary      |
| <i>brimonidine tartrate-timolol</i>                                                                                         | NF   | NF Non Formulary      |
| BETA-ADRENERGIC BLOCKING AGENTS (EENT)                                                                                      |      |                       |
| <i>betaxolol hcl 0.5% eye drop</i>                                                                                          | 1    |                       |
| BETIMOL                                                                                                                     | NF   | NF Non Formulary      |
| BETOPTIC S                                                                                                                  | NF   | NF Non Formulary      |
| <i>carteolol hcl</i>                                                                                                        | 3    |                       |
| <i>levobunolol hcl</i>                                                                                                      | 3    |                       |
| <i>timolol maleate 0.25% eye drop</i>                                                                                       | 1    | NF Non Formulary      |
| <i>timolol maleate 0.5% eye drops</i>                                                                                       | 1    |                       |
| <i>timolol maleate (0.25% gel-solution, 0.5% eye drop, 0.5% gel-solution, 0.5% gfs gel-solution, maleate 0.5% eye drop)</i> | NF   | NF Non Formulary      |
| CARBONIC ANHYDRASE INHIBITORS (EENT)                                                                                        |      |                       |
| <i>acetazolamide</i>                                                                                                        | 1    |                       |
| <i>acetazolamide er</i>                                                                                                     | 1    |                       |
| <i>brinzolamide</i>                                                                                                         | NF   | NF Non Formulary      |
| <i>dorzolamide hcl</i>                                                                                                      | 1    |                       |
| <i>dorzolamide-timolol 2%-0.5%</i>                                                                                          | 1    | NF Non Formulary      |
| <i>dorzolamide-timolol eye drops</i>                                                                                        | 1    |                       |
| <i>methazolamide</i>                                                                                                        | 1    |                       |

| PRODUCT DESCRIPTION                                               | TIER | LIMITS & RESTRICTIONS                 |
|-------------------------------------------------------------------|------|---------------------------------------|
| SIMBRINZA                                                         | 2    |                                       |
| MIOTICS                                                           |      |                                       |
| <i>pilocarpine hcl (1% drops, 2% drops, 4% drops)</i>             | 1    |                                       |
| PROSTAGLANDIN ANALOGS                                             |      |                                       |
| <i>latanoprost 0.005% eye drops</i>                               | 1    | QPD 0.084 per day                     |
| LUMIGAN                                                           | 2    | QPD 0.084 per day                     |
| <i>travoprost</i>                                                 | NF   | QPD 0.084 per day<br>NF Non Formulary |
| VYZULTA                                                           | 3    | QPD 0.084 per day                     |
| RHO KINASE INHIBITORS                                             |      |                                       |
| RHOPRESSA                                                         | 3    | QPD 0.084 per day                     |
| ROCKLATAN                                                         | 3    | QPD 0.084 per day                     |
| ANTIHEMORRHAGIC AGENTS                                            |      |                                       |
| HEMOSTATICS                                                       |      |                                       |
| <i>aminocaproic acid (0.25 gram/ml, 500 mg tab, 1,000 mg tab)</i> | 1    |                                       |
| <i>tranexamic acid 650 mg tablet</i>                              | 1    |                                       |
| VONVENDI                                                          | 4    | S<br>PA                               |
| ANTIHISTAMINE DRUGS                                               |      |                                       |
| SECOND GENERATION ANTIHISTAMINES                                  |      |                                       |
| CLARINEX-D 12 HOUR                                                | NF   | NF Non Formulary                      |

| PRODUCT DESCRIPTION                    | TIER | LIMITS & RESTRICTIONS |
|----------------------------------------|------|-----------------------|
| ANTIHYPOGLYCEMIC AGENTS                |      |                       |
| ANTIHYPOGLYCEMIC AGENTS, MISCELLANEOUS |      |                       |
| <i>diazoxide</i>                       | 1    |                       |
| GLYCOGENOLYTIC AGENTS                  |      |                       |
| BAQSIMI                                | 2    |                       |
| GLUCAGEN 1 MG HYPOKIT                  | 3    |                       |
| GLUCAGON 1 MG EMERGENCY KIT            | 1    |                       |
| GVOKE                                  | 2    |                       |
| GVOKE HYPOPEN 1-PACK                   | 2    |                       |
| GVOKE HYPOPEN 2-PACK                   | 2    |                       |
| GVOKE PFS 1-PACK SYRINGE               | 2    |                       |
| GVOKE PFS 2-PACK SYRINGE               | 2    |                       |
| ZEGALOGUE AUTOINJECTOR                 | 2    |                       |
| ZEGALOGUE SYRINGE                      | 2    |                       |
| ANTILIPEMIC AGENTS                     |      |                       |
| ANTILIPEMIC AGENTS, MISCELLANEOUS      |      |                       |
|                                        |      | S                     |
| JUXTAPID                               | 4    | PA                    |
|                                        |      | QPD 1 per day         |
| NEXLETOL                               | 2    | PA                    |
|                                        |      | QPD 1 per day         |
| NEXLIZET                               | 2    | PA                    |
|                                        |      | QPD 1 per day         |
| <i>niacin 500 mg tablet</i>            | NF   | NF Non Formulary      |

| PRODUCT DESCRIPTION                                                                                                                          | TIER | LIMITS & RESTRICTIONS |
|----------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| <i>niacin er</i>                                                                                                                             | 1    |                       |
| NIACOR                                                                                                                                       | NF   | NF Non Formulary      |
| VASCEPA                                                                                                                                      | 1    |                       |
| BILE ACID SEQUESTRANTS                                                                                                                       |      |                       |
| <i>cholestyramine powder</i>                                                                                                                 | 1    |                       |
| <i>cholestyramine packet</i>                                                                                                                 | NF   | NF Non Formulary      |
| <i>cholestyramine light powder</i>                                                                                                           | 1    |                       |
| <i>cholestyramine light packet</i>                                                                                                           | NF   | NF Non Formulary      |
| <i>colesevelam hcl 3.75 g packet</i>                                                                                                         | NF   | NF Non Formulary      |
| <i>colesevelam 625 mg tablet</i>                                                                                                             | 1    |                       |
| <i>colestipol hcl (1 gm tablet, granules, granules packet)</i>                                                                               | 1    |                       |
| PREVALITE POWDER                                                                                                                             | 1    |                       |
| PREVALITE PACKET                                                                                                                             | NF   | NF Non Formulary      |
| CHOLESTEROL ABSORPTION INHIBITORS                                                                                                            |      |                       |
| <i>ezetimibe</i>                                                                                                                             | 1    |                       |
| <i>ezetimibe-simvastatin</i>                                                                                                                 | 1    |                       |
| <i>rosuvastatin-ezetimibe</i>                                                                                                                | NF   | NF Non Formulary      |
| ROSZET                                                                                                                                       | NF   | NF Non Formulary      |
| FIBRIC ACID DERIVATIVES                                                                                                                      |      |                       |
| ANTARA                                                                                                                                       | NF   | NF Non Formulary      |
| <i>fenofibrate (30 mg capsule, 40 mg tablet, 43 mg capsule, 50 mg capsule, 90 mg capsule, 120 mg tablet, 130 mg capsule, 150 mg capsule)</i> | NF   | NF Non Formulary      |

| PRODUCT DESCRIPTION                                                                                                          | TIER | LIMITS & RESTRICTIONS                       |
|------------------------------------------------------------------------------------------------------------------------------|------|---------------------------------------------|
| <i>fenofibrate (48 mg tablet, 54 mg tablet, 67 mg capsule, 134 mg capsule, 145 mg tablet, 160 mg tablet, 200 mg capsule)</i> | 1    |                                             |
| <i>fenofibric acid (dr 45 mg cap, dr 135 mg cap)</i>                                                                         | NF   | NF Non Formulary                            |
| <i>fenofibric acid (35 mg tablet, 105 mg tablet)</i>                                                                         | 3    | NF Non Formulary                            |
| FIBRICOR                                                                                                                     | NF   | NF Non Formulary                            |
| <i>gemfibrozil</i>                                                                                                           | 1    |                                             |
| LIPOFEN                                                                                                                      | 2    |                                             |
| HMG-COA REDUCTASE INHIBITORS                                                                                                 |      |                                             |
| ALTOPREV                                                                                                                     | NF   | NF Non Formulary                            |
| <i>amlodipine-atorvastatin (2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg, 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg)</i>       | 1    | NF Non Formulary                            |
| <i>amlodipine-atorvastatin (2.5-20 mg, 2.5-40 mg)</i>                                                                        | NF   | NF Non Formulary                            |
| <i>atorvastatin calcium (10 mg tablet, 20 mg tablet)</i>                                                                     | 1    | HCR                                         |
| <i>atorvastatin calcium (40 mg tablet, 80 mg tablet)</i>                                                                     | 1    |                                             |
| FLOLIPID                                                                                                                     | NF   | NF Non Formulary                            |
| <i>fluvastatin er</i>                                                                                                        | NF   | NF Non Formulary                            |
| <i>fluvastatin sodium</i>                                                                                                    | NF   | NF Non Formulary                            |
| LIVALO                                                                                                                       | 2    |                                             |
| <i>lovastatin (20 mg tablet, 40 mg tablet)</i>                                                                               | 1    | C [ACA] Age Edits Apply: 40-75 years<br>HCR |
| <i>lovastatin 10 mg tablet</i>                                                                                               | 1    | HCR                                         |
| <i>pravastatin sodium</i>                                                                                                    | 1    | C [ACA] Age Edits Apply: 40-75 years<br>HCR |

| PRODUCT DESCRIPTION                                                        | TIER | LIMITS & RESTRICTIONS                                |
|----------------------------------------------------------------------------|------|------------------------------------------------------|
| <i>rosuvastatin calcium</i>                                                | 1    | C<br>[ACA] Age Edits<br>Apply: 40-75<br>years<br>HCR |
| <i>simvastatin (5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet)</i> | 1    | HCR                                                  |
| <i>simvastatin 80 mg tablet</i>                                            | 1    |                                                      |
| PCSK9 INHIBITORS                                                           |      |                                                      |
| REPATHA PUSHTRONEX                                                         | 2    | PA<br>QPD 0.234 per day                              |
| REPATHA SURECLICK                                                          | 2    | PA<br>QPD 0.072 per day                              |
| REPATHA SYRINGE                                                            | 2    | PA<br>QPD 0.072 per day                              |
| ANTIMIGRAINE AGENTS                                                        |      |                                                      |
| CALCITONIN GENE-RELATED PEPTIDE ANTAG.                                     |      |                                                      |
| AIMOVIG AUTOINJECTOR                                                       | 2    | PA<br>QPD 0.036 per day                              |
| AJOVY AUTOINJECTOR                                                         | 2    | QL<br>PA<br>MAX 4.5 / 84<br>DAYS                     |
| AJOVY SYRINGE                                                              | 2    | QL<br>PA<br>MAX 4.5 / 84<br>DAYS                     |
| EMGALITY PEN                                                               | 2    | PA<br>QPD 0.036 per day                              |
| EMGALITY 120 MG/ML SYRINGE                                                 | 2    | PA<br>QPD 0.036 per day                              |

| PRODUCT DESCRIPTION                                             | TIER | LIMITS & RESTRICTIONS                                                                        |
|-----------------------------------------------------------------|------|----------------------------------------------------------------------------------------------|
| EMGALITY SYRINGE (100 MG/ML SYR(1 OF 3), 300 MG (100 MG X3SYR)) | 2    | <div>QL</div> <div>PA</div> <div>MAX 9 / 180 DAYS</div>                                      |
| NURTEC ODT                                                      | 2    | <div>PA</div> <div>QPD</div> <div>0.534 per day</div>                                        |
| QULIPTA                                                         | 2    | <div>PA</div> <div>QPD</div> <div>1 per day</div>                                            |
| UBRELVY                                                         | 2    | <div>PA</div> <div>QPD</div> <div>0.534 per day</div>                                        |
| SELECTIVE SEROTONIN AGONISTS                                    |      |                                                                                              |
| <i>almotriptan malate</i>                                       | 1    | <div>ST</div> <div>QPD</div> <div>NF</div> <div>0.4 per day</div> <div>Non Formulary</div>   |
| <i>eletriptan hbr</i>                                           | 1    | <div>QPD</div> <div>0.4 per day</div>                                                        |
| <i>frovatriptan succinate</i>                                   | NF   | <div>ST</div> <div>QPD</div> <div>NF</div> <div>0.6 per day</div> <div>Non Formulary</div>   |
| IMITREX (4 MG/0.5 ML, 6 MG/0.5 ML)                              | NF   | <div>ST</div> <div>QPD</div> <div>NF</div> <div>0.2 per day</div> <div>Non Formulary</div>   |
| <i>naratriptan hcl</i>                                          | 1    | <div>QPD</div> <div>0.6 per day</div>                                                        |
| ONZETRA XSAIL                                                   | NF   | <div>ST</div> <div>QPD</div> <div>NF</div> <div>1.067 per day</div> <div>Non Formulary</div> |
| REYVOW                                                          | 2    | <div>PA</div> <div>QPD</div> <div>0.267 per day</div>                                        |

| PRODUCT DESCRIPTION                                                      | TIER | LIMITS & RESTRICTIONS                     |
|--------------------------------------------------------------------------|------|-------------------------------------------|
| <i>rizatriptan (5 mg odt, 5 mg tablet, 10 mg odt, 10 mg tablet)</i>      | 1    | QPD 0.6 per day                           |
| <i>sumatriptan</i>                                                       | 1    | QPD 0.4 per day                           |
| <i>sumatriptan succ-naproxen sod</i>                                     | NF   | QPD 0.6 per day<br>NF Non Formulary       |
| <i>sumatriptan succinate (4 mg/0.5 ml cart, 6 mg/0.5 ml cart)</i>        | NF   | ST<br>QPD 0.2 per day<br>NF Non Formulary |
| <i>sumatriptan succinate (4 mg/0.5 ml inject, 6 mg/0.5ml autoinj)</i>    | 1    | QPD 0.2 per day                           |
| <i>sumatriptan 6 mg/0.5 ml syrng</i>                                     | 2    | QPD 0.2 per day                           |
| <i>sumatriptan succinate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i> | 1    | QPD 0.6 per day                           |
| <i>sumatriptan 6 mg/0.5 ml vial</i>                                      | 1    | QPD 0.167 per day                         |
| TOSYMRA                                                                  | NF   | ST<br>QPD 0.6 per day<br>NF Non Formulary |
| ZEMBRACE SYMTOUCH                                                        | NF   | ST<br>QPD 0.4 per day<br>NF Non Formulary |
| <i>zolmitriptan (2.5 mg nasal spry, 5 mg nasal spray)</i>                | NF   | ST<br>QPD 0.4 per day<br>NF Non Formulary |
| <i>zolmitriptan (2.5 mg tablet, 5 mg tablet)</i>                         | 1    | QPD 0.4 per day                           |
| <i>zolmitriptan odt</i>                                                  | NF   | QPD 0.4 per day<br>NF Non Formulary       |

| PRODUCT DESCRIPTION                                   | TIER | LIMITS & RESTRICTIONS                                                |
|-------------------------------------------------------|------|----------------------------------------------------------------------|
| ZOMIG 2.5 MG NASAL SPRAY                              | NF   | <div>ST</div> <div>QPD 0.4 per day</div> <div>NF Non Formulary</div> |
| ANTIMYCOBACTERIALS                                    |      |                                                                      |
| ANTIMYCOBACTERIALS, MISCELLANEOUS                     |      |                                                                      |
| <i>dapsone (25 mg tablet, 100 mg tablet)</i>          | 1    |                                                                      |
| ANTITUBERCULOSIS AGENTS                               |      |                                                                      |
| <i>cycloserine</i>                                    | 1    |                                                                      |
| <i>ethambutol hcl</i>                                 | 1    |                                                                      |
| <i>isoniazid (50 mg/5 ml solution, 300 mg tablet)</i> | 1    |                                                                      |
| <i>isoniazid 100 mg tablet</i>                        | 3    |                                                                      |
| PASER                                                 | 3    |                                                                      |
| <i>pretomanid</i>                                     | 3    |                                                                      |
| PRIFTIN                                               | 2    |                                                                      |
| <i>pyrazinamide</i>                                   | 1    |                                                                      |
| <i>rifabutin</i>                                      | 1    |                                                                      |
| <i>rifampin (150 mg capsule, 300 mg capsule)</i>      | 1    |                                                                      |
| SIRTURO                                               | 4    | S                                                                    |
| TRECTOR                                               | 3    |                                                                      |
| ANTINEOPLASTIC AGENTS                                 |      |                                                                      |
| <i>abiraterone acetate 250 mg tab</i>                 | 4    | <div>S</div> <div>PA</div> <div>QPD 4.0 per day</div>                |
| <i>abiraterone acetate 500 mg tab</i>                 | 4    | <div>S</div> <div>PA</div> <div>QPD 2.0 per day</div>                |

| PRODUCT DESCRIPTION            | TIER | LIMITS & RESTRICTIONS                                           |
|--------------------------------|------|-----------------------------------------------------------------|
| ALECENSA                       | 4    | <div>S</div> <div>PA</div> <div>QPD</div> 8 per day             |
| ALUNBRIG 90 MG-180 MG TAB PACK | 4    | <div>QL</div> <div>S</div> <div>PA</div> MAX 30 / 180 DAYS      |
| ALUNBRIG 180 MG TABLET         | 4    | <div>S</div> <div>PA</div> <div>QPD</div> 1 per day             |
| ALUNBRIG 30 MG TABLET          | 4    | <div>S</div> <div>PA</div> <div>QPD</div> 4 per day             |
| ALUNBRIG 90 MG TABLET          | 4    | <div>S</div> <div>PA</div> <div>QPD</div> 1 per day             |
| <i>anastrozole</i>             | 1    | <div>C</div> <div>HCR</div> [ACA] Age Edits<br>Apply: 35+ years |
| AYVAKIT                        | 4    | <div>S</div> <div>PA</div> <div>QPD</div> 1 per day             |
| BALVERSA 3 MG TABLET           | 4    | <div>S</div> <div>PA</div> <div>QPD</div> 3 per day             |
| BALVERSA 4 MG TABLET           | 4    | <div>S</div> <div>PA</div> <div>QPD</div> 2 per day             |

| PRODUCT DESCRIPTION                    | TIER | LIMITS & RESTRICTIONS                                   |
|----------------------------------------|------|---------------------------------------------------------|
| BALVERSA 5 MG TABLET                   | 4    | <div>S</div> <div>PA</div> <div>QPD 1 per day</div>     |
| BESREMI                                | 4    | <div>S</div> <div>PA</div> <div>QPD 0.072 per day</div> |
| <i>bexarotene 75 mg capsule</i>        | 4    | <div>S</div> <div>PA</div>                              |
| <i>bexarotene 1% gel</i>               | 4    | <div>S</div> <div>PA</div> <div>NF Non Formulary</div>  |
| <i>bicalutamide</i>                    | 4    | <div>S</div>                                            |
| BOSULIF (400 MG TABLET, 500 MG TABLET) | 4    | <div>S</div> <div>PA</div> <div>QPD 1 per day</div>     |
| BOSULIF 100 MG TABLET                  | 4    | <div>S</div> <div>PA</div> <div>QPD 3 per day</div>     |
| BRAFTOVI                               | 4    | <div>S</div> <div>PA</div> <div>QPD 6 per day</div>     |
| BRUKINSA                               | 4    | <div>S</div> <div>PA</div> <div>QPD 4 per day</div>     |
| CABOMETYX                              | 4    | <div>S</div> <div>PA</div> <div>QPD 1 per day</div>     |

| PRODUCT DESCRIPTION                       | TIER | LIMITS & RESTRICTIONS       |
|-------------------------------------------|------|-----------------------------|
| CALQUENCE (100 MG CAPSULE, 100 MG TABLET) | 4    | S<br>PA<br>QPD 2 per day    |
| <i>capecitabine</i>                       | 4    | S<br>PA                     |
| CAPRELSA 100 MG TABLET                    | 4    | S<br>PA<br>QPD 2 per day    |
| CAPRELSA 300 MG TABLET                    | 4    | S<br>PA<br>QPD 1 per day    |
| CARAC                                     | 2    |                             |
| COMETRIQ 100 MG DAILY-DOSE PK             | 4    | S<br>PA<br>QPD 2 per day    |
| COMETRIQ 140 MG DAILY-DOSE PK             | 4    | S<br>PA<br>QPD 4 per day    |
| COMETRIQ 60 MG DAILY-DOSE PACK            | 4    | S<br>PA<br>QPD 3 per day    |
| COPIKTRA                                  | 4    | S<br>PA<br>QPD 2 per day    |
| COTELLIC                                  | 4    | S<br>PA<br>QPD 2.25 per day |

| PRODUCT DESCRIPTION                                                                | TIER | LIMITS & RESTRICTIONS      |
|------------------------------------------------------------------------------------|------|----------------------------|
| <i>cyclophosphamide (25 mg capsule, 25 mg tablet, 50 mg capsule, 50 mg tablet)</i> | 4    | S                          |
| DAURISMO 100 MG TABLET                                                             | 4    | S<br>PA<br>QPD 1 per day   |
| DAURISMO 25 MG TABLET                                                              | 4    | S<br>PA<br>QPD 2 per day   |
| <i>diclofenac sodium 3% gel</i>                                                    | 1    |                            |
| DROXIA                                                                             | 4    | S                          |
| EMCYT                                                                              | 4    | S                          |
| ERIVEDGE                                                                           | 4    | S<br>PA<br>QPD 1 per day   |
| ERLEADA 240 MG TABLET                                                              | 4    | S<br>PA<br>QPD 1 per day   |
| ERLEADA 60 MG TABLET                                                               | 4    | S<br>PA<br>QPD 4 per day   |
| <i>erlotinib hcl (100 mg tablet, 150 mg tablet)</i>                                | 4    | S<br>PA<br>QPD 1.0 per day |
| <i>erlotinib hcl 25 mg tablet</i>                                                  | 4    | S<br>PA<br>QPD 2.0 per day |
| <i>etoposide 50 mg capsule</i>                                                     | 4    | S                          |

| PRODUCT DESCRIPTION                                                         | TIER | LIMITS & RESTRICTIONS       |
|-----------------------------------------------------------------------------|------|-----------------------------|
| EULEXIN                                                                     | 4    | S<br>NF Non Formulary       |
| <i>everolimus (2.5 mg tablet, 5 mg tablet, 7.5 mg tablet, 10 mg tablet)</i> | 4    | S<br>PA<br>QPD 1.0 per day  |
| <i>everolimus (2 mg tab susp, 5 mg tab susp)</i>                            | 4    | S<br>PA<br>QPD 2 per day    |
| <i>everolimus 3 mg tab for susp</i>                                         | 4    | S<br>PA<br>QPD 3 per day    |
| <i>exemestane</i>                                                           | 1    |                             |
| EXKIVITY                                                                    | 4    | S<br>PA<br>QPD 4 per day    |
| FLUOROPLEX                                                                  | NF   | NF Non Formulary            |
| <i>fluorouracil 0.5% cream</i>                                              | NF   | NF Non Formulary            |
| <i>fluorouracil 5% cream</i>                                                | 1    |                             |
| <i>fluorouracil (2% soln, 5% soln)</i>                                      | 3    |                             |
| <i>flutamide</i>                                                            | 4    | S                           |
| FOTIVDA                                                                     | 4    | S<br>PA<br>QPD 0.75 per day |
| GAVRETO                                                                     | 4    | S<br>PA<br>QPD 4 per day    |

| PRODUCT DESCRIPTION                                                                                 | TIER | LIMITS & RESTRICTIONS                                  |
|-----------------------------------------------------------------------------------------------------|------|--------------------------------------------------------|
| <i>gefitinib</i>                                                                                    | 4    | <div>S</div> <div>PA</div> <div>QPD</div> 1.0 per day  |
| GILOTRIF                                                                                            | 4    | <div>S</div> <div>PA</div> <div>QPD</div> 1 per day    |
| GLEOSTINE                                                                                           | 4    | <div>QL</div> <div>S</div> max 42 days / fill          |
| HYCAMTIN (0.25 MG CAPSULE, 1 MG CAPSULE)                                                            | 4    | <div>S</div> <div>PA</div>                             |
| <i>hydroxyurea</i>                                                                                  | 4    | <div>S</div>                                           |
| IBRANCE (75 MG CAPSULE, 75 MG TABLET, 100 MG CAPSULE, 100 MG TABLET, 125 MG CAPSULE, 125 MG TABLET) | 4    | <div>S</div> <div>PA</div> <div>QPD</div> 0.75 per day |
| ICLUSIG                                                                                             | 4    | <div>S</div> <div>PA</div> <div>QPD</div> 1 per day    |
| IDHIFA                                                                                              | 4    | <div>S</div> <div>PA</div> <div>QPD</div> 1 per day    |
| <i>imatinib mesylate 100 mg tab</i>                                                                 | 4    | <div>S</div> <div>PA</div> <div>QPD</div> 3 per day    |
| <i>imatinib mesylate 400 mg tab</i>                                                                 | 4    | <div>S</div> <div>PA</div> <div>QPD</div> 2 per day    |

| PRODUCT DESCRIPTION                                                                   | TIER | LIMITS & RESTRICTIONS                                   |
|---------------------------------------------------------------------------------------|------|---------------------------------------------------------|
| IMBRUVICA 140 MG CAPSULE                                                              | 4    | <div>S</div> <div>PA</div> <div>QPD 3 per day</div>     |
| IMBRUVICA 70 MG/ML SUSPENSION                                                         | 4    | <div>S</div> <div>PA</div> <div>QPD 7.2 per day</div>   |
| IMBRUVICA (70 MG CAPSULE, 140 MG TABLET, 280 MG TABLET, 420 MG TABLET, 560 MG TABLET) | 4    | <div>S</div> <div>PA</div> <div>QPD 1 per day</div>     |
| INLYTA 1 MG TABLET                                                                    | 4    | <div>S</div> <div>PA</div> <div>QPD 6 per day</div>     |
| INLYTA 5 MG TABLET                                                                    | 4    | <div>S</div> <div>PA</div> <div>QPD 4 per day</div>     |
| INQOVI                                                                                | 4    | <div>S</div> <div>PA</div> <div>QPD 0.179 per day</div> |
| INREBIC                                                                               | 4    | <div>S</div> <div>PA</div> <div>QPD 4 per day</div>     |
| JAKAFI                                                                                | 4    | <div>S</div> <div>PA</div> <div>QPD 2 per day</div>     |
| JAYPIRCA 100 MG TABLET                                                                | 4    | <div>S</div> <div>PA</div> <div>QPD 2 per day</div>     |

| PRODUCT DESCRIPTION           | TIER | LIMITS & RESTRICTIONS                                  |
|-------------------------------|------|--------------------------------------------------------|
| JAYPIRCA 50 MG TABLET         | 4    | <div>S</div> <div>PA</div> <div>QPD 1 per day</div>    |
| KISQALI 200 MG DAILY DOSE     | 4    | <div>S</div> <div>PA</div> <div>QPD 0.75 per day</div> |
| KISQALI 400 MG DAILY DOSE     | 4    | <div>S</div> <div>PA</div> <div>QPD 1.5 per day</div>  |
| KISQALI 600 MG DAILY DOSE     | 4    | <div>S</div> <div>PA</div> <div>QPD 2.25 per day</div> |
| KISQALI FEMARA 200 MG CO-PACK | 4    | <div>S</div> <div>PA</div> <div>QPD 1.75 per day</div> |
| KISQALI FEMARA 400 MG CO-PACK | 4    | <div>S</div> <div>PA</div> <div>QPD 2.5 per day</div>  |
| KISQALI FEMARA 600 MG CO-PACK | 4    | <div>S</div> <div>PA</div> <div>QPD 3.25 per day</div> |
| KOSELUGO 10 MG CAPSULE        | 4    | <div>S</div> <div>PA</div> <div>QPD 8 per day</div>    |
| KOSELUGO 25 MG CAPSULE        | 4    | <div>S</div> <div>PA</div> <div>QPD 4 per day</div>    |

| PRODUCT DESCRIPTION                                               | TIER | LIMITS & RESTRICTIONS                                   |
|-------------------------------------------------------------------|------|---------------------------------------------------------|
| KRAZATI                                                           | 4    | <div>S</div> <div>PA</div> <div>QPD 6 per day</div>     |
| <i>lapatinib</i>                                                  | 4    | <div>S</div> <div>PA</div> <div>QPD 6 per day</div>     |
| <i>lenalidomide (15 mg capsule, 20 mg capsule, 25 mg capsule)</i> | 4    | <div>S</div> <div>PA</div> <div>QPD 0.75 per day</div>  |
| <i>lenalidomide (2.5 mg capsule, 5 mg capsule, 10 mg capsule)</i> | 4    | <div>S</div> <div>PA</div> <div>QPD 1.0 per day</div>   |
| LENVIMA (12 MG DAILY, 18 MG DAILY, 24 MG DAILY)                   | 4    | <div>S</div> <div>PA</div> <div>QPD 3 per day</div>     |
| LENVIMA (4 MG CAPSULE, 10 MG DAILY DOSE)                          | 4    | <div>S</div> <div>PA</div> <div>QPD 1 per day</div>     |
| LENVIMA (8 MG DAILY, 14 MG DAILY, 20 MG DAILY)                    | 4    | <div>S</div> <div>PA</div> <div>QPD 2 per day</div>     |
| <i>letrozole</i>                                                  | 1    |                                                         |
| LEUKERAN                                                          | 4    | <div>S</div>                                            |
| LONSURF 15 MG-6.14 MG TABLET                                      | 4    | <div>S</div> <div>PA</div> <div>QPD 2.143 per day</div> |
| LONSURF 20 MG-8.19 MG TABLET                                      | 4    | <div>S</div> <div>PA</div> <div>QPD 2.858 per day</div> |

| PRODUCT DESCRIPTION            | TIER | LIMITS & RESTRICTIONS                               |
|--------------------------------|------|-----------------------------------------------------|
| LORBRENA 100 MG TABLET         | 4    | <div>S</div> <div>PA</div> <div>QPD 1 per day</div> |
| LORBRENA 25 MG TABLET          | 4    | <div>S</div> <div>PA</div> <div>QPD 3 per day</div> |
| LUMAKRAS 120 MG TABLET         | 4    | <div>S</div> <div>PA</div> <div>QPD 8 per day</div> |
| LUMAKRAS 320 MG TABLET         | 4    | <div>S</div> <div>PA</div> <div>QPD 3 per day</div> |
| LYNPARZA                       | 4    | <div>S</div> <div>PA</div> <div>QPD 4 per day</div> |
| LYSODREN                       | 4    | <div>S</div> <div>PA</div>                          |
| LYTGOBI 12 MG DOSE (3X 4MG TB) | 4    | <div>S</div> <div>PA</div> <div>QPD 3 per day</div> |
| LYTGOBI 16 MG DOSE (4X 4MG TB) | 4    | <div>S</div> <div>PA</div> <div>QPD 4 per day</div> |
| LYTGOBI 20 MG DOSE (5X 4MG TB) | 4    | <div>S</div> <div>PA</div> <div>QPD 5 per day</div> |
| MATULANE                       | 4    | <div>S</div> <div>PA</div>                          |

| PRODUCT DESCRIPTION                                             | TIER | LIMITS & RESTRICTIONS        |
|-----------------------------------------------------------------|------|------------------------------|
| MEKINIST 0.05 MG/ML SOLUTION                                    | 4    | S<br>PA<br>QPD 41.8 per day  |
| MEKINIST 0.5 MG TABLET                                          | 4    | S<br>PA<br>QPD 3 per day     |
| MEKINIST 2 MG TABLET                                            | 4    | S<br>PA<br>QPD 1 per day     |
| MEKTOVI                                                         | 4    | S<br>PA<br>QPD 6 per day     |
| <i>melphalan</i>                                                | 4    | S                            |
| <i>mercaptopurine</i>                                           | 4    | S                            |
| <i>methotrexate (1 gm vial, 2.5 mg tablet, 50 mg/2 ml vial)</i> | 1    |                              |
| <i>methotrexate 250 mg/10 ml vial</i>                           | 3    |                              |
| <i>methotrexate sodium</i>                                      | 1    |                              |
| MYLERAN                                                         | 4    | S                            |
| NERLYNX                                                         | 4    | S<br>PA<br>QPD 6 per day     |
| <i>nilutamide</i>                                               | 4    | S                            |
| NINLARO                                                         | 4    | S<br>PA<br>QPD 0.108 per day |
| NUBEQA                                                          | 4    | S<br>PA<br>QPD 4 per day     |

| PRODUCT DESCRIPTION                           | TIER | LIMITS & RESTRICTIONS        |
|-----------------------------------------------|------|------------------------------|
| ODOMZO                                        | 4    | S<br>PA<br>QPD 1 per day     |
| ONUREG                                        | 4    | S<br>PA<br>QPD 0.5 per day   |
| ORSERDU 345 MG TABLET                         | 4    | S<br>PA<br>QPD 1 per day     |
| ORSERDU 86 MG TABLET                          | 4    | S<br>PA<br>QPD 3 per day     |
| OTREXUP                                       | 2    | ST                           |
| PANRETIN                                      | NF   | NF Non Formulary             |
| PEMAZYRE                                      | 4    | S<br>PA<br>QPD 0.667 per day |
| PIQRAY (250 MG DAILY PACK, 300 MG DAILY PACK) | 4    | S<br>PA<br>QPD 2 per day     |
| PIQRAY 200 MG DAILY DOSE PACK                 | 4    | S<br>PA<br>QPD 1 per day     |
| POMALYST                                      | 4    | S<br>PA<br>QPD 0.75 per day  |
| PURIXAN                                       | 4    | S                            |

| PRODUCT DESCRIPTION                                    | TIER | LIMITS & RESTRICTIONS                                  |
|--------------------------------------------------------|------|--------------------------------------------------------|
| QINLOCK                                                | 4    | <div>S</div> <div>PA</div> <div>QPD 3 per day</div>    |
| RETEVMO 40 MG CAPSULE                                  | 4    | <div>S</div> <div>PA</div> <div>QPD 6 per day</div>    |
| RETEVMO 80 MG CAPSULE                                  | 4    | <div>S</div> <div>PA</div> <div>QPD 4 per day</div>    |
| REVLIMID (15 MG CAPSULE, 20 MG CAPSULE, 25 MG CAPSULE) | 4    | <div>S</div> <div>PA</div> <div>QPD 0.75 per day</div> |
| REVLIMID (2.5 MG CAPSULE, 5 MG CAPSULE, 10 MG CAPSULE) | 4    | <div>S</div> <div>PA</div> <div>QPD 1 per day</div>    |
| REZLIDHIA                                              | 4    | <div>S</div> <div>PA</div> <div>QPD 2 per day</div>    |
| ROZLYTREK 100 MG CAPSULE                               | 4    | <div>S</div> <div>PA</div> <div>QPD 1 per day</div>    |
| ROZLYTREK 200 MG CAPSULE                               | 4    | <div>S</div> <div>PA</div> <div>QPD 3 per day</div>    |
| RUBRACA                                                | 4    | <div>S</div> <div>PA</div> <div>QPD 4 per day</div>    |

| PRODUCT DESCRIPTION                                                              | TIER | LIMITS & RESTRICTIONS                                 |
|----------------------------------------------------------------------------------|------|-------------------------------------------------------|
| RYDAPT                                                                           | 4    | <div>S</div> <div>PA</div> <div>QPD 8 per day</div>   |
| SCEMBLIX 20 MG TABLET                                                            | 4    | <div>S</div> <div>PA</div> <div>QPD 2 per day</div>   |
| SCEMBLIX 40 MG TABLET                                                            | 4    | <div>S</div> <div>PA</div> <div>QPD 10 per day</div>  |
| SIKLOS                                                                           | 4    | <div>S</div>                                          |
| <i>sorafenib</i>                                                                 | 4    | <div>S</div> <div>PA</div> <div>QPD 4.0 per day</div> |
| SPRYCEL (50 MG TABLET, 70 MG TABLET, 80 MG TABLET, 100 MG TABLET, 140 MG TABLET) | 4    | <div>S</div> <div>PA</div> <div>QPD 1 per day</div>   |
| SPRYCEL 20 MG TABLET                                                             | 4    | <div>S</div> <div>PA</div> <div>QPD 3 per day</div>   |
| STIVARGA                                                                         | 4    | <div>S</div> <div>PA</div> <div>QPD 3 per day</div>   |
| <i>sunitinib malate (25 mg capsule, 37.5 mg cap, 50 mg capsule)</i>              | 4    | <div>S</div> <div>PA</div> <div>QPD 1 per day</div>   |
| <i>sunitinib malate 12.5 mg cap</i>                                              | 4    | <div>S</div> <div>PA</div> <div>QPD 3 per day</div>   |

| PRODUCT DESCRIPTION                                                                       | TIER | LIMITS & RESTRICTIONS       |
|-------------------------------------------------------------------------------------------|------|-----------------------------|
| SYNRIBO                                                                                   | 4    | S                           |
| TABLOID                                                                                   | 4    | S                           |
| TABRECTA                                                                                  | 4    | S<br>PA<br>QPD 4 per day    |
| TAFINLAR (50 MG CAPSULE, 75 MG CAPSULE)                                                   | 4    | S<br>PA<br>QPD 4 per day    |
| TAFINLAR 10 MG TABLET FOR SUSP                                                            | 4    | S<br>PA<br>QPD 30.0 per day |
| TAGRISSO                                                                                  | 4    | S<br>PA<br>QPD 1 per day    |
| TALZENNA (0.1 MG CAPSULE, 0.35 MG CAPSULE, 0.5 MG CAPSULE, 0.75 MG CAPSULE, 1 MG CAPSULE) | 4    | S<br>PA<br>QPD 1 per day    |
| TALZENNA 0.25 MG CAPSULE                                                                  | 4    | S<br>PA<br>QPD 3 per day    |
| TASIGNA                                                                                   | 4    | S<br>PA<br>QPD 4 per day    |
| TAZVERIK                                                                                  | 4    | S<br>PA<br>QPD 8 per day    |
| <i>temozolomide</i>                                                                       | 4    | S<br>PA                     |

| PRODUCT DESCRIPTION                         | TIER | LIMITS & RESTRICTIONS                                  |
|---------------------------------------------|------|--------------------------------------------------------|
| TEPMETKO                                    | 4    | <div>S</div> <div>PA</div> <div>QPD 2 per day</div>    |
| TIBSOVO                                     | 4    | <div>S</div> <div>PA</div> <div>QPD 2 per day</div>    |
| <i>tretinoin 10 mg capsule</i>              | 4    | <div>S</div> <div>PA</div>                             |
| TREXALL                                     | NF   | NF Non Formulary                                       |
| TRUSELTIQ (50 MG DAILY PK, 125 MG DAILY PK) | 4    | <div>S</div> <div>PA</div> <div>QPD 1.5 per day</div>  |
| TRUSELTIQ 100 MG DAILY DOSE PK              | 4    | <div>S</div> <div>PA</div> <div>QPD 0.75 per day</div> |
| TRUSELTIQ 75 MG DAILY DOSE PK               | 4    | <div>S</div> <div>PA</div> <div>QPD 2.25 per day</div> |
| TUKYSA 150 MG TABLET                        | 4    | <div>S</div> <div>PA</div> <div>QPD 4 per day</div>    |
| TUKYSA 50 MG TABLET                         | 4    | <div>S</div> <div>PA</div> <div>QPD 10 per day</div>   |
| TURALIO                                     | 4    | <div>S</div> <div>PA</div> <div>QPD 4 per day</div>    |

| PRODUCT DESCRIPTION                            | TIER | LIMITS & RESTRICTIONS           |
|------------------------------------------------|------|---------------------------------|
| VALCHLOR                                       | 4    | S                               |
| VENCLEXTA (10 MG TAB (10MG X 2), 10 MG TABLET) | 4    | S<br>PA<br>QPD 2 per day        |
| VENCLEXTA 100 MG TABLET                        | 4    | S<br>PA<br>QPD 6 per day        |
| VENCLEXTA 50 MG TABLET                         | 4    | S<br>PA<br>QPD 1 per day        |
| VENCLEXTA STARTING PACK                        | 4    | QL MAX 42 / 180 DAYS<br>S<br>PA |
| VERZENIO                                       | 4    | S<br>PA<br>QPD 2 per day        |
| VITRAKVI 100 MG CAPSULE                        | 4    | S<br>PA<br>QPD 2 per day        |
| VITRAKVI 25 MG CAPSULE                         | 4    | S<br>PA<br>QPD 6 per day        |
| VITRAKVI 20 MG/ML SOLUTION                     | 4    | S<br>PA<br>QPD 10 per day       |
| VIZIMPRO                                       | 4    | S<br>PA<br>QPD 1 per day        |

| PRODUCT DESCRIPTION                           | TIER | LIMITS & RESTRICTIONS                                   |
|-----------------------------------------------|------|---------------------------------------------------------|
| VONJO                                         | 4    | <div>S</div> <div>PA</div> <div>QPD 4 per day</div>     |
| VOTRIENT                                      | 4    | <div>S</div> <div>PA</div> <div>QPD 4 per day</div>     |
| WELIREG                                       | 4    | <div>S</div> <div>PA</div> <div>QPD 3 per day</div>     |
| XALKORI                                       | 4    | <div>S</div> <div>PA</div> <div>QPD 4 per day</div>     |
| XATMEP                                        | NF   | <div>NF</div> <div>Non Formulary</div>                  |
| XOSPATA                                       | 4    | <div>S</div> <div>PA</div> <div>QPD 3 per day</div>     |
| XPOVIO (40 MG TWICE, 80 MG ONCE, 100 MG ONCE) | 4    | <div>S</div> <div>PA</div> <div>QPD 0.286 per day</div> |
| XPOVIO (40 MG, 60 MG)                         | 4    | <div>S</div> <div>PA</div> <div>QPD 0.143 per day</div> |
| XPOVIO 60 MG TWICE WEEKLY DOSE                | 4    | <div>S</div> <div>PA</div> <div>QPD 0.858 per day</div> |
| XPOVIO 80 MG TWICE WEEKLY DOSE                | 4    | <div>S</div> <div>PA</div> <div>QPD 1.143 per day</div> |

| PRODUCT DESCRIPTION                                  | TIER | LIMITS & RESTRICTIONS                                 |
|------------------------------------------------------|------|-------------------------------------------------------|
| XTANDI (40 MG CAPSULE, 40 MG TABLET)                 | 4    | <div>S</div> <div>PA</div> <div>QPD 4 per day</div>   |
| XTANDI 80 MG TABLET                                  | 4    | <div>S</div> <div>PA</div> <div>QPD 2 per day</div>   |
| YONSA                                                | 4    | <div>S</div> <div>PA</div> <div>QPD 4.0 per day</div> |
| ZEJULA 100 MG CAPSULE                                | 4    | <div>S</div> <div>PA</div> <div>QPD 3 per day</div>   |
| ZEJULA (100 MG TABLET, 200 MG TABLET, 300 MG TABLET) | 4    | <div>S</div> <div>PA</div> <div>QPD 1 per day</div>   |
| ZELBORAF                                             | 4    | <div>S</div> <div>PA</div> <div>QPD 8 per day</div>   |
| ZOLINZA                                              | 4    | <div>S</div> <div>PA</div> <div>QPD 4 per day</div>   |
| ZTALMY                                               | 4    | <div>S</div>                                          |
| ZYDELIG                                              | 4    | <div>S</div> <div>PA</div> <div>QPD 2 per day</div>   |
| ZYKADIA                                              | 4    | <div>S</div> <div>PA</div> <div>QPD 3 per day</div>   |

| PRODUCT DESCRIPTION                                                                          | TIER | LIMITS & RESTRICTIONS                                                           |
|----------------------------------------------------------------------------------------------|------|---------------------------------------------------------------------------------|
| ANTIPARKINSONIAN AGENTS (CNS)                                                                |      |                                                                                 |
| ADAMANTANES (CNS)                                                                            |      |                                                                                 |
| <i>amantadine (50 mg/5 ml solution, 100 mg capsule, 100 mg/10 ml cup, 100 mg/10 ml soln)</i> | 1    |                                                                                 |
| <i>amantadine 100 mg tablet</i>                                                              | NF   | NF Non Formulary                                                                |
| GOCOVRI ER 137 MG CAPSULE                                                                    | 4    | <div>S</div> <div>PA</div> <div>QPD 2 per day</div> <div>NF Non Formulary</div> |
| GOCOVRI ER 68.5 MG CAPSULE                                                                   | 4    | <div>S</div> <div>PA</div> <div>QPD 1 per day</div> <div>NF Non Formulary</div> |
| OSMOLEX ER (ER 129 MG TABLET, ER 193 MG TABLET, ER 258 MG TABLET)                            | NF   | <div>PA</div> <div>QPD 1 per day</div> <div>NF Non Formulary</div>              |
| OSMOLEX ER 322 MG DAILY DOSE                                                                 | NF   | <div>PA</div> <div>QPD 2 per day</div> <div>NF Non Formulary</div>              |
| ANTICHOLINERGIC AGENTS (CNS)                                                                 |      |                                                                                 |
| <i>benztropine mesylate (0.5 mg tab, 1 mg tablet, 2 mg tablet)</i>                           | 1    |                                                                                 |
| <i>trihexyphenidyl 2 mg/5 ml soln</i>                                                        | 3    |                                                                                 |
| <i>trihexyphenidyl hcl (2 mg tablet, 5 mg tablet)</i>                                        | 1    |                                                                                 |
| CATECHOL-O-METHYLTRANSFERASE(COMT)INHIB.                                                     |      |                                                                                 |
| <i>entacapone</i>                                                                            | 1    |                                                                                 |

| PRODUCT DESCRIPTION                                                                                                                                                                                               | TIER | LIMITS & RESTRICTIONS |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| ONGENTYS                                                                                                                                                                                                          | NF   | NF Non Formulary      |
| <i>tolcapone</i>                                                                                                                                                                                                  | 1    |                       |
| DOPAMINE PRECURSORS                                                                                                                                                                                               |      |                       |
| <i>carbidopa-levodopa (carbidopa-levo 10-100 mg odt, carbidopa-levo 25-100 mg odt, carbidopa-levo 25-250 mg odt, carbidopa-levodopa 10-100 tab, carbidopa-levodopa 25-100 tab, carbidopa-levodopa 25-250 tab)</i> | 1    |                       |
| <i>carbidopa-levodopa er</i>                                                                                                                                                                                      | 1    |                       |
| <i>carbidopa-levodopa-entacapone (50, 100, 125, 200)</i>                                                                                                                                                          | 1    |                       |
| <i>carbidopa-levodopa-entacapone (75, 150)</i>                                                                                                                                                                    | 3    |                       |
| DUOPA                                                                                                                                                                                                             | 3    |                       |
| INBRIJA                                                                                                                                                                                                           | 4    | S                     |
| RYTARY                                                                                                                                                                                                            | 3    |                       |
| MONOAMINE OXIDASE B INHIBITORS                                                                                                                                                                                    |      |                       |
| EMSAM                                                                                                                                                                                                             | 3    |                       |
| <i>rasagiline mesylate</i>                                                                                                                                                                                        | 1    |                       |
| <i>selegiline hcl (5 mg capsule, 5 mg tablet)</i>                                                                                                                                                                 | 1    |                       |
| XADAGO                                                                                                                                                                                                            | NF   | NF Non Formulary      |
| ZELAPAR                                                                                                                                                                                                           | NF   | NF Non Formulary      |
| ANTIPROTOZOALS                                                                                                                                                                                                    |      |                       |
| AMEBICIDES                                                                                                                                                                                                        |      |                       |
| HUMATIN                                                                                                                                                                                                           | 2    |                       |
| <i>paromomycin sulfate</i>                                                                                                                                                                                        | 1    |                       |

| PRODUCT DESCRIPTION                                                 | TIER | LIMITS & RESTRICTIONS |
|---------------------------------------------------------------------|------|-----------------------|
| ANTIMALARIALS                                                       |      |                       |
| ARAKODA                                                             | 3    |                       |
| <i>atovaquone-proguanil hcl</i>                                     | 1    |                       |
| <i>chloroquine phosphate</i>                                        | 1    |                       |
| COARTEM                                                             | 3    |                       |
| <i>hydroxychloroquine sulfate</i>                                   | 1    |                       |
| KRINTAFEL                                                           | 3    |                       |
| <i>mefloquine hcl</i>                                               | 1    |                       |
| <i>primaquine</i>                                                   | 1    |                       |
| <i>pyrimethamine</i>                                                | 1    |                       |
| <i>quinine sulfate</i>                                              | 1    |                       |
| ANTIPROTOZOALS, MISCELLANEOUS                                       |      |                       |
| ALINIA 100 MG/5 ML SUSPENSION                                       | 2    | QL MAX 300 / 90 DAYS  |
| <i>atovaquone</i>                                                   | 1    |                       |
| <i>benznidazole</i>                                                 | 2    |                       |
| IMPAVIDO                                                            | 2    |                       |
| LAMPIT                                                              | 3    |                       |
| <i>metronidazole (250 mg tablet, 375 mg capsule, 500 mg tablet)</i> | 1    |                       |
| <i>nitazoxanide</i>                                                 | 1    | QL MAX 12 / 90 DAYS   |
| <i>pentamidine 300 mg inhal powder</i>                              | 1    |                       |
| SOLOSEC                                                             | 2    |                       |
| <i>tinidazole</i>                                                   | 1    |                       |

| PRODUCT DESCRIPTION                                                        | TIER | LIMITS & RESTRICTIONS     |
|----------------------------------------------------------------------------|------|---------------------------|
| ANTIPSYCHOTIC AGENTS                                                       |      |                           |
| ANTIPSYCHOTICS, MISCELLANEOUS                                              |      |                           |
| <i>loxapine</i>                                                            | 1    |                           |
| <i>molindone hcl</i>                                                       | 3    |                           |
| <i>pimozide</i>                                                            | 3    |                           |
| ATYPICAL ANTIPSYCHOTICS                                                    |      |                           |
| <i>aripiprazole 1 mg/ml solution</i>                                       | 1    | QPD 30.0 per day          |
| <i>aripiprazole (2 mg tablet, 5 mg tablet, 10 mg tablet, 15 mg tablet)</i> | 1    | QPD 1.0 per day           |
| <i>aripiprazole (20 mg tablet, 30 mg tablet)</i>                           | 1    | QPD 1 per day             |
| <i>aripiprazole odt</i>                                                    | 1    | QPD 2 per day             |
| <i>asenapine maleate</i>                                                   | 1    | QPD 2 per day             |
| <i>clozapine (25 mg tablet, 50 mg tablet)</i>                              | 1    | QPD 3 per day             |
| <i>clozapine 100 mg tablet</i>                                             | 1    | QPD 9 per day             |
| <i>clozapine 200 mg tablet</i>                                             | 1    | QPD 4 per day             |
| <i>clozapine odt 100 mg tablet</i>                                         | 1    | QPD 3 per day             |
| <i>clozapine odt 12.5 mg tablet</i>                                        | 3    | ST<br>QPD 3 per day       |
| <i>clozapine odt 150 mg tablet</i>                                         | 3    | ST<br>QPD 6 per day       |
| <i>clozapine odt 200 mg tablet</i>                                         | 1    | QPD 4 per day             |
| <i>clozapine odt 25 mg tablet</i>                                          | 1    | QPD 9 per day             |
| FANAPT TITRATION PACK                                                      | 3    | QL MAX 8 / 180 DAYS<br>ST |

| PRODUCT DESCRIPTION                                                                                     | TIER | LIMITS & RESTRICTIONS                        |
|---------------------------------------------------------------------------------------------------------|------|----------------------------------------------|
| FANAPT (1 MG TABLET, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)    | 3    | ST<br>QPD 2 per day                          |
| <i>lurasidone hcl (20 mg tablet, 40 mg tablet, 60 mg tablet, 120 mg tablet)</i>                         | 1    | QPD 1.0 per day                              |
| <i>lurasidone hcl 80 mg tablet</i>                                                                      | 1    | QPD 2.0 per day                              |
| NUPLAZID (10 MG TABLET, 34 MG CAPSULE)                                                                  | 4    | S<br>PA<br>QPD 1 per day<br>NF Non Formulary |
| <i>olanzapine (2.5 mg tablet, 5 mg tablet, 7.5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet)</i> | 1    | QPD 1 per day                                |
| <i>olanzapine odt</i>                                                                                   | 1    | QPD 1 per day                                |
| <i>paliperidone er (er 1.5 mg tablet, er 3 mg tablet, er 9 mg tablet)</i>                               | 1    | QPD 1 per day                                |
| <i>paliperidone er 6 mg tablet</i>                                                                      | 1    | QPD 2 per day                                |
| <i>quetiapine 150 mg tablet</i>                                                                         | NF   | ST<br>QPD 1 per day<br>NF Non Formulary      |
| <i>quetiapine fumarate (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>                               | 1    | QPD 3.0 per day                              |
| <i>quetiapine fumarate (300 mg tab, 400 mg tab)</i>                                                     | 1    | QPD 2 per day                                |
| <i>quetiapine fumarate er (er 150 mg tablet, er 200 mg tablet)</i>                                      | 1    | QPD 1.0 per day                              |
| <i>quetiapine fumarate er (er 50 mg tablet, er 300 mg tablet, er 400 mg tablet)</i>                     | 1    | QPD 2.0 per day                              |
| REXULTI (0.25 MG TABLET, 0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET, 3 MG TABLET, 4 MG TABLET)             | 2    | ST<br>QPD 1 per day                          |

| PRODUCT DESCRIPTION                                                                                | TIER | LIMITS & RESTRICTIONS     |
|----------------------------------------------------------------------------------------------------|------|---------------------------|
| <i>risperidone 1 mg/ml solution</i>                                                                | 1    | QPD 16 per day            |
| <i>risperidone (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet)</i>          | 1    | QPD 2 per day             |
| <i>risperidone 4 mg tablet</i>                                                                     | 1    | QPD 4 per day             |
| <i>risperidone 0.25 mg odt</i>                                                                     | 3    | ST<br>QPD 2 per day       |
| <i>risperidone 4 mg odt</i>                                                                        | 1    | QPD 4 per day             |
| <i>risperidone odt (0.5 mg odt, 1 mg odt, 2 mg odt, 3 mg odt)</i>                                  | 1    | QPD 2 per day             |
| SECUADO                                                                                            | 3    | ST<br>QPD 1 per day       |
| VERSACLOZ                                                                                          | 3    | ST<br>QPD 18 per day      |
| VRAYLAR 1.5 MG-3 MG PACK                                                                           | 3    | QL MAX 7 / 180 DAYS<br>ST |
| VRAYLAR (1.5 MG CAPSULE, 3 MG CAPSULE, 4.5 MG CAPSULE, 6 MG CAPSULE)                               | 3    | ST<br>QPD 1 per day       |
| <i>ziprasidone hcl</i>                                                                             | 1    | QPD 2.0 per day           |
| BUTYROPHENONES                                                                                     |      |                           |
| <i>haloperidol</i>                                                                                 | 1    |                           |
| <i>haloperidol lactate (2 mg/ml conc, 10 mg/5 ml cup)</i>                                          | 1    |                           |
| PHENOTHIAZINES                                                                                     |      |                           |
| <i>chlorpromazine hcl (30 mg/ml conc, 100 mg/ml conc)</i>                                          | NF   | NF Non Formulary          |
| <i>chlorpromazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i> | 1    |                           |

| PRODUCT DESCRIPTION                                                             | TIER | LIMITS & RESTRICTIONS |
|---------------------------------------------------------------------------------|------|-----------------------|
| <i>fluphenazine hcl (2.5 mg/5 ml elix, 5 mg/ml conc)</i>                        | 3    |                       |
| <i>fluphenazine hcl (1 mg tablet, 2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i> | 1    |                       |
| <i>perphenazine</i>                                                             | 1    |                       |
| <i>trifluoperazine hcl</i>                                                      | 1    |                       |
| THIOXANTHENES                                                                   |      |                       |
| <i>thiothixene</i>                                                              | 1    |                       |
| ANTIRETROVIRALS                                                                 |      |                       |
| HIV ENTRY AND FUSION INHIBITORS                                                 |      |                       |
| FUZEON                                                                          | 4    | S<br>QPD 2 per day    |
| <i>maraviroc 150 mg tablet</i>                                                  | 1    | QPD 2 per day         |
| <i>maraviroc 300 mg tablet</i>                                                  | 1    | QPD 4 per day         |
| RUKOBIA                                                                         | 3    | QPD 2 per day         |
| SELZENTRY 20 MG/ML ORAL SOLN                                                    | 3    | QPD 61.334 per day    |
| SELZENTRY 25 MG TABLET                                                          | 3    | QPD 8 per day         |
| SELZENTRY 75 MG TABLET                                                          | 3    | QPD 2 per day         |
| HIV INTEGRASE INHIBITOR ANTIRETROVIRALS                                         |      |                       |
| DOVATO                                                                          | 2    | QPD 1 per day         |
| ISENTRESS (100 MG POWDER PACKET, 400 MG TABLET)                                 | 2    | QPD 2 per day         |
| ISENTRESS (25 MG TABLET CHEW, 100 MG TABLET CHEW)                               | 2    | QPD 6 per day         |
| ISENTRESS HD                                                                    | 2    | QPD 2 per day         |
| JULUCA                                                                          | 2    | QPD 1 per day         |

| PRODUCT DESCRIPTION                      | TIER | LIMITS & RESTRICTIONS             |
|------------------------------------------|------|-----------------------------------|
| TIVICAY (25 MG TABLET, 50 MG TABLET)     | 2    | QPD 2 per day                     |
| TIVICAY 10 MG TABLET                     | 2    | QPD 8 per day                     |
| TIVICAY PD                               | 2    | QPD 12 per day                    |
| HIV NONNUCLEOSIDE REV.TRANScrip. INHIB.  |      |                                   |
| DELSTRIGO                                | 2    | QPD 1 per day                     |
| EDURANT                                  | 3    | QPD 1 per day                     |
| <i>efavirenz 200 mg capsule</i>          | 3    | QPD 2 per day                     |
| <i>efavirenz 50 mg capsule</i>           | 3    | QPD 3 per day                     |
| <i>efavirenz 600 mg tablet</i>           | 1    | QPD 1 per day                     |
| <i>efavirenz-lamivu-tenofovir disop</i>  | 1    | QPD 1 per day                     |
| <i>etravirine</i>                        | 1    | QPD 2 per day                     |
| INTELENCE 25 MG TABLET                   | 2    | QPD 4 per day                     |
| <i>nevirapine 50 mg/5 ml susp</i>        | 3    | QPD 40 per day                    |
| <i>nevirapine 200 mg tablet</i>          | 1    | QPD 2 per day                     |
| <i>nevirapine er 100 mg tablet</i>       | 3    | QPD 3 per day                     |
| <i>nevirapine er 400 mg tablet</i>       | 1    | QPD 1 per day                     |
| PIFELTRO                                 | NF   | QPD 1 per day<br>NF Non Formulary |
| HIV NUCLEOSIDE, NUCLEOTIDE RT INHIBITORS |      |                                   |
| <i>abacavir 20 mg/ml solution</i>        | 1    | QPD 32 per day                    |
| <i>abacavir 300 mg tablet</i>            | 1    | QPD 2 per day                     |
| <i>abacavir-lamivudine</i>               | 1    | QPD 1 per day                     |
| BIKTARVY                                 | 2    | QPD 1 per day                     |

| PRODUCT DESCRIPTION                                                                  | TIER | LIMITS & RESTRICTIONS                                                                     |
|--------------------------------------------------------------------------------------|------|-------------------------------------------------------------------------------------------|
| CIMDUO                                                                               | 2    | QPD 1 per day                                                                             |
| COMPLERA                                                                             | 3    | QPD 1 per day                                                                             |
| DESCOVY                                                                              | 2    | QPD 1 per day                                                                             |
| <i>didanosine</i>                                                                    | 3    |                                                                                           |
| <i>efavirenz-emtricitenofovir disoproxil fumarate</i>                                | 1    | QPD 1 per day                                                                             |
| <i>emtricitabine</i>                                                                 | 1    | QPD 1.0 per day                                                                           |
| <i>emtricitabine-tenofovir disoproxil fumarate (100-150mg, 133-200mg, 167-250mg)</i> | 1    | QPD 1 per day                                                                             |
| <i>emtricitabine-tenofovir 200-300mg</i>                                             | 1    | <div>C</div> <div>[ACA] Preventive Use Only</div> <div>HCR</div> <div>QPD 1 per day</div> |
| EMTRIVA 10 MG/ML SOLUTION                                                            | 3    | QPD 24.286 per day                                                                        |
| EPIVIR HBV 25 MG/5 ML SOLN                                                           | 3    |                                                                                           |
| GENVOYA                                                                              | 2    | QPD 1 per day                                                                             |
| <i>lamivudine 10 mg/ml oral soln</i>                                                 | 1    | QPD 32.0 per day                                                                          |
| <i>lamivudine 150 mg tablet</i>                                                      | 1    | QPD 2 per day                                                                             |
| <i>lamivudine 300 mg tablet</i>                                                      | 1    | QPD 1 per day                                                                             |
| <i>lamivudine hbv</i>                                                                | 1    |                                                                                           |
| <i>lamivudine-zidovudine</i>                                                         | 1    | QPD 2 per day                                                                             |
| ODEFSEY                                                                              | 2    | QPD 1 per day                                                                             |
| <i>stavudine</i>                                                                     | 1    | QPD 2.0 per day                                                                           |
| STRIBILD                                                                             | 3    | QPD 1 per day                                                                             |
| TEMIXYS                                                                              | 2    | QPD 1 per day                                                                             |

| PRODUCT DESCRIPTION                                  | TIER | LIMITS & RESTRICTIONS |
|------------------------------------------------------|------|-----------------------|
| <i>tenofovir disoproxil fumarate</i>                 | 1    | QPD 1 per day         |
| TRIUMEQ                                              | 2    | QPD 1 per day         |
| TRIUMEQ PD                                           | 2    | QPD 6 per day         |
| TRIZIVIR                                             | 3    | QPD 2 per day         |
| VIREAD POWDER                                        | 2    | QPD 8 per day         |
| VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET) | 2    | QPD 1 per day         |
| <i>zidovudine 100 mg capsule</i>                     | 1    | QPD 6 per day         |
| <i>zidovudine 50 mg/5 ml syrup</i>                   | 1    | QPD 64 per day        |
| <i>zidovudine 300 mg tablet</i>                      | 1    | QPD 2 per day         |
| HIV PROTEASE INHIBITOR ANTIRETROVIRALS               |      |                       |
| APTIVUS                                              | 3    | QPD 4 per day         |
| <i>atazanavir sulfate (150 mg cap, 300 mg cap)</i>   | 1    | QPD 1 per day         |
| <i>atazanavir sulfate 200 mg cap</i>                 | 1    | QPD 2 per day         |
| <i>darunavir 600 mg tablet</i>                       | 1    | QPD 2.0 per day       |
| <i>darunavir 800 mg tablet</i>                       | 1    | QPD 1.0 per day       |
| EVOTAZ                                               | 2    | QPD 1 per day         |
| <i>fosamprenavir calcium</i>                         | 1    | QPD 4 per day         |
| INVIRASE                                             | 3    | QPD 4 per day         |
| LEXIVA 50 MG/ML SUSPENSION                           | 3    | QPD 60 per day        |
| <i>lopinavir-ritonavir 80-20mg/ml</i>                | 1    | QPD 16 per day        |
| <i>lopinavir-ritonavir 100-25mg tb</i>               | 1    | QPD 6 per day         |
| <i>lopinavir-ritonavir 200-50mg tb</i>               | 1    | QPD 4 per day         |

| PRODUCT DESCRIPTION                  | TIER | LIMITS & RESTRICTIONS                                   |
|--------------------------------------|------|---------------------------------------------------------|
| NORVIR 100 MG POWDER PACKET          | 3    | QPD 12 per day                                          |
| NORVIR 80 MG/ML SOLUTION             | 2    | QPD 16 per day                                          |
| PREZCOBIX                            | 2    | QPD 1 per day                                           |
| PREZISTA 100 MG/ML SUSPENSION        | 2    | QPD 13.334 per day                                      |
| PREZISTA 150 MG TABLET               | 2    | QPD 6 per day                                           |
| PREZISTA 75 MG TABLET                | 2    | QPD 10 per day                                          |
| REYATAZ 50 MG POWDER PACKET          | 3    | QPD 8 per day                                           |
| <i>ritonavir</i>                     | 1    | QPD 12 per day                                          |
| SYMTUZA                              | 2    | QPD 1 per day                                           |
| VIRACEPT 250 MG TABLET               | 3    | QPD 9 per day                                           |
| VIRACEPT 625 MG TABLET               | 3    | QPD 4 per day                                           |
| ANTITHROMBOTIC AGENTS                |      |                                                         |
| ANTITHROMBOTIC AGENTS, MISCELLANEOUS |      |                                                         |
| CABLIVI 11 MG KIT                    | 4    | <div>QL</div> <div>S</div> <div>MAX 58 / 365 DAYS</div> |
| CABLIVI 11 MG VIAL                   | 4    | <div>QL</div> <div>S</div> <div>max 58 / 365 days</div> |
| PLATELET-AGGREGATION INHIBITORS      |      |                                                         |
| <i>aspirin 81 mg</i>                 | 2    | <div>HCR</div> <div>NF</div> <div>Non Formulary</div>   |
| PLATELET-REDUCING AGENTS             |      |                                                         |
| <i>anagrelide hcl</i>                | 1    |                                                         |

| PRODUCT DESCRIPTION                     | TIER | LIMITS & RESTRICTIONS |
|-----------------------------------------|------|-----------------------|
| ANTITOXINS,IMMUNE GLOB,TOXOIDS,VACCINES |      |                       |
| TOXOIDS                                 |      |                       |
| ADACEL TDAP (SYRINGE, VIAL)             | 2    | HCR                   |
| BOOSTRIX TDAP (SYRINGE, VIAL)           | 2    | HCR                   |
| DAPTACEL DTAP                           | 2    | HCR                   |
| <i>diphtheria-tetanus toxoids-ped</i>   | 2    | HCR                   |
| INFANRIX DTAP                           | 2    | HCR                   |
| <i>tdvax</i>                            | 2    | HCR                   |
| TENIVAC (SYRINGE, VIAL)                 | 2    | HCR                   |
| VAXELIS (SYRINGE, VIAL)                 | 2    | HCR                   |
| VACCINES                                |      |                       |
| ABRYSVO                                 | 2    | HCR                   |
| ACTHIB                                  | 2    | HCR                   |
| AFLURIA QUAD 2021-2022                  | 2    | HCR                   |
| AFLURIA QUAD 2021-22 (3YR UP)           | 2    | HCR                   |
| AFLURIA QUAD 2021-22 (6-35MO)           | 2    | HCR                   |
| AFLURIA QUAD 2022-2023                  | 2    | HCR                   |
| AFLURIA QUAD 2022-23 (3YR UP)           | 2    | HCR                   |
| AFLURIA QUAD 2023-2024                  | 2    | HCR                   |
| AFLURIA QUAD 2023-24 (3YR UP)           | 2    | HCR                   |
| AREXVY                                  | 2    | HCR                   |
| AREXVY ADJUVANT COMPONENT               | 2    | HCR                   |

| PRODUCT DESCRIPTION                                      | TIER | LIMITS & RESTRICTIONS |
|----------------------------------------------------------|------|-----------------------|
| AREXVY ANTIGEN COMPONENT                                 | 2    | HCR                   |
| BEXSERO                                                  | 2    | HCR                   |
| COMIRNATY 2023-2024 (2023-24(12Y SYRG, 2023-24(12Y VIAL) | 2    | HCR                   |
| ENGRIX-B ADULT (20 MCG/ML SYRN, 20 MCG/ML VIAL)          | 2    | HCR                   |
| ENGRIX-B PEDIATRIC-ADOLESCENT                            | 2    | HCR                   |
| FLUAD QUAD 2021-2022                                     | 2    | HCR                   |
| FLUAD QUAD 2022-2023                                     | 2    | HCR                   |
| FLUAD QUAD 2023-2024                                     | 2    | HCR                   |
| FLUARIX QUAD 2021-2022                                   | 2    | HCR                   |
| FLUARIX QUAD 2022-2023                                   | 2    | HCR                   |
| FLUARIX QUAD 2023-2024                                   | 2    | HCR                   |
| FLUBLOK QUAD 2021-2022                                   | 2    | HCR                   |
| FLUBLOK QUAD 2022-2023                                   | 2    | HCR                   |
| FLUBLOK QUAD 2023-2024                                   | 2    | HCR                   |
| FLUCELVAX QUAD 2021-2022 (2021-2022 SYR, 2021-2022 VIAL) | 2    | HCR                   |
| FLUCELVAX QUAD 2022-2023 (2022-2023 SYR, 2022-2023 VIAL) | 2    | HCR                   |
| FLUCELVAX QUAD 2023-2024 (2023-2024 SYR, 2023-2024 VIAL) | 2    | HCR                   |
| FLULAVAL QUAD 2021-2022                                  | 2    | HCR                   |
| FLULAVAL QUAD 2022-2023                                  | 2    | HCR                   |
| FLULAVAL QUAD 2023-2024                                  | 2    | HCR                   |

| PRODUCT DESCRIPTION                                        | TIER | LIMITS & RESTRICTIONS                                                        |
|------------------------------------------------------------|------|------------------------------------------------------------------------------|
| FLUMIST QUAD 2021-2022                                     | 2    | HCR                                                                          |
| FLUMIST QUAD 2022-2023                                     | 2    | HCR                                                                          |
| FLUMIST QUAD 2023-2024                                     | 2    | HCR                                                                          |
| FLUZONE HIGH-DOSE QUAD 2021-22                             | 2    | HCR                                                                          |
| FLUZONE HIGH-DOSE QUAD 2022-23                             | 2    | HCR                                                                          |
| FLUZONE HIGH-DOSE QUAD 2023-24                             | 2    | HCR                                                                          |
| FLUZONE QUAD 2021-2022 (2021-2022 SYRINGE, 2021-2022 VIAL) | 2    | HCR                                                                          |
| FLUZONE QUAD 2022-2023 (2022-2023 SYRINGE, 2022-2023 VIAL) | 2    | HCR                                                                          |
| FLUZONE QUAD 2023-2024 (2023-2024 SYRINGE, 2023-2024 VIAL) | 2    | HCR                                                                          |
| GARDASIL 9 (9 SYRINGE, 9 VIAL)                             | 2    | <div>C</div> <div>HCR</div> <div>[ACA] Age Edits Apply: Up to 45 years</div> |
| HAVRIX                                                     | 2    | HCR                                                                          |
| HEPLISAV-B                                                 | 2    | HCR                                                                          |
| HIBERIX                                                    | 2    | HCR                                                                          |
| IMOVAX RABIES VACCINE                                      | 2    |                                                                              |
| IPOL VIAL                                                  | 2    | HCR                                                                          |
| KINRIX                                                     | 2    | HCR                                                                          |
| M-M-R II VACCINE                                           | 2    | HCR                                                                          |
| MENACTRA                                                   | 2    | HCR                                                                          |
| MENQUADFI                                                  | 2    | HCR                                                                          |

| PRODUCT DESCRIPTION                                                                              | TIER | LIMITS & RESTRICTIONS                                                           |
|--------------------------------------------------------------------------------------------------|------|---------------------------------------------------------------------------------|
| MENVEO A-C-Y-W-135-DIP (1 VIAL-A-C-Y-W-135-DIP, A-C-Y-W KIT (2 VIALS))                           | 2    | HCR                                                                             |
| MODERNA COVID 23-24(6M-11Y)EUA                                                                   | 2    | HCR                                                                             |
| NOVAVAX COVID-19 VACC,ADJ(EUA)                                                                   | 2    |                                                                                 |
| PEDIARIX                                                                                         | 2    | HCR                                                                             |
| PEDVAXHIB                                                                                        | 2    | HCR                                                                             |
| PENTACEL                                                                                         | 2    | HCR                                                                             |
| PFIZER COVID 2023-24(5-11Y)EUA                                                                   | 2    | HCR                                                                             |
| PFIZER COVID 2023-24(6M-4Y)EUA                                                                   | 2    | HCR                                                                             |
| PNEUMOVAX 23 (23 SYRINGE, 23 VIAL)                                                               | 2    | HCR                                                                             |
| PREHEVBRIO                                                                                       | 2    | HCR                                                                             |
| PREVNAR 13                                                                                       | 2    | HCR                                                                             |
| PREVNAR 20                                                                                       | 2    | HCR                                                                             |
| PRIORIX                                                                                          | 2    | HCR                                                                             |
| PROQUAD                                                                                          | 2    | HCR                                                                             |
| QUADRACEL DTAP-IPV (SYRINGE, VIAL)                                                               | 2    | HCR                                                                             |
| RABAVERT                                                                                         | 2    |                                                                                 |
| RECOMBIVAX HB (5 MCG/0.5 ML SYR, 5 MCG/0.5 ML VL, 10 MCG/ML SYR, 10 MCG/ML VIAL, 40 MCG/ML VIAL) | 2    | HCR                                                                             |
| ROTARIX (ORAL SYRINGE, SUSPENSION)                                                               | 2    | HCR                                                                             |
| ROTATEQ                                                                                          | 2    | HCR                                                                             |
| SHINGRIX                                                                                         | 2    | <div>C</div> <div>[ACA] Age Edits<br/>Apply: 50+<br/>years</div> <div>HCR</div> |

| PRODUCT DESCRIPTION                                                                          | TIER | LIMITS & RESTRICTIONS |
|----------------------------------------------------------------------------------------------|------|-----------------------|
| SPIKEVAX 2023-2024 (2023-24 SYRG, 2023-24 VIAL)                                              | 2    | HCR                   |
| TRUMENBA                                                                                     | 2    | HCR                   |
| TWINRIX                                                                                      | 2    | HCR                   |
| VAQTA (25 UNITS/0.5 ML SYRINGE, 25 UNITS/0.5 ML VIAL, 50 UNITS/ML SYRINGE, 50 UNITS/ML VIAL) | 2    | HCR                   |
| VARIVAX VACCINE                                                                              | 2    | HCR                   |
| VAXNEUVANCE                                                                                  | 2    | HCR                   |
| VIVOTIF                                                                                      | 3    |                       |
| ANTIULCER AGENTS AND ACID SUPPRESSANTS                                                       |      |                       |
| ANTIULCER AGENTS AND ACID SUPPRESS., MISC                                                    |      |                       |
| TALICIA                                                                                      | 2    |                       |
| HISTAMINE H2-ANTAGONISTS                                                                     |      |                       |
| <i>famotidine 40 mg/5 ml susp</i>                                                            | 1    |                       |
| <i>famotidine 40 mg tablet</i>                                                               | 1    |                       |
| PROSTAGLANDINS                                                                               |      |                       |
| <i>misoprostol</i>                                                                           | 1    |                       |
| PROTECTANTS                                                                                  |      |                       |
| <i>sucralfate (1 gm/10 ml susp, 1 gm/10 ml susp cup)</i>                                     | NF   | NF Non Formulary      |
| <i>sucralfate 1 gm tablet</i>                                                                | 1    |                       |
| PROTON-PUMP INHIBITORS                                                                       |      |                       |
| <i>dexlansoprazole dr 30 mg cap</i>                                                          | 1    | PA<br>QPD 1.0 per day |
| <i>dexlansoprazole dr 60 mg cap</i>                                                          | 1    | PA<br>QPD 1 per day   |

| PRODUCT DESCRIPTION                       | TIER | LIMITS & RESTRICTIONS |                                   |
|-------------------------------------------|------|-----------------------|-----------------------------------|
| <i>esomeprazole mag dr 40 mg cap</i>      | 1    | C                     | Doses less than 80 mg/day use OTC |
|                                           |      | QLC                   | Min 80 mg dose/day                |
| <i>lansoprazol-amoxicil-clarithro</i>     | NF   | NF                    | Non Formulary                     |
| NEXIUM (DR 2.5 MG PACKET, DR 5 MG PACKET) | 2    | QPD                   | 1 per day                         |
| <i>omeprazole dr 40 mg capsule</i>        | 1    | C                     | Doses less than 80 mg/day use OTC |
|                                           |      | QLC                   | Min 80 mg dose/day                |
| <i>pantoprazole dr 40 mg susp pkt</i>     | 1    | QPD                   | 1.0 per day                       |
| <i>pantoprazole sod dr 40 mg tab</i>      | 1    | C                     | Doses less than 80 mg/day use OTC |
|                                           |      | QLC                   | Min 80 mg dose/day                |
| PRILOSEC DR 10 MG SUSPENSION              | 3    | QPD                   | 1 per day                         |
| PRILOSEC DR 2.5 MG SUSPENSION             | 3    | QPD                   | 2 per day                         |
| ANTIVIRALS (SYSTEMIC)                     |      |                       |                                   |
| ANTIRETROVIRALS                           |      |                       |                                   |
| SUNLENCA 4- 300 MG TABLET                 | 4    | QL                    | MAX 4 / 365 DAYS                  |
|                                           |      | S                     |                                   |
| SUNLENCA 5- 300 MG TABLET                 | 4    | QL                    | MAX 5 / 365 DAYS                  |
|                                           |      | S                     |                                   |
| ANTIVIRALS, MISCELLANEOUS                 |      |                       |                                   |
| LIVTENCITY                                | 4    | S                     |                                   |
|                                           |      | QPD                   | 4 per day                         |

| PRODUCT DESCRIPTION                                                               | TIER | LIMITS & RESTRICTIONS |
|-----------------------------------------------------------------------------------|------|-----------------------|
| PAXLOVID 150-100 MG PACK (EUA)                                                    | 3    | QPD 0.667 per day     |
| PAXLOVID 300-100 MG PACK (EUA)                                                    | 3    | QPD 1 per day         |
| PREVYMIS (240 MG TABLET, 480 MG TABLET)                                           | 3    | QL max 200 / 365 days |
| XOFLUZA (40 MG TABLET, 80 MG TABLET)                                              | 3    | QL MAX 2 / 120 DAYS   |
| XOFLUZA 20 MG TAB (40 MG DOSE)                                                    | 3    | QL MAX 4 / 120 DAYS   |
| INTERFERON ANTIVIRALS                                                             |      |                       |
| INTRON A                                                                          | 4    | S                     |
| PEGASYS (180 MCG/0.5 ML SYRINGE, 180 MCG/ML VIAL)                                 | 4    | S<br>PA               |
| NEURAMINIDASE INHIBITOR ANTIVIRALS                                                |      |                       |
| <i>oseltamivir phos 30 mg capsule</i>                                             | 1    | QL MAX 40 / 120 DAYS  |
| <i>oseltamivir phosphate (45 mg capsule, 75 mg capsule)</i>                       | 1    | QL MAX 20 / 120 DAYS  |
| <i>oseltamivir 6 mg/ml suspension</i>                                             | 1    | QL MAX 300 / 120 DAYS |
| RELENZA                                                                           | 3    | QL MAX 40 / 120 DAYS  |
| NUCLEOSIDE AND NUCLEOTIDE ANTIVIRALS                                              |      |                       |
| <i>acyclovir (200 mg capsule, 200 mg/5 ml susp, 400 mg tablet, 800 mg tablet)</i> | 1    |                       |
| <i>adefovir dipivoxil</i>                                                         | 1    |                       |
| BARACLUDE 0.05 MG/ML SOLUTION                                                     | 2    |                       |
| <i>entecavir</i>                                                                  | 1    |                       |

| PRODUCT DESCRIPTION                                                                                              | TIER | LIMITS & RESTRICTIONS |
|------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| <i>famciclovir</i>                                                                                               | 1    |                       |
| LAGEVRIO (EUA)                                                                                                   | 3    | QPD 1.334 per day     |
| <i>ribavirin (200 mg capsule, 200 mg tablet)</i>                                                                 | 4    | S                     |
| SITAVIG                                                                                                          | NF   | NF Non Formulary      |
| <i>valacyclovir</i>                                                                                              | 1    |                       |
| <i>valganciclovir hcl (hcl 50 mg/ml, 450 mg tablet)</i>                                                          | 1    |                       |
| VEMLIDY                                                                                                          | 2    |                       |
| ANXIOLYTICS, SEDATIVES AND HYPNOTICS                                                                             |      |                       |
| ANXIOLYTICS, SEDATIVES, AND HYPNOTICS, MISC                                                                      |      |                       |
| <i>buspirone hcl (5 mg tablet, 10 mg tablet, 15 mg tablet, 30 mg tablet)</i>                                     | 1    |                       |
| <i>buspirone hcl 7.5 mg tablet</i>                                                                               | NF   | NF Non Formulary      |
| EDLUAR                                                                                                           | NF   | ST                    |
|                                                                                                                  |      | QPD 1 per day         |
|                                                                                                                  |      | NF Non Formulary      |
| <i>eszopiclone</i>                                                                                               | 1    | QPD 1 per day         |
| HETLIOZ LQ                                                                                                       | 4    | S                     |
|                                                                                                                  |      | PA                    |
|                                                                                                                  |      | QPD 5.267 per day     |
| <i>hydroxyzine hcl (10 mg/5 ml soln, 10 mg/5 ml syrup, hcl 10 mg tablet, hcl 25 mg tablet, hcl 50 mg tablet)</i> | 1    |                       |
| <i>hydroxyzine pam 100 mg cap</i>                                                                                | 3    |                       |
| <i>hydroxyzine pamoate (25 mg cap, 50 mg cap)</i>                                                                | 1    |                       |
| <i>tasimelteon</i>                                                                                               | 4    | S                     |
|                                                                                                                  |      | PA                    |
|                                                                                                                  |      | QPD 1 per day         |

| PRODUCT DESCRIPTION                                                                                                                                                                                                                 | TIER | LIMITS & RESTRICTIONS                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------------------------|
| <i>zaleplon</i>                                                                                                                                                                                                                     | 1    | QPD 1 per day                               |
| <i>zolpidem tartrate 7.5 mg cap</i>                                                                                                                                                                                                 | NF   | ST<br>QPD 1.0 per day<br>NF Non Formulary   |
| <i>zolpidem tartrate (5 mg tablet, 10 mg tablet)</i>                                                                                                                                                                                | 1    | QPD 1 per day                               |
| <i>zolpidem tartrate (1.75 mg tab, 3.5 mg tablet)</i>                                                                                                                                                                               | NF   | ST<br>QPD 1 per day<br>NF Non Formulary     |
| <i>zolpidem tartrate er</i>                                                                                                                                                                                                         | 1    | QPD 1 per day                               |
| ZOLPIMIST                                                                                                                                                                                                                           | NF   | ST<br>QPD 0.257 per day<br>NF Non Formulary |
| BARBITURATES (ANXIOLYTIC, SEDATIVE/HYP)                                                                                                                                                                                             |      |                                             |
| <i>phenobarbital (15 mg tablet, 16.2 mg tablet, 20 mg/5 ml cup, 20 mg/5 ml elix, 20 mg/5 ml soln, 30 mg tablet, 30 mg/7.5 ml cup, 32.4 mg tablet, 60 mg tablet, 60 mg/15 ml cup, 64.8 mg tablet, 97.2 mg tablet, 100 mg tablet)</i> | 1    |                                             |
| BENZODIAZEPINES (ANXIOLYTIC, SEDATIVE/HYP)                                                                                                                                                                                          |      |                                             |
| <i>alprazolam</i>                                                                                                                                                                                                                   | 1    |                                             |
| <i>alprazolam er</i>                                                                                                                                                                                                                | 1    |                                             |
| ALPRAZOLAM INTENSOL                                                                                                                                                                                                                 | NF   | NF Non Formulary                            |
| <i>alprazolam odt</i>                                                                                                                                                                                                               | NF   | NF Non Formulary                            |
| <i>alprazolam xr</i>                                                                                                                                                                                                                | 1    |                                             |
| <i>chlordiazepoxide hcl</i>                                                                                                                                                                                                         | 1    |                                             |
| <i>clorazepate dipotassium</i>                                                                                                                                                                                                      | 1    |                                             |

| PRODUCT DESCRIPTION                                                                                                   | TIER | LIMITS & RESTRICTIONS |
|-----------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| DIASTAT                                                                                                               | 2    |                       |
| DIASTAT ACUDIAL                                                                                                       | 2    |                       |
| <i>diazepam (2.5 mg rectal gel sys, 10 mg rectal gel syst, 20 mg rectal gel syst)</i>                                 | 3    |                       |
| <i>diazepam (2 mg tablet, 5 mg tablet, 5 mg/5 ml solution, 5 mg/ml oral conc, 10 mg tablet, 25 mg/5 ml oral conc)</i> | 1    |                       |
| DORAL                                                                                                                 | NF   | NF Non Formulary      |
| <i>estazolam</i>                                                                                                      | 1    |                       |
| <i>flurazepam hcl</i>                                                                                                 | 3    |                       |
| <i>lorazepam (0.5 mg tablet, 1 mg tablet, 2 mg tablet, 2 mg/ml oral concent)</i>                                      | 1    |                       |
| LORAZEPAM INTENSOL                                                                                                    | 1    |                       |
| LOREEV XR                                                                                                             | NF   | NF Non Formulary      |
| <i>oxazepam</i>                                                                                                       | 1    |                       |
| <i>quazepam</i>                                                                                                       | NF   | NF Non Formulary      |
| <i>temazepam (15 mg capsule, 30 mg capsule)</i>                                                                       | 1    |                       |
| <i>temazepam (7.5 mg capsule, 22.5 mg capsule)</i>                                                                    | NF   | NF Non Formulary      |
| VALTOCO                                                                                                               | 3    | QPD 0.334 per day     |
| OREXIN RECEPTOR ANTAGONISTS                                                                                           |      |                       |
| BELSOMRA                                                                                                              | 2    | ST<br>QPD 1 per day   |
| AUTONOMIC DRUGS                                                                                                       |      |                       |
| AUTONOMIC DRUGS, MISCELLANEOUS                                                                                        |      |                       |
| CHANTIX STARTING MONTH BOX                                                                                            | 2    |                       |

| PRODUCT DESCRIPTION               | TIER | LIMITS & RESTRICTIONS                    |
|-----------------------------------|------|------------------------------------------|
| <i>nicotine 14 mg/24hr patch</i>  | 1    | C [ACA] Quantity Limits May Apply<br>HCR |
| <i>nicotine 2 mg chewing gum</i>  | 1    | C [ACA] Quantity Limits May Apply<br>HCR |
| <i>nicotine 2 mg lozenge</i>      | 1    | C [ACA] Quantity Limits May Apply<br>HCR |
| <i>nicotine 2 mg mini lozenge</i> | 1    | C [ACA] Quantity Limits May Apply<br>HCR |
| <i>nicotine 21 mg/24hr patch</i>  | 1    | C [ACA] Quantity Limits May Apply<br>HCR |
| <i>nicotine 4 mg chewing gum</i>  | 1    | C [ACA] Quantity Limits May Apply<br>HCR |
| <i>nicotine 4 mg lozenge</i>      | 1    | C [ACA] Quantity Limits May Apply<br>HCR |
| <i>nicotine 4 mg mini lozenge</i> | 1    | C [ACA] Quantity Limits May Apply<br>HCR |
| <i>nicotine 7 mg/24hr patch</i>   | 1    | C [ACA] Quantity Limits May Apply<br>HCR |

| PRODUCT DESCRIPTION                                                          | TIER | LIMITS & RESTRICTIONS                    |
|------------------------------------------------------------------------------|------|------------------------------------------|
| <i>nicotine transdermal system</i>                                           | 2    | C [ACA] Quantity Limits May Apply<br>HCR |
| NICOTROL                                                                     | 2    | C [ACA] Quantity Limits May Apply<br>HCR |
| NICOTROL NS                                                                  | 2    | C [ACA] Quantity Limits May Apply<br>HCR |
| <i>varenicline tartrate (0.5 mg tablet, 1 mg tablet, starting month box)</i> | 1    | C [ACA] Quantity Limits May Apply<br>HCR |
| PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)                                     |      |                                          |
| ADLARITY                                                                     | NF   | NF Non Formulary                         |
| <i>bethanechol chloride</i>                                                  | 1    |                                          |
| <i>cevimeline hcl</i>                                                        | 1    |                                          |
| <i>donepezil hcl</i>                                                         | 1    |                                          |
| <i>donepezil hcl odt</i>                                                     | 1    |                                          |
| <i>galantamine er</i>                                                        | 1    |                                          |
| <i>galantamine hbr</i>                                                       | 1    |                                          |
| <i>galantamine hydrobromide</i>                                              | 3    |                                          |
| <i>pilocarpine hcl (5 mg tablet, 7.5 mg tablet)</i>                          | 1    |                                          |
| <i>pyridostigmine br 30 mg tablet</i>                                        | NF   | NF Non Formulary                         |
| <i>pyridostigmine bromide (60 mg/5 ml soln, br 60 mg tablet)</i>             | 1    |                                          |

| PRODUCT DESCRIPTION                                                                                                                                                                       | TIER | LIMITS & RESTRICTIONS |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| <i>pyridostigmine bromide er</i>                                                                                                                                                          | 1    |                       |
| <i>rivastigmine (1.5 mg capsule, 3 mg capsule, 4.5 mg capsule, 4.6 mg/24hr patch, 6 mg capsule, 9.5 mg/24hr patch, 13.3 mg/24hr ptch)</i>                                                 | 1    |                       |
| BETA-3-ADRENERGIC AGONISTS                                                                                                                                                                |      |                       |
| SELECTIVE BETA-3-ADRENERGIC AGONISTS                                                                                                                                                      |      |                       |
| GEMTESA                                                                                                                                                                                   | 3    |                       |
| MYRBETRIQ ER 8 MG/ML SUSP                                                                                                                                                                 | 2    |                       |
| MYRBETRIQ (ER 25 MG TABLET, ER 50 MG TABLET)                                                                                                                                              | 2    |                       |
| BETA-ADRENERGIC AGONISTS                                                                                                                                                                  |      |                       |
| SELECTIVE BETA-2-ADRENERGIC AGONISTS                                                                                                                                                      |      |                       |
| <i>albuterol sulfate (sul 0.63 mg/3 ml sol, sul 1.25 mg/3 ml sol, sul 2.5 mg/3 ml soln, sulf 2 mg/5 ml syrup, sulfate 2 mg tab, sulfate 4 mg tab, 5 mg/ml solution, 75 mg/15 ml soln)</i> | 1    |                       |
| <i>albuterol sulfate (er 4 mg tab, er 8 mg tab)</i>                                                                                                                                       | 3    |                       |
| <i>albuterol 2.5 mg/0.5 ml sol</i>                                                                                                                                                        | 3    |                       |
| <i>albuterol sulfate hfa</i>                                                                                                                                                              | 1    | QPD 1.2 per day       |
| <i>arformoterol tartrate</i>                                                                                                                                                              | 1    |                       |
| <i>levalbuterol concentrate</i>                                                                                                                                                           | 1    |                       |
| <i>levalbuterol hcl</i>                                                                                                                                                                   | 1    |                       |
| SEREVENT DISKUS                                                                                                                                                                           | 2    | QPD 2 per day         |
| STRIVERDI RESPIMAT                                                                                                                                                                        | 2    | QPD 0.134 per day     |
| <i>terbutaline sulfate (2.5 mg tab, 5 mg tab)</i>                                                                                                                                         | 1    |                       |
| VENTOLIN HFA                                                                                                                                                                              | 1    | QPD 1.2 per day       |

| PRODUCT DESCRIPTION                                            | TIER | LIMITS & RESTRICTIONS                                                              |
|----------------------------------------------------------------|------|------------------------------------------------------------------------------------|
| BLOOD FORMATION, COAGULATION, THROMBOSIS                       |      |                                                                                    |
| BLOOD FORM.,COAG,THROMBOSIS AGENTS MISC.                       |      |                                                                                    |
| OXBRYTA (300 MG TABLET, 300 MG TABLET FOR SUSP, 500 MG TABLET) | 4    | <div>S</div> <div>PA</div> <div>QPD 3 per day</div>                                |
| PYRUKYND (20-5 MG PACK, 50-20 MG PACK)                         | 4    | <div>QL MAX 14 / 365 DAYS</div> <div>S</div> <div>PA</div>                         |
| PYRUKYND (20 MG PACK, 50 MG PACK)                              | 4    | <div>S</div> <div>PA</div> <div>QPD 2 per day</div>                                |
| PYRUKYND (5 MG TABLET, 20 MG TABLET, 50 MG TABLET)             | 4    | <div>S</div> <div>PA</div> <div>QPD 2 per day</div>                                |
| PYRUKYND 5 MG TAPER PACK                                       | 4    | <div>QL MAX 7 / 365 DAYS</div> <div>S</div> <div>PA</div> <div>QPD 2 per day</div> |
| TAVALISSE                                                      | 4    | <div>S</div> <div>PA</div> <div>QPD 2 per day</div>                                |

| PRODUCT DESCRIPTION                                                                                                                                                                                                                                                                                           | TIER | LIMITS & RESTRICTIONS      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----------------------------|
| HEMATOPOIETIC AGENTS                                                                                                                                                                                                                                                                                          |      |                            |
| ARANESP (10 MCG/0.4 ML SYRINGE, 25 MCG/0.42 ML SYRINGE, 25 MCG/ML VIAL, 40 MCG/0.4 ML SYRINGE, 40 MCG/ML VIAL, 60 MCG/0.3 ML SYRINGE, 60 MCG/ML VIAL, 100 MCG/0.5 ML SYRINGE, 100 MCG/ML VIAL, 150 MCG/0.3 ML SYRINGE, 200 MCG/0.4 ML SYRINGE, 200 MCG/ML VIAL, 300 MCG/0.6 ML SYRINGE, 500 MCG/1 ML SYRINGE) | 4    | S<br>PA                    |
| DOPTelet ((10 TAB 20 MG TAB, (15 TAB 20 MG TAB)                                                                                                                                                                                                                                                               | 4    | S<br>PA<br>QPD 2.0 per day |
| DOPTelet (30 TAB PK) 20 MG TAB                                                                                                                                                                                                                                                                                | 4    | S<br>PA<br>QPD 2 per day   |
| FULPHILA                                                                                                                                                                                                                                                                                                      | 4    | S                          |
| LEUKINE                                                                                                                                                                                                                                                                                                       | 4    | S                          |
| MIRCERA (30 MCG/0.3 ML SYRINGE, 50 MCG/0.3 ML SYRINGE, 75 MCG/0.3 ML SYRINGE, 100 MCG/0.3 ML SYRINGE, 120 MCG/0.3 ML SYRINGE, 150 MCG/0.3 ML SYRINGE)                                                                                                                                                         | 3    | PA                         |
| MIRCERA 200 MCG/0.3 ML SYRINGE                                                                                                                                                                                                                                                                                | 3    | PA                         |
| MULPLETA                                                                                                                                                                                                                                                                                                      | 4    | S<br>PA<br>QPD 1 per day   |
| NIVESTYM (300 MCG/0.5 ML SYRING, 300 MCG/ML VIAL, 480 MCG/0.8 ML SYRING, 480 MCG/1.6 ML VIAL)                                                                                                                                                                                                                 | 4    | S                          |
| PROMACTA (12.5 MG SUSPEN PACKET, 12.5 MG TABLET, 25 MG SUSPENSION PCKT, 25 MG TABLET)                                                                                                                                                                                                                         | 4    | S<br>PA<br>QPD 1 per day   |

| PRODUCT DESCRIPTION                                                                                       | TIER | LIMITS & RESTRICTIONS    |
|-----------------------------------------------------------------------------------------------------------|------|--------------------------|
| PROMACTA (50 MG TABLET, 75 MG TABLET)                                                                     | 4    | S<br>PA<br>QPD 2 per day |
| RETACRIT                                                                                                  | 4    | S<br>PA                  |
| ZARXIO                                                                                                    | 4    | S                        |
| ZIEXTENZO                                                                                                 | 4    | S                        |
| HEMORRHEOLOGIC AGENTS                                                                                     |      |                          |
| <i>pentoxifylline</i>                                                                                     | 1    |                          |
| CALCIUM-CHANNEL BLOCKING AGENTS                                                                           |      |                          |
| CALCIUM-CHANNEL BLOCKING AGENTS, MISC.                                                                    |      |                          |
| CARTIA XT                                                                                                 | 1    |                          |
| DILT-XR                                                                                                   | 1    |                          |
| <i>diltiazem 12hr er</i>                                                                                  | 1    |                          |
| <i>diltiazem 24hr er</i>                                                                                  | 1    |                          |
| <i>diltiazem 24h er(cd) 360 mg cp</i>                                                                     | NF   | NF Non Formulary         |
| <i>diltiazem 24hr er (cd) (24h 120 mg cp, 24h 180 mg cp, 24h 240 mg cp, 24h 300 mg cp)</i>                | 1    |                          |
| <i>diltiazem 24h er(la) 120 mg tb</i>                                                                     | 1    |                          |
| <i>diltiazem 24hr er (la) (24h 180 mg tb, 24h 240 mg tb, 24h 300 mg tb, 24h 360 mg tb, 24h 420 mg tb)</i> | NF   | NF Non Formulary         |
| <i>diltiazem 24hr er (xr)</i>                                                                             | 1    |                          |
| <i>diltiazem hcl (30 mg tablet, 60 mg tablet, 90 mg tablet, 120 mg tablet)</i>                            | 1    |                          |
| MATZIM LA                                                                                                 | NF   | NF Non Formulary         |

| PRODUCT DESCRIPTION                                                                                                                 | TIER | LIMITS & RESTRICTIONS |
|-------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| TAZTIA XT                                                                                                                           | 1    |                       |
| TIADYL T ER                                                                                                                         | 1    |                       |
| <i>verapamil er (er 120 mg capsule, er 120 mg tablet, er 180 mg capsule, er 180 mg tablet, er 240 mg capsule, er 240 mg tablet)</i> | 1    |                       |
| <i>verapamil er pm (er 100 mg capsule, er 300 mg capsule)</i>                                                                       | NF   | NF Non Formulary      |
| <i>verapamil er pm 200 mg capsule</i>                                                                                               | 3    | NF Non Formulary      |
| <i>verapamil hcl (40 mg tablet, 80 mg tablet, 120 mg tablet)</i>                                                                    | 1    |                       |
| <i>verapamil sr (sr 120 mg capsule, sr 180 mg capsule, sr 240 mg capsule)</i>                                                       | 1    |                       |
| <i>verapamil sr 360 mg capsule</i>                                                                                                  | NF   | NF Non Formulary      |
| VERELAN PM                                                                                                                          | NF   | NF Non Formulary      |
| DIHYDROPYRIDINES                                                                                                                    |      |                       |
| <i>amlodipine besylate</i>                                                                                                          | 1    |                       |
| <i>amlodipine besylate-benazepril</i>                                                                                               | 1    |                       |
| <i>amlodipine-olmesartan</i>                                                                                                        | 1    |                       |
| <i>amlodipine-valsartan</i>                                                                                                         | 1    |                       |
| <i>amlodipine-valsartan-hctz</i>                                                                                                    | 1    |                       |
| CONJUPRI                                                                                                                            | NF   | NF Non Formulary      |
| CONSENSI                                                                                                                            | NF   | NF Non Formulary      |
| <i>felodipine er</i>                                                                                                                | 1    |                       |
| <i>isradipine</i>                                                                                                                   | NF   | NF Non Formulary      |
| KATERZIA                                                                                                                            | NF   | NF Non Formulary      |
| <i>levamlodipine maleate</i>                                                                                                        | NF   | NF Non Formulary      |

| PRODUCT DESCRIPTION                                                                               | TIER | LIMITS & RESTRICTIONS |
|---------------------------------------------------------------------------------------------------|------|-----------------------|
| <i>nicardipine hcl (20 mg capsule, 30 mg capsule)</i>                                             | NF   | NF Non Formulary      |
| <i>nifedipine</i>                                                                                 | 1    |                       |
| <i>nifedipine er</i>                                                                              | 1    |                       |
| <i>nimodipine</i>                                                                                 | 1    |                       |
| <i>nisoldipine</i>                                                                                | NF   | NF Non Formulary      |
| NORLIQVA                                                                                          | NF   | NF Non Formulary      |
| NYMALIZE (30 MG/5 ML ORAL SYRNG, 60 MG/10 ML ORAL SYRN, 60 MG/10 ML SOLUTION)                     | 3    |                       |
| CARDIAC DRUGS                                                                                     |      |                       |
| CARDIAC DRUGS, MISCELLANEOUS                                                                      |      |                       |
| ASPRUZYO SPRINKLE                                                                                 | NF   | NF Non Formulary      |
| CAMZYOS                                                                                           | 4    | S                     |
|                                                                                                   |      | PA                    |
|                                                                                                   |      | QPD 1 per day         |
| CORLANOR 5 MG/5 ML ORAL SOLN                                                                      | 2    | PA                    |
|                                                                                                   |      | QPD 20 per day        |
| CORLANOR (5 MG TABLET, 7.5 MG TABLET)                                                             | 2    | PA                    |
|                                                                                                   |      | QPD 2 per day         |
| <i>ranolazine er</i>                                                                              | 1    |                       |
| CARDIOTONIC AGENTS                                                                                |      |                       |
| DIGITEK                                                                                           | 1    |                       |
| DIGOX                                                                                             | 1    |                       |
| <i>digoxin 0.05 mg/ml solution</i>                                                                | 3    |                       |
| <i>digoxin (0.125 mg tablet, 0.25 mg tablet, 62.5 mcg tablet, 125 mcg tablet, 250 mcg tablet)</i> | 1    |                       |

| PRODUCT DESCRIPTION                                                | TIER | LIMITS & RESTRICTIONS |
|--------------------------------------------------------------------|------|-----------------------|
| LANOXIN (62.5 MCG TABLET, 125 MCG TABLET, 250 MCG TABLET)          | 3    |                       |
| CARDIOVASCULAR DRUGS                                               |      |                       |
| ALPHA-ADRENERGIC BLOCKING AGENTS                                   |      |                       |
| CARDURA XL                                                         | NF   | NF Non Formulary      |
| <i>doxazosin mesylate</i>                                          | 1    |                       |
| <i>prazosin hcl</i>                                                | 1    |                       |
| <i>terazosin hcl</i>                                               | 1    |                       |
| BETA-ADRENERGIC BLOCKING AGENTS                                    |      |                       |
| <i>acebutolol hcl</i>                                              | 1    |                       |
| <i>atenolol</i>                                                    | 1    |                       |
| <i>atenolol-chlorthalidone</i>                                     | 1    |                       |
| <i>betaxolol hcl (10 mg tablet, 20 mg tablet)</i>                  | 1    |                       |
| <i>bisoprolol fumarate</i>                                         | 1    |                       |
| <i>bisoprolol-hydrochlorothiazide</i>                              | 1    |                       |
| <i>carvedilol</i>                                                  | 1    |                       |
| <i>carvedilol er</i>                                               | NF   | NF Non Formulary      |
| HEMANGEOL                                                          | 2    |                       |
| INDERAL XL                                                         | NF   | NF Non Formulary      |
| INNOPRAN XL                                                        | NF   | NF Non Formulary      |
| KAPSPARGO SPRINKLE                                                 | NF   | NF Non Formulary      |
| <i>labetalol hcl (100 mg tablet, 200 mg tablet, 300 mg tablet)</i> | 1    |                       |
| <i>metoprolol succinate</i>                                        | 1    |                       |

| PRODUCT DESCRIPTION                                                                                            | TIER | LIMITS & RESTRICTIONS |
|----------------------------------------------------------------------------------------------------------------|------|-----------------------|
| <i>metoprolol tartrate (25 mg tab, 37.5 mg tb, 50 mg tab, 75 mg tab, 100 mg tab)</i>                           | 1    |                       |
| <i>metoprolol-hydrochlorothiazide</i>                                                                          | 1    |                       |
| <i>nadolol</i>                                                                                                 | 1    |                       |
| <i>nebivolol hcl</i>                                                                                           | 1    |                       |
| <i>pindolol</i>                                                                                                | 1    |                       |
| <i>propranolol 40 mg/5 ml soln</i>                                                                             | 2    |                       |
| <i>propranolol hcl (10 mg tablet, 20 mg tablet, 20 mg/5 ml soln, 40 mg tablet, 60 mg tablet, 80 mg tablet)</i> | 1    |                       |
| <i>propranolol hcl er</i>                                                                                      | 1    |                       |
| <i>propranolol-hydrochlorothiazid</i>                                                                          | 3    |                       |
| SORINE                                                                                                         | 1    |                       |
| <i>sotalol</i>                                                                                                 | 1    |                       |
| SOTALOL AF                                                                                                     | 1    |                       |
| SOTYLIZE                                                                                                       | NF   | NF Non Formulary      |
| <i>timolol maleate (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>                                               | NF   | NF Non Formulary      |
| CENTRAL NERVOUS SYSTEM AGENTS                                                                                  |      |                       |
| ANTIMANIC AGENTS                                                                                               |      |                       |
| <i>lithium carbonate (150 mg cap, 300 mg cap, 600 mg cap)</i>                                                  | 3    |                       |
| <i>lithium carbonate 300 mg tab</i>                                                                            | 1    |                       |
| <i>lithium carbonate er</i>                                                                                    | 1    |                       |
| <i>lithium citrate</i>                                                                                         | 2    |                       |
| LITHOBID                                                                                                       | 3    |                       |

| PRODUCT DESCRIPTION                                                                 | TIER | LIMITS & RESTRICTIONS      |
|-------------------------------------------------------------------------------------|------|----------------------------|
| CENTRAL NERVOUS SYSTEM AGENTS, MISC.                                                |      |                            |
| <i>acamprosate calcium</i>                                                          | 1    |                            |
| ADDYI                                                                               | 3    | PA<br>QPD 1 per day        |
| <i>atomoxetine hcl (10 mg capsule, 18 mg capsule, 25 mg capsule, 40 mg capsule)</i> | 1    | QPD 2 per day              |
| <i>atomoxetine hcl (60 mg capsule, 80 mg capsule, 100 mg capsule)</i>               | 1    | QPD 1 per day              |
| <i>carbidopa</i>                                                                    | 1    |                            |
| DAYBUE                                                                              | 4    | S<br>PA<br>QPD 120 per day |
| EXSERVAN                                                                            | 4    | S<br>NF Non Formulary      |
| <i>guanfacine hcl er</i>                                                            | 1    | QPD 1.0 per day            |
| <i>memantine hcl (2 mg/ml solution, 5 mg tablet, 10 mg tablet)</i>                  | 1    |                            |
| <i>memantine 5-10 mg titration pk</i>                                               | 1    |                            |
| <i>memantine hcl er</i>                                                             | NF   | NF Non Formulary           |
| NAMENDA XR TITRATION PACK                                                           | NF   | NF Non Formulary           |
| NAMZARIC TITRATION PACK                                                             | NF   | NF Non Formulary           |
| NAMZARIC (7 MG CAPSULE, 14 MG CAPSULE, 21 MG CAPSULE, 28 MG CAPSULE)                | NF   | NF Non Formulary           |
| NOURIANZ                                                                            | 4    | S<br>NF Non Formulary      |
| NUEDEXTA                                                                            | 2    |                            |

| PRODUCT DESCRIPTION                                                 | TIER | LIMITS & RESTRICTIONS                       |
|---------------------------------------------------------------------|------|---------------------------------------------|
| RADICAVA ORS 105 MG/5 ML SUSP                                       | 4    | S<br>PA<br>QPD 1.786 per day                |
| RADICAVA ORS STARTER KIT SUSP                                       | 4    | QL<br>S<br>PA<br>MAX 70 / 180 DAYS          |
| <i>riluzole</i>                                                     | 4    | S                                           |
| <i>sodium oxybate</i>                                               | 3    | PA<br>QPD 18 per day                        |
| TIGLUTIK                                                            | 4    | S<br>NF Non Formulary                       |
| VYLEESI                                                             | 4    | S<br>PA<br>QPD 0.06 per day                 |
| XYWAV                                                               | 4    | S<br>PA<br>QPD 18 per day                   |
| FIBROMYALGIA AGENTS                                                 |      |                                             |
| SAVELLA TITRATION PACK                                              | NF   | QL<br>NF Non Formulary<br>MAX 55 / 180 DAYS |
| SAVELLA (12.5 MG TABLET, 25 MG TABLET, 50 MG TABLET, 100 MG TABLET) | NF   | QPD 2 per day<br>NF Non Formulary           |
| OPIATE ANTAGONISTS                                                  |      |                                             |
| KLOXXADO                                                            | 2    |                                             |
| <i>naloxone 0.4 mg/ml carpuject</i>                                 | 3    |                                             |

| PRODUCT DESCRIPTION                                                                            | TIER | LIMITS & RESTRICTIONS                                      |
|------------------------------------------------------------------------------------------------|------|------------------------------------------------------------|
| <i>naloxone hcl (0.4 mg/ml vial, 2 mg/2 ml syringe, 4 mg/10 ml vial, hcl 4 mg nasal spray)</i> | 1    |                                                            |
| <i>naltrexone hcl</i>                                                                          | 1    |                                                            |
| ZIMHI                                                                                          | 3    |                                                            |
| VESICULAR MONOAMINE TRANSPORT2 INHIBITOR                                                       |      |                                                            |
| AUSTEDO (9 MG TABLET, 12 MG TABLET)                                                            | 4    | <div>S</div> <div>PA</div> <div>QPD 4 per day</div>        |
| AUSTEDO 6 MG TABLET                                                                            | 4    | <div>S</div> <div>PA</div> <div>QPD 2 per day</div>        |
| AUSTEDO XR (6 MG TABLET, 12 MG TABLET)                                                         | 4    | <div>S</div> <div>PA</div> <div>QPD 1.0 per day</div>      |
| AUSTEDO XR 24 MG TABLET                                                                        | 4    | <div>S</div> <div>PA</div> <div>QPD 2.0 per day</div>      |
| AUSTEDO XR TITRATION KT(WK1-4)                                                                 | 4    | <div>QL max 42 / 180 days</div> <div>S</div> <div>PA</div> |
| INGREZZA                                                                                       | 4    | <div>S</div> <div>PA</div> <div>QPD 1 per day</div>        |
| INGREZZA INITIATION PACK                                                                       | 4    | <div>QL MAX 28 / 180 DAYS</div> <div>S</div> <div>PA</div> |

| PRODUCT DESCRIPTION                                                                    | TIER | LIMITS & RESTRICTIONS    |
|----------------------------------------------------------------------------------------|------|--------------------------|
| <i>tetrabenazine 12.5 mg tablet</i>                                                    | 4    | S<br>PA<br>QPD 8 per day |
| <i>tetrabenazine 25 mg tablet</i>                                                      | 4    | S<br>PA<br>QPD 4 per day |
| CEPHALOSPORIN ANTIBIOTICS                                                              |      |                          |
| 1ST GENERATION CEPHALOSPORIN ANTIBIOTICS                                               |      |                          |
| <i>cefadroxil (250 mg/5 ml susp, 500 mg capsule, 500 mg/5 ml susp)</i>                 | 1    |                          |
| <i>cefadroxil 1 gm tablet</i>                                                          | 3    |                          |
| <i>cephalexin (125 mg/5 ml susp, 250 mg capsule, 250 mg/5 ml susp, 500 mg capsule)</i> | 1    |                          |
| <i>cephalexin 750 mg capsule</i>                                                       | 3    |                          |
| <i>cephalexin (250 mg tablet, 500 mg tablet)</i>                                       | NF   | NF Non Formulary         |
| 2ND GENERATION CEPHALOSPORIN ANTIBIOTICS                                               |      |                          |
| <i>cefaclor (250 mg capsule, 500 mg capsule)</i>                                       | 3    |                          |
| <i>cefaclor (250 mg/5 ml susp, 375 mg/5 ml suspen)</i>                                 | 3    | NF Non Formulary         |
| <i>cefaclor 125 mg/5 ml susp</i>                                                       | NF   | NF Non Formulary         |
| <i>cefaclor er</i>                                                                     | NF   | NF Non Formulary         |
| <i>cefprozil (125 mg/5 ml susp, 250 mg tablet, 250 mg/5 ml susp, 500 mg tablet)</i>    | 1    |                          |
| <i>cefuroxime</i>                                                                      | 1    |                          |
| 3RD GENERATION CEPHALOSPORIN ANTIBIOTICS                                               |      |                          |
| <i>cefdinir (125 mg/5 ml susp, 250 mg/5 ml susp, 300 mg capsule)</i>                   | 1    |                          |

| PRODUCT DESCRIPTION                                                                                       | TIER | LIMITS & RESTRICTIONS |
|-----------------------------------------------------------------------------------------------------------|------|-----------------------|
| <i>cefixime (100 mg/5 ml susp, 200 mg/5 ml susp, 400 mg capsule)</i>                                      | 1    |                       |
| <i>cefprozime proxetil (50 mg/5 ml susp, 100 mg tablet, 100 mg/5 ml susp, 200 mg tablet)</i>              | 1    |                       |
| CORTICOSTEROIDS (RESPIRATORY TRACT)                                                                       |      |                       |
| ORALLY INHALED PREPARATIONS (STEROIDS)                                                                    |      |                       |
| ADVAIR HFA                                                                                                | 2    | QPD 0.4 per day       |
| ARNUITY ELLIPTA                                                                                           | 2    | QPD 1 per day         |
| ASMANEX (TWISTHALER 110 MCG #30, TWISTHALER 220 MCG #30, TWISTHALER 220 MCG #60, TWISTHALER 220 MCG #120) | 2    | QPD 0.034 per day     |
| ASMANEX HFA                                                                                               | 2    | QPD 0.434 per day     |
| BREO ELLIPTA (100-25 MCG, 200-25 MCG)                                                                     | 2    | QPD 2 per day         |
| BREYNA                                                                                                    | 1    | QPD 1.03 per day      |
| BREZTRI AEROSPHERE                                                                                        | 2    | QPD 0.357 per day     |
| <i>budesonide (0.25 mg/2 ml susp, 0.5 mg/2 ml susp, 1 mg/2 ml inh susp)</i>                               | 1    |                       |
| <i>budesonide-formoterol fumarate</i>                                                                     | 1    | QPD 1.03 per day      |
| DULERA (50 MCG INHALER, 200 MCG INHALER)                                                                  | 2    | QPD 1.3 per day       |
| DULERA 100 MCG-5 MCG INHALER                                                                              | 2    | QPD 0.88 per day      |
| <i>fluticasone-salmeterol (55-14, 113-14, 232-14)</i>                                                     | 1    | QPD 0.034 per day     |
| <i>fluticasone-salmeterol (100-50, 250-50, 500-50)</i>                                                    | 1    | QPD 2 per day         |
| QVAR REDHALER 40 MCG                                                                                      | 2    | QPD 0.354 per day     |
| QVAR REDHALER 80 MCG                                                                                      | 2    | QPD 0.707 per day     |
| TRELEGY ELLIPTA                                                                                           | 2    | QPD 2 per day         |

| PRODUCT DESCRIPTION                                                                           | TIER | LIMITS & RESTRICTIONS |
|-----------------------------------------------------------------------------------------------|------|-----------------------|
| WIXELA INHUB                                                                                  | 1    | QPD 2 per day         |
| CYSTIC FIBROSIS (CFTR) MODULATORS                                                             |      |                       |
| CYSTIC FIBROSIS (CFTR) CORRECTORS                                                             |      |                       |
|                                                                                               |      | S                     |
|                                                                                               |      | PA                    |
| SYMDEKO                                                                                       | 4    | QPD 2 per day         |
|                                                                                               |      | S                     |
|                                                                                               |      | PA                    |
| TRIKAFTA (80-40-60MG/59.5MG PKT, 100-50-75 MG/75MG PKT)                                       | 4    | QPD 2.0 per day       |
|                                                                                               |      | S                     |
|                                                                                               |      | PA                    |
| TRIKAFTA (50-25-37.5 MG/75 MG, 100-50-75 MG/150 MG)                                           | 4    | QPD 3 per day         |
| CYSTIC FIBROSIS (CFTR) POTENTIATORS                                                           |      |                       |
|                                                                                               |      | S                     |
|                                                                                               |      | PA                    |
| KALYDECO (25 MG GRANULES PACKET, 50 MG GRANULES PACKET, 75 MG GRANULES PACKET, 150 MG TABLET) | 4    | QPD 2 per day         |
|                                                                                               |      | S                     |
|                                                                                               |      | PA                    |
| KALYDECO 13.4 MG GRANULES PKT                                                                 | 4    | QPD 2.0 per day       |
|                                                                                               |      | S                     |
|                                                                                               |      | PA                    |
| KALYDECO 5.8 MG GRANULES PKT                                                                  | 4    | QPD 2.0 per day       |
|                                                                                               |      | S                     |
|                                                                                               |      | PA                    |
| ORKAMBI (75-94 MG GRANULE PKT, 100-125 MG GRANULE PKT, 150-188 MG GRANULE PKT)                | 4    | QPD 2 per day         |
|                                                                                               |      | S                     |
|                                                                                               |      | PA                    |
| ORKAMBI (100 MG TABLET, 200 MG TABLET)                                                        | 4    | QPD 4 per day         |

| PRODUCT DESCRIPTION                                                            | TIER | LIMITS & RESTRICTIONS |
|--------------------------------------------------------------------------------|------|-----------------------|
| DEPIGMENTING AND PIGMENTING AGENTS                                             |      |                       |
| PIGMENTING AGENTS                                                              |      |                       |
| <i>methoxsalen</i>                                                             | 3    |                       |
| DEVICES                                                                        |      |                       |
| <i>1st tier unilet comfortouch</i>                                             | 2    |                       |
| 2-in-1 lancet device                                                           | 2    |                       |
| <i>accu-chek fastclix lancet drum</i>                                          | 2    |                       |
| <i>accu-chek fastclix lancing dev</i>                                          | 2    |                       |
| <i>accu-chek safe-t-pro</i>                                                    | 2    |                       |
| <i>accu-chek safe-t-pro plus</i>                                               | 2    |                       |
| <i>accu-chek softclix (lancet kit, lancets)</i>                                | 2    |                       |
| <i>acti-lance</i>                                                              | 2    |                       |
| <i>adjustable lancing device</i>                                               | 2    |                       |
| <i>advanced lancing device</i>                                                 | 2    |                       |
| <i>advanced travel lancets</i>                                                 | 2    |                       |
| <i>advocate lancet</i>                                                         | 2    |                       |
| <i>advocate lancets</i>                                                        | 2    |                       |
| <i>advocate lancing device</i>                                                 | 2    |                       |
| <i>advocate rapid-safe lancing dv</i>                                          | 2    |                       |
| <i>aerochamber mini</i>                                                        | 2    |                       |
| <i>aerochamber mv</i>                                                          | 2    |                       |
| <i>aerochamber plus flow-vu (, large, med, small)</i>                          | 2    |                       |
| <i>aerochamber z-stat plus (plus large, plus w-flow, plus-med, plus-small)</i> | 2    |                       |

| PRODUCT DESCRIPTION                                             | TIER | LIMITS & RESTRICTIONS           |                                      |
|-----------------------------------------------------------------|------|---------------------------------|--------------------------------------|
| <i>aerovent plus</i>                                            | 2    |                                 |                                      |
| <i>alternate site lancets</i>                                   | 2    |                                 |                                      |
| <i>assure haemolance plus (18g, 21g, 25g, 28g, blade)</i>       | 2    |                                 |                                      |
| <i>assure lance</i>                                             | 2    |                                 |                                      |
| <i>assure lance plus</i>                                        | 2    |                                 |                                      |
| <i>auto-lancet mini</i>                                         | 2    |                                 |                                      |
| <i>autolet impression</i>                                       | 2    |                                 |                                      |
| <i>autolet lancing device</i>                                   | 2    |                                 |                                      |
| <i>autolet plus</i>                                             | 2    |                                 |                                      |
| <i>bd microtainer lancets</i>                                   | 2    |                                 |                                      |
| <i>bd veritor at-home covid19 tst</i>                           | 3    | <div>QLC</div> <div>COVID</div> | max 8 per 30 days<br>COVID Test Kits |
| <i>binaxnow covd ag card home tst</i>                           | 3    | <div>QLC</div> <div>COVID</div> | max 8 per 30 days<br>COVID Test Kits |
| <i>binaxnow covid-19 ag self test</i>                           | 3    | <div>QLC</div> <div>COVID</div> | max 8 per 30 days<br>COVID Test Kits |
| <i>blood lancets</i>                                            | 2    |                                 |                                      |
| <i>breathrite</i>                                               | 2    |                                 |                                      |
| <i>butterfly touch lancet</i>                                   | 2    |                                 |                                      |
| <i>careone (lancing device, thin lancet, ultra thin lancet)</i> | 2    |                                 |                                      |
| <i>carestart covid-19 ag home tst</i>                           | 3    | <div>QLC</div> <div>COVID</div> | max 8 per 30 days<br>COVID Test Kits |
| <i>caretouch lancing device</i>                                 | 2    |                                 |                                      |

| PRODUCT DESCRIPTION                                                                         | TIER | LIMITS & RESTRICTIONS                                                |
|---------------------------------------------------------------------------------------------|------|----------------------------------------------------------------------|
| <i>caretouch safety lancets</i>                                                             | 2    |                                                                      |
| <i>caretouch twist lancet</i>                                                               | 2    |                                                                      |
| <i>celltrion diatrust cov-19 home</i>                                                       | 3    | <div>QLC</div> <div>COVID</div> max 8 per 30 days<br>COVID Test Kits |
| <i>clever chek lancets</i>                                                                  | 2    |                                                                      |
| <i>clever choice holding chamber (chamber-lrg, chamber-med, chamber-sm)</i>                 | 2    |                                                                      |
| <i>clinitest covid-19 home test</i>                                                         | 3    | <div>QLC</div> <div>COVID</div> max 8 per 30 days<br>COVID Test Kits |
| <i>coaguheck lancets</i>                                                                    | 2    |                                                                      |
| <i>comfort ez (pressure activt 28g, safety 23g lancets, safety 28g lancets)</i>             | 2    |                                                                      |
| <i>comfort lancets</i>                                                                      | 2    |                                                                      |
| <i>comfort touch plus safety lanc</i>                                                       | 2    |                                                                      |
| <i>comfort touch ult thin lancet</i>                                                        | 2    |                                                                      |
| <i>compact space chamber (chamber, chamber-lrg mask, chamber-med mask, chamber-sm mask)</i> | 2    |                                                                      |
| <i>contour solution</i>                                                                     | 2    |                                                                      |
| <i>contour next control solution (1 sol, 2 sol)</i>                                         | 2    |                                                                      |
| <i>cordx covid-19 ag home test</i>                                                          | 3    | <div>QLC</div> <div>COVID</div> max 8 per 30 days<br>COVID Test Kits |
| <i>covid-19 at-home test (eua)</i>                                                          | 3    | <div>QLC</div> <div>COVID</div> max 8 per 30 days<br>COVID Test Kits |
| <i>dexcom g5 receiver</i>                                                                   | 2    | <div>QL</div> <div>ST</div> MAX 1 / 365 DAYS                         |

| PRODUCT DESCRIPTION                                                    | TIER | LIMITS & RESTRICTIONS                        |
|------------------------------------------------------------------------|------|----------------------------------------------|
| <i>dexcom g5 transmitter</i>                                           | 2    | <div>QL</div> <div>ST</div> MAX 1 / 84 DAYS  |
| <i>dexcom g5-g4 sensor</i>                                             | 2    | <div>ST</div> <div>QPD</div> 0.143 per day   |
| <i>dexcom g6 receiver</i>                                              | 2    | <div>QL</div> <div>ST</div> MAX 1 / 365 DAYS |
| <i>dexcom g6 sensor</i>                                                | 2    | <div>ST</div> <div>QPD</div> 0.1 per day     |
| <i>dexcom g6 transmitter</i>                                           | 2    | <div>QL</div> <div>ST</div> MAX 1 / 90 DAYS  |
| <i>dexcom g7 receiver</i>                                              | 2    | <div>QL</div> <div>ST</div> MAX 1 / 365 DAYS |
| <i>dexcom g7 sensor</i>                                                | 2    | <div>ST</div> <div>QPD</div> 0.1 per day     |
| <i>dexcom receiver</i>                                                 | 2    | <div>QL</div> <div>ST</div> MAX 1 / 365 DAYS |
| <i>droplet genteel lancing device</i>                                  | 2    |                                              |
| <i>droplet lancets</i>                                                 | 2    |                                              |
| <i>droplet lancing device</i>                                          | 2    |                                              |
| <i>e-z ject lancets</i>                                                | 2    |                                              |
| <i>e-zject lancets</i>                                                 | 2    |                                              |
| <i>easivent (holding chamber, mask-large, mask-medium, mask-small)</i> | 2    |                                              |

| PRODUCT DESCRIPTION                                                                                                                                                                                                                                                                                                           | TIER | LIMITS & RESTRICTIONS |                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|--------------------------------------|
| <i>easy comfort lancets</i>                                                                                                                                                                                                                                                                                                   | 2    |                       |                                      |
| <i>easy mini eject lancing device</i>                                                                                                                                                                                                                                                                                         | 2    |                       |                                      |
| <i>easy touch (pull-top 26g lancet, pull-top 28g lancet, pull-top 30g lancet, pull-top 32g lancet, safety 21g lancets, safety 23g lancets, safety 26g lancets, safety 28g lancets, safety 30g lancets, safety 32g lancets, twist 26g lancets, twist 28g lancets, twist 30g lancets, twist 32g lancets, twist 33g lancets)</i> | 2    |                       |                                      |
| <i>easy touch lancing device</i>                                                                                                                                                                                                                                                                                              | 2    |                       |                                      |
| <i>ellume covid-19 home test</i>                                                                                                                                                                                                                                                                                              | 3    | QLC<br>COVID          | max 8 per 30 days<br>COVID Test Kits |
| <i>embrace 30g lancets</i>                                                                                                                                                                                                                                                                                                    | 2    |                       |                                      |
| <i>embrace lancing device</i>                                                                                                                                                                                                                                                                                                 | 2    |                       |                                      |
| <i>embrace safety lancet</i>                                                                                                                                                                                                                                                                                                  | 2    |                       |                                      |
| <i>ez-lets</i>                                                                                                                                                                                                                                                                                                                | 2    |                       |                                      |
| <i>fastep covid-19 ag home test</i>                                                                                                                                                                                                                                                                                           | 3    | QLC<br>COVID          | max 8 per 30 days<br>COVID Test Kits |
| <i>fifty50 safety seal lancets</i>                                                                                                                                                                                                                                                                                            | 2    |                       |                                      |
| <i>fine 30 universal lancets</i>                                                                                                                                                                                                                                                                                              | 2    |                       |                                      |
| <i>fingerstix</i>                                                                                                                                                                                                                                                                                                             | 2    |                       |                                      |
| <i>flexichamber</i>                                                                                                                                                                                                                                                                                                           | 2    |                       |                                      |
| <i>flexichamber mask</i>                                                                                                                                                                                                                                                                                                      | 2    |                       |                                      |
| <i>flowflex covid-19 ag home test</i>                                                                                                                                                                                                                                                                                         | 3    | QLC<br>COVID          | max 8 per 30 days<br>COVID Test Kits |
| <i>fora lancets</i>                                                                                                                                                                                                                                                                                                           | 2    |                       |                                      |

| PRODUCT DESCRIPTION                   | TIER | LIMITS & RESTRICTIONS                                                                   |
|---------------------------------------|------|-----------------------------------------------------------------------------------------|
| <i>fora lancing device</i>            | 2    |                                                                                         |
| <i>foracare lancets</i>               | 2    |                                                                                         |
| <i>freestyle lancets</i>              | 2    |                                                                                         |
| <i>freestyle libre 14 day reader</i>  | 2    | <div>QL</div> <div>ST</div> <div>MAX 1 / 365 DAYS</div>                                 |
| <i>freestyle libre 14 day sensor</i>  | 2    | <div>ST</div> <div>QPD</div> <div>0.072 per day</div>                                   |
| <i>freestyle libre 2 reader</i>       | 2    | <div>QL</div> <div>ST</div> <div>MAX 1 / 365 DAYS</div>                                 |
| <i>freestyle libre 2 sensor</i>       | 2    | <div>ST</div> <div>QPD</div> <div>0.072 per day</div>                                   |
| <i>freestyle libre 3 sensor</i>       | 2    | <div>ST</div> <div>QPD</div> <div>0.072 per day</div>                                   |
| <i>freestyle unistik 2</i>            | 2    |                                                                                         |
| <i>genabio covid-19 rapid at-home</i> | 3    | <div>QLC</div> <div>COVID</div> <div>max 8 per 30 days</div> <div>COVID Test Kits</div> |
| <i>genteel vacuum lancing device</i>  | 2    |                                                                                         |
| <i>glucocom</i>                       | 2    |                                                                                         |
| <i>glucocom lancets</i>               | 2    |                                                                                         |
| <i>gojji lancets</i>                  | 2    |                                                                                         |
| <i>gojji lancing device</i>           | 2    |                                                                                         |
| <i>healthy accents autolet</i>        | 2    |                                                                                         |
| <i>healthy accents unilet lancet</i>  | 2    |                                                                                         |

| PRODUCT DESCRIPTION                                                                                                                                                                                                                                                                                         | TIER | LIMITS & RESTRICTIONS           |                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------------|--------------------------------------|
| <i>hypolance</i>                                                                                                                                                                                                                                                                                            | 2    |                                 |                                      |
| <i>ihealth covid-19 ag home test</i>                                                                                                                                                                                                                                                                        | 3    | <div>QLC</div> <div>COVID</div> | max 8 per 30 days<br>COVID Test Kits |
| <i>incontrol lancing device</i>                                                                                                                                                                                                                                                                             | 2    |                                 |                                      |
| <i>incontrol super thin lancets</i>                                                                                                                                                                                                                                                                         | 2    |                                 |                                      |
| <i>incontrol ultra thin lancets</i>                                                                                                                                                                                                                                                                         | 2    |                                 |                                      |
| <i>indicaid covid-19 ag home test</i>                                                                                                                                                                                                                                                                       | 3    | <div>QLC</div> <div>COVID</div> | max 8 per 30 days<br>COVID Test Kits |
| <i>inject ease lancets</i>                                                                                                                                                                                                                                                                                  | 2    |                                 |                                      |
| <i>inteliswab covid-19 home test</i>                                                                                                                                                                                                                                                                        | 3    | <div>QLC</div> <div>COVID</div> | max 8 per 30 days<br>COVID Test Kits |
| <i>invacare lancets</i>                                                                                                                                                                                                                                                                                     | 2    |                                 |                                      |
| <i>lancets (26g x 1.8mm, cvs thin 26g, 28g, assure comfort 28g, 30g, assure comfort 30g, 33g, e-zject thin, kroger, meijer, pharmacist choice 30g, pharmacist choice 33g, preferred plus, preferred plus thin, pub 28g, relion thin 26g, saps twist top 30g, saps twist top 30g lancet, ultra fine 28g)</i> | 2    |                                 |                                      |
| <i>lancets thin</i>                                                                                                                                                                                                                                                                                         | 2    |                                 |                                      |
| <i>lancets ultra thin</i>                                                                                                                                                                                                                                                                                   | 2    |                                 |                                      |

| PRODUCT DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                                                          | TIER | LIMITS & RESTRICTIONS |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| <i>lancing device (autolet impression lancing dev, cvs lancing device, e-z pull &amp; click lancing dev, fifty50 lancing device, ge lancing device, gs lancing device and lancets, invacare lancing device, kro lancing device, kroger lancing device, lancing device, live better advanced lancing, meijer lancing device, qc autolet lancing device, ra health care lancing device, relion lancing device, simple diagnostic lancet device, value plus lancing device)</i> | 2    |                       |
| <i>lancing system</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 2    |                       |
| <i>lanzo</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 2    |                       |
| <i>lite touch (28g lancets, 30g lancets, 33g lancets, lancing pen)</i>                                                                                                                                                                                                                                                                                                                                                                                                       | 2    |                       |
| <i>medisense thin lancets</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2    |                       |
| <i>medlance plus</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2    |                       |
| <i>medlance plus special blade</i>                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2    |                       |
| <i>micro thin lancet (pub, relion)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2    |                       |
| <i>micro thin lancets</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2    |                       |
| <i>microchamber</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 2    |                       |
| <i>microlet</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2    |                       |
| <i>microlet next lancing device</i>                                                                                                                                                                                                                                                                                                                                                                                                                                          | 2    |                       |
| <i>microspacer</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2    |                       |
| <i>microtainer lancets</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2    |                       |
| <i>mini lancing device</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2    |                       |
| <i>mobile lancets</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 2    |                       |
| <i>monolet lancets</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2    |                       |
| <i>monolet thin lancets</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2    |                       |
| <i>multi-lancet</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 2    |                       |

| PRODUCT DESCRIPTION                   | TIER | LIMITS & RESTRICTIONS                                                                   |
|---------------------------------------|------|-----------------------------------------------------------------------------------------|
| <i>myglucohealth lancets</i>          | 2    |                                                                                         |
| <i>needles/needleless devices</i>     | 2    |                                                                                         |
| <i>nova safety lancets</i>            | 2    |                                                                                         |
| <i>nova sureflex</i>                  | 2    |                                                                                         |
| <i>novopen echo</i>                   | 2    |                                                                                         |
| <i>omnipod 5 g6 intro kit (gen 5)</i> | 3    | <div>QL</div> <div>PA</div> <div>MAX 1 / 720 DAYS</div>                                 |
| <i>omnipod 5 g6 pods (gen 5)</i>      | 3    | <div>PA</div> <div>QPD</div> <div>1 per day</div>                                       |
| <i>omnipod dash intro kit (gen 4)</i> | 3    | <div>QL</div> <div>PA</div> <div>MAX 1 / 720 DAYS</div>                                 |
| <i>omnipod dash pods (gen 4)</i>      | 3    | <div>PA</div> <div>QPD</div> <div>1 per day</div>                                       |
| <i>on-go covid-19 ag at home test</i> | 3    | <div>QLC</div> <div>COVID</div> <div>max 8 per 30 days</div> <div>COVID Test Kits</div> |
| <i>on-the-go</i>                      | 2    |                                                                                         |
| <i>onetouch delica plus lanc dev</i>  | 2    |                                                                                         |
| <i>onetouch delica plus lancet</i>    | 2    |                                                                                         |
| <i>onetouch delica safety lancet</i>  | 2    |                                                                                         |
| <i>onetouch lancets</i>               | 2    |                                                                                         |
| <i>onetouch suresoft</i>              | 2    |                                                                                         |
| <i>onetouch ultra control soln</i>    | 2    |                                                                                         |
| <i>onetouch ultrasoft 2 lancet</i>    | 2    |                                                                                         |

| PRODUCT DESCRIPTION                                                             | TIER | LIMITS & RESTRICTIONS                                                                   |
|---------------------------------------------------------------------------------|------|-----------------------------------------------------------------------------------------|
| <i>onetouch verio high cntrl soln</i>                                           | 2    |                                                                                         |
| <i>onetouch verio mid cntrl soln</i>                                            | 2    |                                                                                         |
| <i>optichamber diamond (vhc, w-lrg mask, w-med mask, w-sml mask)</i>            | 2    |                                                                                         |
| <i>panda mask</i>                                                               | 2    |                                                                                         |
| <i>pediatric panda mask</i>                                                     | 2    |                                                                                         |
| <i>pilot covid-19 at-home test</i>                                              | 3    | <div>QLC</div> <div>COVID</div> <div>max 8 per 30 days</div> <div>COVID Test Kits</div> |
| <i>pip lancet</i>                                                               | 2    |                                                                                         |
| <i>pocket chamber</i>                                                           | 2    |                                                                                         |
| <i>pressure activated lancets</i>                                               | 2    |                                                                                         |
| <i>pro comfort lancet</i>                                                       | 2    |                                                                                         |
| <i>pro comfort lancets</i>                                                      | 2    |                                                                                         |
| <i>pro comfort safety lancet</i>                                                | 2    |                                                                                         |
| <i>pro comfort spacer with mask (spacer-adult, spacer-child, spacer-infant)</i> | 2    |                                                                                         |
| <i>procare spacer with adult mask</i>                                           | 2    |                                                                                         |
| <i>procare spacer with child mask</i>                                           | 2    |                                                                                         |
| <i>prodigy lancets</i>                                                          | 2    |                                                                                         |
| <i>prodigy lancing device</i>                                                   | 2    |                                                                                         |
| <i>prodigy twist top lancet</i>                                                 | 2    |                                                                                         |
| <i>pure comfort lancets</i>                                                     | 2    |                                                                                         |
| <i>pure comfort safety lancets</i>                                              | 2    |                                                                                         |
| <i>pure comfort spacer with mask</i>                                            | 2    |                                                                                         |

| PRODUCT DESCRIPTION                   | TIER | LIMITS & RESTRICTIONS |                                      |
|---------------------------------------|------|-----------------------|--------------------------------------|
| <i>push button safety 28g lancet</i>  | 2    |                       |                                      |
| <i>quickvue at-home covid-19 test</i> | 3    | QLC<br>COVID          | max 8 per 30 days<br>COVID Test Kits |
| <i>rapid sars-cov-2 ag home test</i>  | 3    | QLC<br>COVID          | max 8 per 30 days<br>COVID Test Kits |
| <i>readylance safety lancets</i>      | 2    |                       |                                      |
| <i>reliamed (28g, 30g)</i>            | 2    |                       |                                      |
| <i>reliamed safety 28g lancets</i>    | 2    |                       |                                      |
| <i>rightest gd500</i>                 | 2    |                       |                                      |
| <i>rightest gl300 lancets</i>         | 2    |                       |                                      |
| <i>riteflo</i>                        | 2    |                       |                                      |
| <i>safety lancets</i>                 | 2    |                       |                                      |
| <i>smart sense</i>                    | 2    |                       |                                      |
| <i>smart sense lancets</i>            | 2    |                       |                                      |
| <i>smartdiabetes vantage</i>          | 2    |                       |                                      |
| <i>smartest lancet</i>                | 2    |                       |                                      |
| <i>solus v2 28g lancets</i>           | 2    |                       |                                      |
| <i>solus v2 lancets</i>               | 2    |                       |                                      |
| <i>solus v2 lancing device</i>        | 2    |                       |                                      |
| <i>space chamber</i>                  | 2    |                       |                                      |
| <i>space chamber-large mask</i>       | 2    |                       |                                      |
| <i>space chamber-medium mask</i>      | 2    |                       |                                      |
| <i>space chamber-small mask</i>       | 2    |                       |                                      |

| PRODUCT DESCRIPTION                                                | TIER | LIMITS & RESTRICTIONS                                                |
|--------------------------------------------------------------------|------|----------------------------------------------------------------------|
| <i>speedyswab covid-19 home test</i>                               | 3    | <div>QLC</div> <div>COVID</div> max 8 per 30 days<br>COVID Test Kits |
| <i>sterilance tl</i>                                               | 2    |                                                                      |
| <i>sterile lancets</i>                                             | 2    |                                                                      |
| <i>super thin lancets</i>                                          | 2    |                                                                      |
| <i>sure comfort lancets</i>                                        | 2    |                                                                      |
| <i>sure comfort lancing pen</i>                                    | 2    |                                                                      |
| <i>sure-lance</i>                                                  | 2    |                                                                      |
| <i>sure-pen</i>                                                    | 2    |                                                                      |
| <i>sure-touch</i>                                                  | 2    |                                                                      |
| <i>sureflex</i>                                                    | 2    |                                                                      |
| <i>syringes and accessories</i>                                    | 2    |                                                                      |
| <i>techlite lancets</i>                                            | 2    |                                                                      |
| <i>thin lancets (26g, longs 26g, longs 30g, sm 26g, walgreens)</i> | 2    |                                                                      |
| <i>thin lancets 28g</i>                                            | 2    |                                                                      |
| <i>topcare universal1 lancet</i>                                   | 2    |                                                                      |
| <i>topcare universal1 thin lancet</i>                              | 2    |                                                                      |
| <i>true comfort lancet</i>                                         | 2    |                                                                      |
| <i>true comfort safety lancet</i>                                  | 2    |                                                                      |
| <i>truedraw</i>                                                    | 2    |                                                                      |
| <i>trueplus lancet</i>                                             | 2    |                                                                      |
| <i>trueplus lancets</i>                                            | 2    |                                                                      |
| <i>twist lancets</i>                                               | 2    |                                                                      |

| PRODUCT DESCRIPTION                                                                                                             | TIER | LIMITS & RESTRICTIONS |
|---------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| <i>twist top lancet</i>                                                                                                         | 2    |                       |
| <i>ulti-lance automatic device</i>                                                                                              | 2    |                       |
| <i>ultilet classic</i>                                                                                                          | 2    |                       |
| <i>ultilet lancets</i>                                                                                                          | 2    |                       |
| <i>ultilet safety</i>                                                                                                           | 2    |                       |
| <i>ultra thin lancet</i>                                                                                                        | 2    |                       |
| <i>ultra thin lancets</i>                                                                                                       | 2    |                       |
| <i>ultra thin plus lancets</i>                                                                                                  | 2    |                       |
| <i>ultra-care lancets</i>                                                                                                       | 2    |                       |
| <i>ultra-thin ii (28g, 30g)</i>                                                                                                 | 2    |                       |
| <i>unilet comfortouch</i>                                                                                                       | 2    |                       |
| <i>unilet excelite</i>                                                                                                          | 2    |                       |
| <i>unilet excelite ii</i>                                                                                                       | 2    |                       |
| <i>unilet gp lancet</i>                                                                                                         | 2    |                       |
| <i>unilet lancet</i>                                                                                                            | 2    |                       |
| <i>unilet lancets</i>                                                                                                           | 2    |                       |
| <i>unistik 2</i>                                                                                                                | 2    |                       |
| <i>unistik 2 extra</i>                                                                                                          | 2    |                       |
| <i>unistik 2 normal</i>                                                                                                         | 2    |                       |
| <i>unistik 3 (3 1.8 mm lancing devic, 3 comfort lancet, 3 gentle 30g lancets, 3 gentle on-the-go 30g, 3 safety 21g lancets)</i> | 2    |                       |
| <i>unistik 3 comfort</i>                                                                                                        | 2    |                       |
| <i>unistik 3 extra</i>                                                                                                          | 2    |                       |
| <i>unistik 3 neonatal</i>                                                                                                       | 2    |                       |

| PRODUCT DESCRIPTION                         | TIER | LIMITS & RESTRICTIONS |
|---------------------------------------------|------|-----------------------|
| <i>unistik 3 normal</i>                     | 2    |                       |
| <i>unistik comfort</i>                      | 2    |                       |
| <i>unistik czt</i>                          | 2    |                       |
| <i>unistik extra</i>                        | 2    |                       |
| <i>unistik normal</i>                       | 2    |                       |
| <i>unistik pro</i>                          | 2    |                       |
| <i>unistik safety</i>                       | 2    |                       |
| <i>unistik touch</i>                        | 2    |                       |
| <i>universal 1</i>                          | 2    |                       |
| <i>verifine safety lancet mini</i>          | 2    |                       |
| <i>verifine universal lancet</i>            | 2    |                       |
| <i>vivaguard lancet</i>                     | 2    |                       |
| <i>vivaguard lancing device</i>             | 2    |                       |
| <i>vortex (adult mask, holding chamber)</i> | 2    |                       |
| <i>vortex vhc frog mask</i>                 | 2    |                       |
| <i>vortex vhc ladybug mask</i>              | 2    |                       |
| DIAGNOSTIC AGENTS                           |      |                       |
| ADRENOCORTICAL INSUFFICIENCY                |      |                       |
| ACTHAR                                      | 4    | S<br>PA               |
| DIABETES MELLITUS                           |      |                       |
| <i>contour next test strip</i>              | 2    | QPD 6.8 per day       |
| <i>contour test strip</i>                   | 2    | QPD 6.8 per day       |
| <i>onetouch ultra test strip</i>            | 2    | QPD 6.8 per day       |

| PRODUCT DESCRIPTION                                                                | TIER | LIMITS & RESTRICTIONS          |
|------------------------------------------------------------------------------------|------|--------------------------------|
| <i>onetest verio test strip</i>                                                    | 2    | QPD 6.8 per day                |
| DIURETICS                                                                          |      |                                |
| LOOP DIURETICS                                                                     |      |                                |
| <i>bumetanide (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>                        | 1    |                                |
| <i>ethacrynic acid</i>                                                             | NF   | NF Non Formulary               |
| FUROSCIX                                                                           | 4    | QL MAX 8 / 180 DAYS<br>S<br>PA |
| <i>furosemide 40 mg/5 ml soln</i>                                                  | NF   | NF Non Formulary               |
| <i>furosemide (10 mg/ml solution, 20 mg tablet, 40 mg tablet, 80 mg tablet)</i>    | 1    |                                |
| SOAANZ                                                                             | NF   | NF Non Formulary               |
| <i>toremide</i>                                                                    | 1    |                                |
| POTASSIUM-SPARING DIURETICS                                                        |      |                                |
| <i>amiloride hcl</i>                                                               | 1    |                                |
| <i>amiloride-hydrochlorothiazide</i>                                               | 1    |                                |
| <i>triamterene</i>                                                                 | 1    |                                |
| <i>triamterene-hydrochlorothiazid (37.5-25 mg cp, 37.5-25 mg tb, 75-50 mg tab)</i> | 1    |                                |
| THIAZIDE DIURETICS                                                                 |      |                                |
| DIURIL                                                                             | 3    |                                |
| <i>hydrochlorothiazide (12.5 mg cp, 12.5 mg tb, 25 mg tab, 50 mg tab)</i>          | 1    |                                |

| PRODUCT DESCRIPTION                                                                                                         | TIER | LIMITS & RESTRICTIONS     |
|-----------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| THIAZIDE-LIKE DIURETICS                                                                                                     |      |                           |
| <i>chlorthalidone</i>                                                                                                       | 1    |                           |
| <i>indapamide</i>                                                                                                           | 1    |                           |
| <i>metolazone</i>                                                                                                           | 1    |                           |
| THALITONE                                                                                                                   | NF   | NF Non Formulary          |
| VASOPRESSIN ANTAGONISTS                                                                                                     |      |                           |
| JYNARQUE 30 MG TABLET                                                                                                       | 4    | S<br>PA<br>QPD 1 per day  |
| JYNARQUE (15 MG TABLET, 15 MG-15 MG TABLET, 30 MG-15 MG TABLET, 45 MG-15 MG TABLET, 60 MG-30 MG TABLET, 90 MG-30 MG TABLET) | 4    | S<br>PA<br>QPD 2 per day  |
| <i>tolvaptan 15 mg tablet</i>                                                                                               | 4    | QL MAX 30 / 365 DAYS<br>S |
| <i>tolvaptan 30 mg tablet</i>                                                                                               | 4    | QL MAX 60 / 365 DAYS<br>S |
| DOPAMINE RECEPTOR AGONISTS                                                                                                  |      |                           |
| ERGOT-DERIV. DOPAMINE RECEPTOR AGONISTS                                                                                     |      |                           |
| <i>bromocriptine mesylate (2.5 mg tablet, 5 mg capsule)</i>                                                                 | 1    |                           |
| <i>cabergoline</i>                                                                                                          | 1    |                           |
| CYCLOSET                                                                                                                    | NF   | NF Non Formulary          |
| NONERGOT-DERIV.DOPAMINE RECEPTOR AGONIST                                                                                    |      |                           |
| APOKYN                                                                                                                      | 4    | S                         |

| PRODUCT DESCRIPTION                                                  | TIER | LIMITS & RESTRICTIONS |
|----------------------------------------------------------------------|------|-----------------------|
| <i>apomorphine hcl</i>                                               | 4    | S                     |
| KYNMOBI (10 MG FILM, 15 MG FILM, 20 MG FILM, 25 MG FILM, 30 MG FILM) | 2    |                       |
| NEUPRO                                                               | 3    |                       |
| <i>pramipexole dihydrochloride</i>                                   | 1    |                       |
| <i>pramipexole er</i>                                                | NF   | NF Non Formulary      |
| <i>ropinirole er</i>                                                 | NF   | NF Non Formulary      |
| <i>ropinirole hcl</i>                                                | 1    |                       |
| ELECTROLYTIC, CALORIC, AND WATER BALANCE<br>ACIDIFYING AGENTS        |      |                       |
| K-PHOS NO.2                                                          | 2    |                       |
| PHOSPHA 250 NEUTRAL                                                  | 1    |                       |
| PHOSPHO-TRIN 250 NEUTRAL                                             | 1    |                       |
| PHOSPHO-TRIN K500                                                    | 1    |                       |
| PHOSPHOROUS 250 MG TABLET                                            | 1    |                       |
| VIRT-PHOS 250 NEUTRAL                                                | 1    |                       |
| WES-PHOS 250 NEUTRAL                                                 | 1    |                       |
| ALKALINIZING AGENTS                                                  |      |                       |
| CYTRA-2                                                              | 1    |                       |
| <i>potassium citrate er</i>                                          | 1    |                       |
| <i>sodium citrate-citric acid</i>                                    | 1    |                       |
| AMMONIA DETOXICANTS                                                  |      |                       |
| <i>carglumic acid</i>                                                | 4    | S<br>PA               |

| PRODUCT DESCRIPTION                                                                                       | TIER | LIMITS & RESTRICTIONS            |
|-----------------------------------------------------------------------------------------------------------|------|----------------------------------|
| CONSTULOSE                                                                                                | 1    |                                  |
| ENULOSE                                                                                                   | 1    |                                  |
| GENERLAC                                                                                                  | 1    |                                  |
| KRISTALOSE                                                                                                | 1    | NF Non Formulary                 |
| <i>lactulose 10 gm packet</i>                                                                             | NF   | NF Non Formulary                 |
| <i>lactulose (10 gm/15 ml soln cup, 10 gm/15 ml solution, 20 gm/30 ml soln cup, 20 gm/30 ml solution)</i> | 1    |                                  |
| LITHOSTAT                                                                                                 | 3    |                                  |
| PHEBURANE                                                                                                 | 4    | QL max 45 days / fill<br>S<br>PA |
| RAVICTI                                                                                                   | 4    | S<br>PA                          |
| RELYVRIO                                                                                                  | 4    | S<br>PA<br>QPD 2 per day         |
| <i>sodium phenylbutyrate (500mg tb, powder)</i>                                                           | 4    | S<br>PA                          |
| CALORIC AGENTS                                                                                            |      |                                  |
| DOJOLVI                                                                                                   | 4    | S<br>PA<br>NF Non Formulary      |
| REPLACEMENT PREPARATIONS                                                                                  |      |                                  |
| K-TAB ER 8 MEQ TABLET                                                                                     | 3    |                                  |
| KLOR-CON                                                                                                  | 1    |                                  |

| PRODUCT DESCRIPTION                                                                                                                                                                                                                                                                                            | TIER | LIMITS & RESTRICTIONS       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------------|
| KLOR-CON 10                                                                                                                                                                                                                                                                                                    | 1    |                             |
| KLOR-CON 8                                                                                                                                                                                                                                                                                                     | 1    |                             |
| KLOR-CON M10                                                                                                                                                                                                                                                                                                   | 1    |                             |
| KLOR-CON M15                                                                                                                                                                                                                                                                                                   | 1    |                             |
| KLOR-CON M20                                                                                                                                                                                                                                                                                                   | 1    |                             |
| NEBUSAL 3% VIAL                                                                                                                                                                                                                                                                                                | 1    |                             |
| <i>potassium chloride (cl10%(20meq/15ml)cup, cl10%(40meq/30ml)cup, cl20%(40meq/15ml)cup, cl 10% (20 meq/15ml), cl 10% (40 meq/30ml), cl 20 meq packet, cl 20% (40 meq/15ml), cl er 8 meq capsule, cl er 8 meq tablet, cl er 10 meq capsule, cl er 10 meq tablet, cl er 15 meq tablet, cl er 20 meq tablet)</i> | 1    |                             |
| PULMOSAL                                                                                                                                                                                                                                                                                                       | 1    |                             |
| <i>sodium chloride (3% vial, 7% vial)</i>                                                                                                                                                                                                                                                                      | 1    |                             |
| URICOSURIC AGENTS                                                                                                                                                                                                                                                                                              |      |                             |
| <i>probenecid</i>                                                                                                                                                                                                                                                                                              | 1    |                             |
| <i>probenecid-colchicine</i>                                                                                                                                                                                                                                                                                   | 1    |                             |
| ENZYMES                                                                                                                                                                                                                                                                                                        |      |                             |
| PALYNZIQ                                                                                                                                                                                                                                                                                                       | 4    | S<br>PA                     |
| REVCovi                                                                                                                                                                                                                                                                                                        | 4    | S                           |
| STRENSIQ                                                                                                                                                                                                                                                                                                       | 4    | S<br>PA                     |
| SUCRAID 17,000 UNIT/2 ML SOLN                                                                                                                                                                                                                                                                                  | 4    | S<br>PA<br>QPD 10.0 per day |

| PRODUCT DESCRIPTION                                                                  | TIER | LIMITS & RESTRICTIONS                     |
|--------------------------------------------------------------------------------------|------|-------------------------------------------|
| SUCRAID 8,500 UNIT/ML SOLN                                                           | 4    | S<br>PA<br>QPD 10 per day                 |
| ESTROGENS AND ANTIESTROGENS                                                          |      |                                           |
| ESTROGEN AGONIST-ANTAGONISTS                                                         |      |                                           |
| CLOMID                                                                               | 2    |                                           |
| <i>clomiphene citrate</i>                                                            | 2    |                                           |
| OSPHENA                                                                              | NF   | NF Non Formulary                          |
| <i>raloxifene hcl</i>                                                                | 1    | C [ACA] Age Edits Apply: 35+ years<br>HCR |
| SOLTAMOX                                                                             | 2    |                                           |
| <i>tamoxifen citrate</i>                                                             | 1    | C [ACA] Age Edits Apply: 35+ years<br>HCR |
| <i>toremifene citrate</i>                                                            | 4    | S                                         |
| ESTROGENS                                                                            |      |                                           |
| AMABELZ                                                                              | 1    |                                           |
| ANGELIQ                                                                              | 3    |                                           |
| CLIMARA PRO                                                                          | 2    | QPD 0.143 per day                         |
| COMBIPATCH                                                                           | 3    | QPD 0.286 per day                         |
| DEPO-ESTRADIOL                                                                       | 3    |                                           |
| DIVIGEL (0.25 MG GEL PACKET, 0.5 MG GEL PACKET, 0.75 MG GEL PACKET, 1 MG GEL PACKET) | 2    | QPD 1 per day                             |

| PRODUCT DESCRIPTION                                                                  | TIER | LIMITS & RESTRICTIONS |
|--------------------------------------------------------------------------------------|------|-----------------------|
| DOTTI                                                                                | 1    | QPD 0.286 per day     |
| DUAVEE                                                                               | 2    |                       |
| ELESTRIN                                                                             | 3    | QPD 0.867 per day     |
| <i>estradiol 0.01% cream</i>                                                         | 1    | QL MAX 255 / 365 DAYS |
| <i>estradiol ((0.25mg) gel pk, (0.5mg) gel pkt, (0.75mg) gel pk, (1 mg) gel pkt)</i> | 1    | QPD 1.0 per day       |
| <i>estradiol 0.1% (1.25mg) gel pk</i>                                                | 1    | QPD 1.25 per day      |
| <i>estradiol (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>                           | 1    |                       |
| <i>estradiol 10 mcg vaginal insrt</i>                                                | 1    |                       |
| <i>estradiol (once weekly)</i>                                                       | 1    | QPD 0.143 per day     |
| <i>estradiol (twice weekly)</i>                                                      | 1    | QPD 0.286 per day     |
| <i>estradiol valerate</i>                                                            | 1    |                       |
| <i>estradiol-norethindrone acetat</i>                                                | 1    |                       |
| ESTRING 2 MG VAGINAL RING                                                            | 2    | QL MAX 1 / 90 DAYS    |
| ESTRING 7.5 MCG/DAY (2MG) RING                                                       | 2    | QL max 1 / 90 days    |
| ESTROGEL                                                                             | 2    | QPD 1.667 per day     |
| EVAMIST                                                                              | 3    | QL MAX 40.5 / 93 DAYS |
| FYAVOLV                                                                              | 1    |                       |
| JINTELI                                                                              | 1    |                       |
| LYLLANA                                                                              | 1    | QPD 0.286 per day     |
| MENEST                                                                               | 3    |                       |
| MENOSTAR                                                                             | 3    | QPD 0.143 per day     |

| PRODUCT DESCRIPTION                                                                                          | TIER | LIMITS & RESTRICTIONS                 |
|--------------------------------------------------------------------------------------------------------------|------|---------------------------------------|
| MIMVEY                                                                                                       | 1    |                                       |
| <i>norethindron-ethinyl estradiol (norethin-eth 1 mg-5 mcg, norethind-eth 0.5-2.5)</i>                       | 1    |                                       |
| PREFEST                                                                                                      | 3    |                                       |
| PREMARIN (0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET, VAGINAL CREAM-APPL) | 2    |                                       |
| PREMPHASE                                                                                                    | 2    |                                       |
| PREMPRO                                                                                                      | 2    |                                       |
| YUVAFEM                                                                                                      | 1    |                                       |
| EYE, EAR, NOSE AND THROAT (EENT) PREPS.<br>ANTIALLERGIC AGENTS                                               |      |                                       |
| <i>azelastine hcl 0.05% drops</i>                                                                            | 1    |                                       |
| <i>azelastine 0.1% (137 mcg) spray</i>                                                                       | 1    | QPD 2 per day                         |
| <i>azelastine 0.15% nasal spray</i>                                                                          | NF   | QPD 2 per day<br>NF Non Formulary     |
| <i>azelastine-fluticasone</i>                                                                                | NF   | QPD 0.767 per day<br>NF Non Formulary |
| <i>olopatadine hcl (cvs drops, gnp drops, hcl drop, hcl drops)</i>                                           | 1    |                                       |
| <i>olopatadine 665 mcg nasal spray</i>                                                                       | NF   | QPD 1.017 per day<br>NF Non Formulary |
| RYALTRIS                                                                                                     | NF   | QPD 0.967 per day<br>NF Non Formulary |
| EENT DRUGS, MISCELLANEOUS                                                                                    |      |                                       |
| <i>apraclonidine hcl</i>                                                                                     | 1    |                                       |

| PRODUCT DESCRIPTION                                               | TIER | LIMITS & RESTRICTIONS          |
|-------------------------------------------------------------------|------|--------------------------------|
| CYSTADROPS                                                        | 4    | S                              |
| CYSTARAN                                                          | 4    | S                              |
| <i>ipratropium 0.03% spray</i>                                    | 1    | QPD 2 per day                  |
| <i>ipratropium 0.06% spray</i>                                    | 1    | QPD 1.5 per day                |
| OXERVATE                                                          | 4    | QL MAX 56 / 56 DAYS<br>S<br>PA |
| LOCAL ANESTHETICS (EENT)                                          |      |                                |
| <i>lidocaine hcl 4% solution</i>                                  | 1    | PA<br>QPD 5.0 per day          |
| <i>lidocaine hcl viscous</i>                                      | 1    |                                |
| <i>tetracaine hcl (eye drop, steri-unit sol)</i>                  | 1    |                                |
| MYDRIATICS                                                        |      |                                |
| <i>atropine 1% eye drops</i>                                      | 1    |                                |
| CYCLOGYL (0.5% DROPS, 2% DROPS)                                   | 3    |                                |
| CYCLOMYDRIL                                                       | 3    |                                |
| <i>cyclopentolate hcl</i>                                         | 1    |                                |
| ISOPTO ATROPINE                                                   | 3    |                                |
| VASOCONSTRICTORS                                                  |      |                                |
| <i>phenylephrine hcl (2.5% drop, 10% drops)</i>                   | 1    |                                |
| FIRST GENERATION ANTIHISTAMINES                                   |      |                                |
| ETHANOLAMINE DERIVATIVES                                          |      |                                |
| <i>carbinoxamine maleate (4 mg/5 ml liquid, maleate 6 mg tab)</i> | NF   | NF Non Formulary               |

| PRODUCT DESCRIPTION                                                                                                                          | TIER | LIMITS & RESTRICTIONS |
|----------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| <i>carbinoxamine maleate 4 mg tab</i>                                                                                                        | 1    |                       |
| <i>clemastine 0.5 mg/5 ml syrup</i>                                                                                                          | NF   | NF Non Formulary      |
| <i>clemastine fum 2.68 mg tab</i>                                                                                                            | 3    |                       |
| KARBINAL ER                                                                                                                                  | NF   | NF Non Formulary      |
| RYVENT                                                                                                                                       | NF   | NF Non Formulary      |
| FIRST GEN. ANTIHIST. DERIVATIVES, MISC.                                                                                                      |      |                       |
| <i>cyproheptadine hcl (2 mg/5 ml soln, 2 mg/5 ml syrup, 4 mg tablet)</i>                                                                     | 1    |                       |
| PHENOTHIAZINE DERIVATIVES                                                                                                                    |      |                       |
| <i>promethazine hcl (6.25 mg/5 ml soln, 6.25 mg/5 ml syr, 12.5 mg suppos, 12.5 mg tablet, 25 mg suppository, 25 mg tablet, 50 mg tablet)</i> | 1    |                       |
| <i>promethazine vc</i>                                                                                                                       | 3    |                       |
| <i>promethazine-phenylephrine</i>                                                                                                            | 1    |                       |
| PROMETHEGAN (12.5 MG SUPPOS, 25 MG SUPPOSITORY)                                                                                              | 1    |                       |
| PROMETHEGAN 50 MG SUPPOSITORY                                                                                                                | 3    |                       |
| PROPYLAMINE DERIVATIVES                                                                                                                      |      |                       |
| <i>dexchlorpheniramine maleate</i>                                                                                                           | NF   | NF Non Formulary      |
| RYCLORA                                                                                                                                      | NF   | NF Non Formulary      |
| GASTROINTESTINAL DRUGS                                                                                                                       |      |                       |
| ANTI-INFLAMMATORY AGENTS (GI DRUGS)                                                                                                          |      |                       |
| <i>alosetron hcl</i>                                                                                                                         | NF   | NF Non Formulary      |
| <i>balsalazide disodium</i>                                                                                                                  | 1    |                       |
| DIPENTUM                                                                                                                                     | NF   | NF Non Formulary      |

| PRODUCT DESCRIPTION                                 | TIER | LIMITS & RESTRICTIONS                          |
|-----------------------------------------------------|------|------------------------------------------------|
| <i>mesalamine (4 gm/60 ml enema, 1,000 mg supp)</i> | 1    |                                                |
| <i>mesalamine 800 mg dr tablet</i>                  | 3    |                                                |
| <i>mesalamine dr 1.2 gm tablet</i>                  | 1    |                                                |
| <i>mesalamine dr</i>                                | 1    |                                                |
| <i>mesalamine er 0.375 gram cap</i>                 | 1    |                                                |
| <i>mesalamine er 500 mg capsule</i>                 | NF   | NF Non Formulary                               |
| PENTASA 250 MG CAPSULE                              | NF   | NF Non Formulary                               |
| SFROWASA                                            | 3    |                                                |
| ANTIDIARRHEA AGENTS                                 |      |                                                |
| <i>diphenoxylat-atrop 2.5-0.025/5</i>               | 3    |                                                |
| <i>diphenoxylate-atrop 2.5-0.025</i>                | 1    |                                                |
| MOTOFEN                                             | 3    |                                                |
| MYTESI                                              | NF   | NF Non Formulary                               |
|                                                     |      | S                                              |
| XERMELO                                             | 4    | PA                                             |
|                                                     |      | QPD 3 per day                                  |
| CATHARTICS AND LAXATIVES                            |      |                                                |
| GAVILYTE-C                                          | 3    |                                                |
| GAVILYTE-G                                          | 1    | C [ACA] Age Edits<br>Apply: 45-75 years<br>HCR |
| GAVILYTE-N                                          | 1    | HCR                                            |
| <i>peg 3350-electrolyte</i>                         | 1    | C [ACA] Age Edits<br>Apply: 45-75 years<br>HCR |

| PRODUCT DESCRIPTION                                                         | TIER | LIMITS & RESTRICTIONS                                |
|-----------------------------------------------------------------------------|------|------------------------------------------------------|
| <i>peg-3350 and electrolytes</i>                                            | 1    | C<br>[ACA] Age Edits<br>Apply: 45-75<br>years<br>HCR |
| PEG-PREP                                                                    | 3    |                                                      |
| <i>sod sulf-potass sulf-mag sulf</i>                                        | 1    |                                                      |
| SUTAB                                                                       | 3    |                                                      |
| CHOLELITHOLYTIC AGENTS                                                      |      |                                                      |
| CHENODAL                                                                    | 4    | S                                                    |
| RELTONE                                                                     | NF   | NF Non Formulary                                     |
| <i>ursodiol (200 mg capsule, 400 mg capsule)</i>                            | NF   | NF Non Formulary                                     |
| <i>ursodiol (250 mg tablet, 300 mg capsule, 500 mg tablet)</i>              | 1    |                                                      |
| DIGESTANTS                                                                  |      |                                                      |
| CREON                                                                       | 2    |                                                      |
| ZENPEP                                                                      | 2    |                                                      |
| GI DRUGS, MISCELLANEOUS                                                     |      |                                                      |
| BYLVAY (200 MCG PELLET, 400 MCG CAPSULE, 600 MCG PELLET, 1,200 MCG CAPSULE) | 4    | S<br>PA                                              |
| CHOLBAM                                                                     | 4    | S                                                    |
| ENDARI                                                                      | 4    | S<br>PA                                              |
| GATTEX (5 MG 30-VIAL KIT, 5 MG ONE-VIAL KIT)                                | 4    | S<br>PA                                              |
| GATTEX 5 MG VIAL                                                            | 4    | S<br>PA                                              |

| PRODUCT DESCRIPTION                                                                    | TIER | LIMITS & RESTRICTIONS                                                |
|----------------------------------------------------------------------------------------|------|----------------------------------------------------------------------|
| HUMIRA(CF) PEDI CROHN 80-40 MG                                                         | 4    | <div>QL</div> <div>S</div> <div>PA</div> <div>MAX 2 / 180 DAYS</div> |
| LINZESS                                                                                | 2    |                                                                      |
| LIVMARLI                                                                               | 4    | <div>S</div> <div>PA</div>                                           |
| MOVANTIK                                                                               | 2    |                                                                      |
| OCALIVA                                                                                | 4    | <div>S</div> <div>PA</div> <div>QPD</div> <div>1 per day</div>       |
| <i>orlistat</i>                                                                        | 3    | <div>PA</div> <div>QPD</div> <div>3 per day</div>                    |
| SYMPROIC                                                                               | 2    |                                                                      |
| TRULANCE                                                                               | 2    |                                                                      |
| VIBERZI                                                                                | 2    |                                                                      |
| XENICAL                                                                                | 3    | <div>PA</div> <div>QPD</div> <div>3 per day</div>                    |
| PROKINETIC AGENTS                                                                      |      |                                                                      |
| GIMOTI                                                                                 | NF   | <div>NF</div> <div>Non Formulary</div>                               |
| <i>metoclopramide hcl (5 mg tablet, 5 mg/5 ml soln, 10 mg tablet, 10 mg/10 ml sol)</i> | 1    |                                                                      |
| <i>metoclopramide hcl odt</i>                                                          | 3    |                                                                      |

| PRODUCT DESCRIPTION                                       | TIER | LIMITS & RESTRICTIONS                                   |
|-----------------------------------------------------------|------|---------------------------------------------------------|
| GENITOURINARY SMOOTH MUSCLE RELAXANTS                     |      |                                                         |
| ANTIMUSCARINICS                                           |      |                                                         |
| <i>oxybutynin chloride (5 mg tablet, 5 mg/5 ml syrup)</i> | 1    |                                                         |
| <i>oxybutynin chloride er</i>                             | 1    |                                                         |
| <i>solifenacin succinate</i>                              | 1    |                                                         |
| <i>tolterodine tartrate</i>                               | 1    |                                                         |
| <i>tolterodine tartrate er</i>                            | 1    |                                                         |
| <i>trospium chloride</i>                                  | 1    |                                                         |
| <i>trospium chloride er</i>                               | 1    |                                                         |
| GOLD COMPOUNDS                                            |      |                                                         |
| RIDAURA                                                   | 3    |                                                         |
| GONADOTROPINS AND ANTIGONADOTROPINS                       |      |                                                         |
| ANTIGONADTROPINS                                          |      |                                                         |
| FYREMADEL                                                 | 4    | <div>S</div> <div>PA</div> <div>QPD 0.084 per day</div> |
| <i>ganirelix acetate</i>                                  | 4    | <div>S</div> <div>PA</div> <div>QPD 0.084 per day</div> |
| MYFEMBREE                                                 | 2    | <div>PA</div> <div>QPD 1 per day</div>                  |
| ORGOVYX                                                   | 4    | <div>S</div> <div>PA</div> <div>QPD 1 per day</div>     |

| PRODUCT DESCRIPTION                              | TIER | LIMITS & RESTRICTIONS                                 |
|--------------------------------------------------|------|-------------------------------------------------------|
| ORIAHNN                                          | 2    | PA<br>QPD 2 per day                                   |
| ORILISSA 150 MG TABLET                           | 2    | PA<br>QPD 1 per day                                   |
| ORILISSA 200 MG TABLET                           | 2    | PA<br>QPD 2 per day                                   |
| GONADOTROPINS                                    |      |                                                       |
| <i>chorionic gonad 10,000 unit v1</i>            | 4    | QL max 42 days / fill<br>S<br>PA<br>QPD 0.067 per day |
| ELIGARD (22.5 MG SYRINGE B, 22.5 MG SYRINGE KIT) | 4    | QL max 90 days / fill<br>S                            |
| ELIGARD (30 MG SYRINGE B, 30 MG SYRINGE KIT)     | 4    | QL max 120 days / fill<br>S                           |
| ELIGARD (45 MG SYRINGE B, 45 MG SYRINGE KIT)     | 4    | QL max 180 days / fill<br>S                           |
| ELIGARD (7.5 MG SYRINGE B, 7.5 MG SYRINGE KIT)   | 4    | S                                                     |
| FOLLISTIM AQ 300 UNIT CARTRIDG                   | 4    | S<br>PA<br>QPD 0.21 per day                           |
| FOLLISTIM AQ 600 UNIT CARTRIDG                   | 4    | S<br>PA<br>QPD 0.208 per day                          |

| PRODUCT DESCRIPTION                                    | TIER | LIMITS & RESTRICTIONS        |
|--------------------------------------------------------|------|------------------------------|
| FOLLISTIM AQ 900 UNIT CARTRIDG                         | 4    | S<br>PA<br>QPD 0.195 per day |
| <i>leuprolide 2wk 14 mg/2.8 ml kt</i>                  | 4    | S                            |
| <i>leuprolide 2wk 14 mg/2.8 ml vl</i>                  | 4    | S                            |
| <i>leuprolide depot</i>                                | 4    | QL max 84 days / fill<br>S   |
| LUPANETA PACK                                          | 4    | S                            |
| LUPRON DEPOT (11.25 MG 3MO KIT, 22.5 MG 3MO KIT)       | 4    | QL max 90 days / fill<br>S   |
| LUPRON DEPOT (3.75 MG KIT, 7.5 MG KIT)                 | 4    | S                            |
| LUPRON DEPOT 45 MG 6MO KIT                             | 4    | QL max 180 days / fill<br>S  |
| LUPRON DEPOT-4 MONTH KIT                               | 4    | QL max 120 days / fill<br>S  |
| LUPRON DEPOT (LUPANETA)                                | 4    | S                            |
| LUPRON DEPOT-PED (7.5 MG KIT, 11.25 MG KIT, 15 MG KIT) | 4    | S                            |
| LUPRON DEPOT-PED (11.25 MG 3MO, 30 MG 3MO KIT)         | 4    | QL max 90 days / fill<br>S   |
| LUPRON DEPOT-PED 45 MG 6MO KIT                         | 4    | QL max 180 days / fill<br>S  |

| PRODUCT DESCRIPTION                                                                                | TIER | LIMITS & RESTRICTIONS                                                                    |
|----------------------------------------------------------------------------------------------------|------|------------------------------------------------------------------------------------------|
| MENOPUR                                                                                            | 4    | <div>S</div> <div>PA</div> <div>QPD 2 per day</div>                                      |
| OVIDREL                                                                                            | 4    | <div>S</div> <div>PA</div> <div>QPD 0.034 per day</div>                                  |
| PREGNYL                                                                                            | 4    | <div>QL max 42 days / fill</div> <div>S</div> <div>PA</div> <div>QPD 0.067 per day</div> |
| SYNAREL                                                                                            | 4    | <div>S</div>                                                                             |
| HCV ANTIVIRALS                                                                                     |      |                                                                                          |
| HCV POLYMERASE INHIBITOR ANTIVIRALS                                                                |      |                                                                                          |
| EPCLUSA (150-37.5 MG PELLET PKT, 200 MG-50 MG TABLET, 200-50 MG PELLET PACK, 400 MG-100 MG TABLET) | 4    | <div>S</div> <div>PA</div> <div>QPD 1 per day</div>                                      |
| HARVONI (33.75-150 MG PELLET PK, 45-200 MG PELLET PACKET, 45-200 MG TABLET, 90-400 MG TABLET)      | 4    | <div>S</div> <div>PA</div> <div>QPD 1 per day</div>                                      |
| SOVALDI (150 MG PELLET PACKET, 200 MG PELLET PACKET, 200 MG TABLET, 400 MG TABLET)                 | 4    | <div>S</div> <div>PA</div> <div>QPD 1 per day</div>                                      |
| VOSEVI                                                                                             | 4    | <div>S</div> <div>PA</div> <div>QPD 1 per day</div>                                      |

| PRODUCT DESCRIPTION                                                                                                                                                                    | TIER | LIMITS & RESTRICTIONS    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------|
| HCV PROTEASE INHIBITOR ANTIVIRALS                                                                                                                                                      |      |                          |
| MAVYRET 50-20 MG PELLET PACKET                                                                                                                                                         | 4    | S<br>PA<br>QPD 5 per day |
| MAVYRET 100-40 MG TABLET                                                                                                                                                               | 4    | S<br>PA<br>QPD 3 per day |
| HEAVY METAL ANTAGONISTS                                                                                                                                                                |      |                          |
| CHEMET                                                                                                                                                                                 | 2    |                          |
| CUVRIOR                                                                                                                                                                                | 4    | S<br>NF Non Formulary    |
| <i>deferasirox (90 mg granule pkt, 90 mg tablet, 125 mg tb for susp, 180 mg granule pkt, 180 mg tablet, 250 mg tb for susp, 360 mg granule pkt, 360 mg tablet, 500 mg tb for susp)</i> | 4    | S                        |
| <i>deferiprone</i>                                                                                                                                                                     | 4    | S                        |
| <i>deferiprone (3 times a day)</i>                                                                                                                                                     | 4    | S                        |
| FERRIPROX 100 MG/ML SOLUTION                                                                                                                                                           | 4    | S                        |
| FERRIPROX (2 TIMES A DAY)                                                                                                                                                              | 4    | S<br>NF Non Formulary    |
| GALZIN                                                                                                                                                                                 | 3    |                          |
| <i>penicillamine 250 mg capsule</i>                                                                                                                                                    | 4    | S<br>NF Non Formulary    |
| <i>penicillamine 250 mg tablet</i>                                                                                                                                                     | 4    | S                        |
| <i>trientine hcl 250 mg capsule</i>                                                                                                                                                    | 4    | S                        |

| PRODUCT DESCRIPTION                                                                          | TIER | LIMITS & RESTRICTIONS                        |
|----------------------------------------------------------------------------------------------|------|----------------------------------------------|
| HORMONES AND SYNTHETIC SUBSTITUTES                                                           |      |                                              |
| ADRENALS                                                                                     |      |                                              |
| ALKINDI SPRINKLE                                                                             | 4    | S<br>NF Non Formulary                        |
| <i>budesonide 2 mg rectal foam</i>                                                           | 1    |                                              |
| <i>budesonide dr</i>                                                                         | 1    |                                              |
| <i>budesonide ec</i>                                                                         | 1    |                                              |
| <i>budesonide er</i>                                                                         | NF   | NF Non Formulary                             |
| <i>cortisone acetate</i>                                                                     | NF   | NF Non Formulary                             |
| DEXABLISS                                                                                    | NF   | NF Non Formulary                             |
| <i>dexamethasone (0.5 mg/5 ml elx, 1.5 mg tablet, 2 mg tablet, 4 mg tablet, 6 mg tablet)</i> | 1    |                                              |
| <i>dexamethasone (0.5 mg tablet, 0.5 mg/5 ml liq, 0.75 mg tablet)</i>                        | 3    |                                              |
| <i>dexamethasone (6 1.5 mg tab, 10 1.5 mg tb, 13 1.5 mg tb)</i>                              | NF   | NF Non Formulary                             |
| <i>dexamethasone 1 mg tablet</i>                                                             | 2    |                                              |
| DEXAMETHASONE INTENSOL                                                                       | 3    |                                              |
| DXEVO                                                                                        | NF   | NF Non Formulary                             |
| EMFLAZA 22.75 MG/ML ORAL SUSP                                                                | 4    | S<br>PA<br>NF Non Formulary                  |
| EMFLAZA (30 MG TABLET, 36 MG TABLET)                                                         | 4    | S<br>PA<br>NF Non Formulary                  |
| EMFLAZA 18 MG TABLET                                                                         | 4    | S<br>PA<br>QPD 1 per day<br>NF Non Formulary |

| PRODUCT DESCRIPTION                                                                                                                            | TIER | LIMITS & RESTRICTIONS                                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------------------------------------------------------------|
| EMFLAZA 6 MG TABLET                                                                                                                            | 4    | <div>S</div> <div>PA</div> <div>QPD</div> 2 per day <div>NF</div> Non Formulary |
| <i>fludrocortisone acetate</i>                                                                                                                 | 1    |                                                                                 |
| HEMADY                                                                                                                                         | NF   | <div>NF</div> Non Formulary                                                     |
| <i>hydrocortisone (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>                                                                                | 1    |                                                                                 |
| INTRAROSA                                                                                                                                      | NF   | <div>NF</div> Non Formulary                                                     |
| MEDROL 2 MG TABLET                                                                                                                             | 3    |                                                                                 |
| <i>methylprednisolone (4 mg dosepk, 4 mg tablet, 8 mg tablet, 16 mg tab, 32 mg tab)</i>                                                        | 1    |                                                                                 |
| MILLIPRED                                                                                                                                      | NF   | <div>NF</div> Non Formulary                                                     |
| ORAPRED ODT                                                                                                                                    | NF   | <div>NF</div> Non Formulary                                                     |
| ORTIKOS                                                                                                                                        | NF   | <div>NF</div> Non Formulary                                                     |
| <i>prednisolone 15 mg/5 ml soln</i>                                                                                                            | 1    |                                                                                 |
| <i>prednisolone 5 mg tablet</i>                                                                                                                | NF   | <div>NF</div> Non Formulary                                                     |
| <i>prednisolone sodium phos odt</i>                                                                                                            | NF   | <div>NF</div> Non Formulary                                                     |
| <i>prednisolone sodium phosphate (10 mg/5 ml soln, 20 mg/5 ml soln)</i>                                                                        | NF   | <div>NF</div> Non Formulary                                                     |
| <i>prednisolone sodium phosphate (5 mg/5 ml soln, 15mg/5ml soln cup, sod ph 25 mg/5 ml)</i>                                                    | 1    |                                                                                 |
| <i>prednisone 5 mg/5 ml solution</i>                                                                                                           | 2    |                                                                                 |
| <i>prednisone (1 mg tablet, 2.5 mg tablet, 5 mg tab dose pack, 5 mg tablet, 10 mg tab dose pack, 10 mg tablet, 20 mg tablet, 50 mg tablet)</i> | 1    |                                                                                 |
| PREDNISONE INTENSOL                                                                                                                            | NF   | <div>NF</div> Non Formulary                                                     |

| PRODUCT DESCRIPTION                       | TIER | LIMITS & RESTRICTIONS                   |
|-------------------------------------------|------|-----------------------------------------|
| RAYOS                                     | 3    |                                         |
| TAPERDEX                                  | NF   | NF Non Formulary                        |
| TARPEYO                                   | NF   | PA<br>QPD 4 per day<br>NF Non Formulary |
| ZCORT                                     | NF   | NF Non Formulary                        |
| ANDROGENS                                 |      |                                         |
| ANDRODERM                                 | NF   | PA<br>QPD 1 per day<br>NF Non Formulary |
| <i>danazol</i>                            | 1    | PA                                      |
| DEPO-TESTOSTERONE                         | 1    | PA<br>QPD 0.358 per day                 |
| JATENZO (158 MG CAPSULE, 198 MG CAPSULE)  | NF   | PA<br>QPD 4 per day<br>NF Non Formulary |
| JATENZO 237 MG CAPSULE                    | NF   | PA<br>QPD 2 per day<br>NF Non Formulary |
| KYZATREX (150 MG CAPSULE, 200 MG CAPSULE) | NF   | PA<br>QPD 4 per day<br>NF Non Formulary |
| KYZATREX 100 MG CAPSULE                   | NF   | PA<br>QPD 2 per day<br>NF Non Formulary |
| METHITEST                                 | 3    | PA<br>QPD 20 per day                    |

| PRODUCT DESCRIPTION                                                     | TIER | LIMITS & RESTRICTIONS                       |
|-------------------------------------------------------------------------|------|---------------------------------------------|
| <i>methylestosterone</i>                                                | 1    | PA<br>QPD 20 per day                        |
| NATESTO                                                                 | NF   | PA<br>QPD 0.732 per day<br>NF Non Formulary |
| <i>oxandrolone</i>                                                      | 1    | PA                                          |
| <i>testosterone (12.5 mg/1.25, 50 mg/5 gel, 50 mg/5 pkt)</i>            | NF   | PA<br>QPD 10 per day<br>NF Non Formulary    |
| <i>testosterone (1% (25mg/2.5g) pk, 1.62% gel pump)</i>                 | 1    | PA<br>QPD 5 per day                         |
| <i>testosterone 10 mg gel pump</i>                                      | NF   | PA<br>QPD 4 per day<br>NF Non Formulary     |
| <i>testosterone 1% (50 mg/5 g) pk</i>                                   | 1    | PA<br>QPD 10 per day                        |
| <i>testosterone 1.62% (2.5 g) pkt</i>                                   | NF   | PA<br>QPD 5 per day<br>NF Non Formulary     |
| <i>testosterone 1.62%(1.25 g) pkt</i>                                   | NF   | PA<br>QPD 1.25 per day<br>NF Non Formulary  |
| <i>testosterone 30 mg/1.5 ml pump</i>                                   | 1    | PA<br>QPD 6 per day                         |
| <i>testosterone cypionate (200 mg/ml, 1,000 mg/10ml, 2,000 mg/10ml)</i> | 1    | PA<br>QPD 0.358 per day                     |

| PRODUCT DESCRIPTION                                          | TIER | LIMITS & RESTRICTIONS                       |
|--------------------------------------------------------------|------|---------------------------------------------|
| <i>testosterone cypionate (500 mg/2.5 ml, 1,000 mg/5 ml)</i> | 1    | PA<br>QPD 0.358 per day                     |
| <i>testosteron enan 1,000 mg/5 ml</i>                        | 3    | PA<br>QPD 0.179 per day                     |
| <i>testosterone enan 200 mg/ml</i>                           | 3    | PA<br>QPD 0.179 per day                     |
| TLANDO                                                       | NF   | PA<br>QPD 4 per day<br>NF Non Formulary     |
| VOGELXO (12.5 MG/1.25 PUMP, 50 MG/5 GEL, 50 MG/5 GEL PACKET) | NF   | PA<br>QPD 10 per day<br>NF Non Formulary    |
| XYOSTED                                                      | NF   | PA<br>QPD 0.072 per day<br>NF Non Formulary |
| CONTRACEPTIVES                                               |      |                                             |
| AFIRMELLE                                                    | 1    | C [ACA] Quantity Limits May Apply<br>HCR    |
| AFTERA                                                       | 1    | C [ACA] Quantity Limits May Apply<br>HCR    |
| ALTAVERA                                                     | 1    | C [ACA] Quantity Limits May Apply<br>HCR    |
| ALYACEN                                                      | 1    | C [ACA] Quantity Limits May Apply<br>HCR    |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS                                                  |
|---------------------|------|------------------------------------------------------------------------|
| AMETHIA             | 1    | <div>C</div> <div>[ACA] Quantity Limits May Apply</div> <div>HCR</div> |
| AMETHYST            | 1    | <div>C</div> <div>[ACA] Quantity Limits May Apply</div> <div>HCR</div> |
| APRI                | 1    | <div>C</div> <div>[ACA] Quantity Limits May Apply</div> <div>HCR</div> |
| ARANELLE            | 1    | <div>C</div> <div>[ACA] Quantity Limits May Apply</div> <div>HCR</div> |
| ASHLYNA             | 1    | <div>C</div> <div>[ACA] Quantity Limits May Apply</div> <div>HCR</div> |
| AUBRA               | 1    | <div>C</div> <div>[ACA] Quantity Limits May Apply</div> <div>HCR</div> |
| AUBRA EQ            | 1    | <div>C</div> <div>[ACA] Quantity Limits May Apply</div> <div>HCR</div> |
| AUROVELA            | 1    | <div>C</div> <div>[ACA] Quantity Limits May Apply</div> <div>HCR</div> |
| AUROVELA 24 FE      | 1    | <div>C</div> <div>[ACA] Quantity Limits May Apply</div> <div>HCR</div> |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS                                                  |
|---------------------|------|------------------------------------------------------------------------|
| AUROVELA FE         | 1    | <div>C</div> <div>[ACA] Quantity Limits May Apply</div> <div>HCR</div> |
| AVIANE              | 1    | <div>C</div> <div>[ACA] Quantity Limits May Apply</div> <div>HCR</div> |
| AYUNA               | 1    | <div>C</div> <div>[ACA] Quantity Limits May Apply</div> <div>HCR</div> |
| AZURETTE            | 1    | <div>C</div> <div>[ACA] Quantity Limits May Apply</div> <div>HCR</div> |
| BALZIVA             | 1    | <div>C</div> <div>[ACA] Quantity Limits May Apply</div> <div>HCR</div> |
| BLISOVI 24 FE       | 1    | <div>C</div> <div>[ACA] Quantity Limits May Apply</div> <div>HCR</div> |
| BLISOVI FE          | 1    | <div>C</div> <div>[ACA] Quantity Limits May Apply</div> <div>HCR</div> |
| BRIELLYN            | 1    | <div>C</div> <div>[ACA] Quantity Limits May Apply</div> <div>HCR</div> |
| CAMILA              | 1    | <div>C</div> <div>[ACA] Quantity Limits May Apply</div> <div>HCR</div> |

| PRODUCT DESCRIPTION      | TIER | LIMITS & RESTRICTIONS                       |
|--------------------------|------|---------------------------------------------|
| CAMRESE                  | 1    | C<br>[ACA] Quantity Limits May Apply<br>HCR |
| CAMRESE LO               | 1    | C<br>[ACA] Quantity Limits May Apply<br>HCR |
| CAZANT                   | 1    | HCR                                         |
| CHARLOTTE 24 FE          | 1    | C<br>[ACA] Quantity Limits May Apply<br>HCR |
| CHATEAL                  | 1    | C<br>[ACA] Quantity Limits May Apply<br>HCR |
| CHATEAL EQ               | 1    | C<br>[ACA] Quantity Limits May Apply<br>HCR |
| CRYSSELLE                | 1    | C<br>[ACA] Quantity Limits May Apply<br>HCR |
| CURAE                    | 1    | C<br>[ACA] Quantity Limits May Apply<br>HCR |
| CYCLAFEM 1-35-28 TABLET  | 1    | HCR                                         |
| CYCLAFEM 7-7-7-28 TABLET | 1    | C<br>[ACA] Quantity Limits May Apply<br>HCR |

| PRODUCT DESCRIPTION                   | TIER | LIMITS & RESTRICTIONS                                                  |
|---------------------------------------|------|------------------------------------------------------------------------|
| CYRED                                 | 1    | <div>C</div> <div>[ACA] Quantity Limits May Apply</div> <div>HCR</div> |
| CYRED EQ                              | 1    | <div>C</div> <div>[ACA] Quantity Limits May Apply</div> <div>HCR</div> |
| DASETTA                               | 1    | <div>C</div> <div>[ACA] Quantity Limits May Apply</div> <div>HCR</div> |
| DAYSEE                                | 1    | <div>C</div> <div>[ACA] Quantity Limits May Apply</div> <div>HCR</div> |
| DEBLITANE                             | 1    | <div>C</div> <div>[ACA] Quantity Limits May Apply</div> <div>HCR</div> |
| <i>desogestr-eth estrad eth estra</i> | 1    | <div>C</div> <div>[ACA] Quantity Limits May Apply</div> <div>HCR</div> |
| <i>desogestrel-ethinyl estradiol</i>  | 1    | <div>C</div> <div>[ACA] Quantity Limits May Apply</div> <div>HCR</div> |
| DOLISHALE                             | 1    | <div>C</div> <div>[ACA] Quantity Limits May Apply</div> <div>HCR</div> |
| <i>drospirenone-eth estra-levomef</i> | 1    | <div>C</div> <div>[ACA] Quantity Limits May Apply</div> <div>HCR</div> |

| PRODUCT DESCRIPTION                   | TIER | LIMITS & RESTRICTIONS                       |
|---------------------------------------|------|---------------------------------------------|
| <i>drospirenone-ethinyl estradiol</i> | 1    | C<br>[ACA] Quantity Limits May Apply<br>HCR |
| ECONTRA EZ                            | 1    | C<br>[ACA] Quantity Limits May Apply<br>HCR |
| ECONTRA ONE-STEP                      | 1    | C<br>[ACA] Quantity Limits May Apply<br>HCR |
| ELINEST                               | 1    | C<br>[ACA] Quantity Limits May Apply<br>HCR |
| ELLA                                  | 2    | C<br>[ACA] Quantity Limits May Apply<br>HCR |
| EMOQUETTE                             | 1    | HCR                                         |
| ENPRESSE                              | 1    | C<br>[ACA] Quantity Limits May Apply<br>HCR |
| ENSKYCE                               | 1    | C<br>[ACA] Quantity Limits May Apply<br>HCR |
| ERRIN                                 | 1    | C<br>[ACA] Quantity Limits May Apply<br>HCR |

| PRODUCT DESCRIPTION                 | TIER | LIMITS & RESTRICTIONS                    |
|-------------------------------------|------|------------------------------------------|
| ESTARYLLA                           | 1    | C [ACA] Quantity Limits May Apply<br>HCR |
| <i>ethynodiol-ethinyl estradiol</i> | 1    | C [ACA] Quantity Limits May Apply<br>HCR |
| FALMINA                             | 1    | C [ACA] Quantity Limits May Apply<br>HCR |
| FEMYNOR                             | 1    | C [ACA] Quantity Limits May Apply<br>HCR |
| FINZALA                             | 1    | C [ACA] Quantity Limits May Apply<br>HCR |
| GEMMILY                             | NF   | NF Non Formulary                         |
| HAILEY                              | 1    | C [ACA] Quantity Limits May Apply<br>HCR |
| HAILEY 24 FE                        | 1    | C [ACA] Quantity Limits May Apply<br>HCR |
| HAILEY FE                           | 1    | C [ACA] Quantity Limits May Apply<br>HCR |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS                                                  |
|---------------------|------|------------------------------------------------------------------------|
| HEATHER             | 1    | <div>C</div> <div>[ACA] Quantity Limits May Apply</div> <div>HCR</div> |
| HER STYLE           | 1    | <div>C</div> <div>[ACA] Quantity Limits May Apply</div> <div>HCR</div> |
| ICLEVIA             | 1    | <div>C</div> <div>[ACA] Quantity Limits May Apply</div> <div>HCR</div> |
| INCASSIA            | 1    | <div>C</div> <div>[ACA] Quantity Limits May Apply</div> <div>HCR</div> |
| ISIBLOOM            | 1    | <div>C</div> <div>[ACA] Quantity Limits May Apply</div> <div>HCR</div> |
| JAIMIESS            | 1    | <div>C</div> <div>[ACA] Quantity Limits May Apply</div> <div>HCR</div> |
| JASMIEL             | 1    | <div>C</div> <div>[ACA] Quantity Limits May Apply</div> <div>HCR</div> |
| JENCYCLA            | 1    | <div>C</div> <div>[ACA] Quantity Limits May Apply</div> <div>HCR</div> |
| JOLESSA             | 1    | <div>C</div> <div>[ACA] Quantity Limits May Apply</div> <div>HCR</div> |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS                                                  |
|---------------------|------|------------------------------------------------------------------------|
| JULEBER             | 1    | <div>C</div> <div>[ACA] Quantity Limits May Apply</div> <div>HCR</div> |
| JUNEL               | 1    | <div>C</div> <div>[ACA] Quantity Limits May Apply</div> <div>HCR</div> |
| JUNEL FE            | 1    | <div>C</div> <div>[ACA] Quantity Limits May Apply</div> <div>HCR</div> |
| JUNEL FE 24         | 1    | <div>C</div> <div>[ACA] Quantity Limits May Apply</div> <div>HCR</div> |
| KAITLIB FE          | 1    | <div>C</div> <div>[ACA] Quantity Limits May Apply</div> <div>HCR</div> |
| KALLIGA             | 1    | <div>C</div> <div>[ACA] Quantity Limits May Apply</div> <div>HCR</div> |
| KARIVA              | 1    | <div>C</div> <div>[ACA] Quantity Limits May Apply</div> <div>HCR</div> |
| KELNOR 1-35         | 1    | <div>C</div> <div>[ACA] Quantity Limits May Apply</div> <div>HCR</div> |
| KELNOR 1-50         | 1    | <div>C</div> <div>[ACA] Quantity Limits May Apply</div> <div>HCR</div> |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS                       |
|---------------------|------|---------------------------------------------|
| KURVELO             | 1    | C<br>[ACA] Quantity Limits May Apply<br>HCR |
| LARIN               | 1    | C<br>[ACA] Quantity Limits May Apply<br>HCR |
| LARIN 24 FE         | 1    | C<br>[ACA] Quantity Limits May Apply<br>HCR |
| LARIN FE            | 1    | C<br>[ACA] Quantity Limits May Apply<br>HCR |
| LARISSIA            | 1    | HCR                                         |
| LAYOLIS FE          | 1    | C<br>[ACA] Quantity Limits May Apply<br>HCR |
| LEENA               | 1    | C<br>[ACA] Quantity Limits May Apply<br>HCR |
| LESSINA             | 1    | C<br>[ACA] Quantity Limits May Apply<br>HCR |
| LEVONEST            | 1    | C<br>[ACA] Quantity Limits May Apply<br>HCR |

| PRODUCT DESCRIPTION                   | TIER | LIMITS & RESTRICTIONS                       |
|---------------------------------------|------|---------------------------------------------|
| <i>levonorg-eth estrad eth estrad</i> | 1    | C<br>[ACA] Quantity Limits May Apply<br>HCR |
| <i>levonorgestrel</i>                 | 1    | C<br>[ACA] Quantity Limits May Apply<br>HCR |
| <i>levonorgestrel-eth estradiol</i>   | 1    | C<br>[ACA] Quantity Limits May Apply<br>HCR |
| LEVORA-28                             | 1    | C<br>[ACA] Quantity Limits May Apply<br>HCR |
| LILLOW                                | 1    | HCR                                         |
| LO LOESTRIN FE                        | 2    |                                             |
| LO-ZUMANDIMINE                        | 1    | C<br>[ACA] Quantity Limits May Apply<br>HCR |
| LOESTRIN                              | 1    | C<br>[ACA] Quantity Limits May Apply<br>HCR |
| LOESTRIN FE                           | 1    | C<br>[ACA] Quantity Limits May Apply<br>HCR |
| LOJAIMIESS                            | 1    | C<br>[ACA] Quantity Limits May Apply<br>HCR |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS                    |
|---------------------|------|------------------------------------------|
| LORYNA              | 1    | C [ACA] Quantity Limits May Apply<br>HCR |
| LOW-OGESTREL        | 1    | C [ACA] Quantity Limits May Apply<br>HCR |
| LUTERA              | 1    | C [ACA] Quantity Limits May Apply<br>HCR |
| LYLEQ               | 1    | C [ACA] Quantity Limits May Apply<br>HCR |
| LYZA                | 1    | C [ACA] Quantity Limits May Apply<br>HCR |
| MARLISSA            | 1    | C [ACA] Quantity Limits May Apply<br>HCR |
| MERZEE              | NF   | NF Non Formulary                         |
| MIBELAS 24 FE       | 1    | C [ACA] Quantity Limits May Apply<br>HCR |
| MICROGESTIN         | 1    | C [ACA] Quantity Limits May Apply<br>HCR |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS                    |
|---------------------|------|------------------------------------------|
| MICROGESTIN 24 FE   | 1    | C [ACA] Quantity Limits May Apply<br>HCR |
| MICROGESTIN FE      | 1    | C [ACA] Quantity Limits May Apply<br>HCR |
| MILI                | 1    | C [ACA] Quantity Limits May Apply<br>HCR |
| MONO-LINYAH         | 1    | C [ACA] Quantity Limits May Apply<br>HCR |
| MY CHOICE           | 1    | C [ACA] Quantity Limits May Apply<br>HCR |
| MY WAY              | 1    | C [ACA] Quantity Limits May Apply<br>HCR |
| NATAZIA             | 3    |                                          |
| NECON               | 1    | C [ACA] Quantity Limits May Apply<br>HCR |
| NEW DAY             | 1    | C [ACA] Quantity Limits May Apply<br>HCR |

| PRODUCT DESCRIPTION                                                                                                | TIER | LIMITS & RESTRICTIONS                    |
|--------------------------------------------------------------------------------------------------------------------|------|------------------------------------------|
| NIKKI                                                                                                              | 1    | C [ACA] Quantity Limits May Apply<br>HCR |
| NORA-BE                                                                                                            | 1    | C [ACA] Quantity Limits May Apply<br>HCR |
| <i>norethin-eth estra-ferrous fum</i>                                                                              | 1    | C [ACA] Quantity Limits May Apply<br>HCR |
| <i>norethindron-ethinyl estradiol (norethin-ee 1.5-0.03 mg(21) tb, norethind-eth estrad 1-0.02 mg)</i>             | 1    | C [ACA] Quantity Limits May Apply<br>HCR |
| <i>norethindrone</i>                                                                                               | 1    | C [ACA] Quantity Limits May Apply<br>HCR |
| <i>noreth-ee-fe 1-0.02(24)-75 cap</i>                                                                              | NF   | NF Non Formulary                         |
| <i>norethindrone-e.estradiol-iron (1 mg/20-30-35 mcg, 1-0.02(21)-75 tab, 1-0.02(24)-75 chw, 1.5-0.03mg(21)-75)</i> | 1    | C [ACA] Quantity Limits May Apply<br>HCR |
| <i>norgestimate-ethinyl estradiol</i>                                                                              | 1    | C [ACA] Quantity Limits May Apply<br>HCR |
| NORLYDA                                                                                                            | 1    | HCR                                      |
| NORTREL                                                                                                            | 1    | C [ACA] Quantity Limits May Apply<br>HCR |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS                    |
|---------------------|------|------------------------------------------|
| NUVARING            | 1    | C [ACA] Quantity Limits May Apply<br>HCR |
| NYLIA               | 1    | C [ACA] Quantity Limits May Apply<br>HCR |
| NYMYO               | 1    | C [ACA] Quantity Limits May Apply<br>HCR |
| OCELLA              | 1    | C [ACA] Quantity Limits May Apply<br>HCR |
| OPCICON ONE-STEP    | 1    | C [ACA] Quantity Limits May Apply<br>HCR |
| OPTION 2            | 1    | C [ACA] Quantity Limits May Apply<br>HCR |
| ORSYTHIA            | 1    | HCR                                      |
| ORTHO-NOVUM         | 1    |                                          |
| PHILITH             | 1    | C [ACA] Quantity Limits May Apply<br>HCR |
| PIMTREA             | 1    | C [ACA] Quantity Limits May Apply<br>HCR |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS                       |
|---------------------|------|---------------------------------------------|
| PIRMELLA            | 1    | C<br>[ACA] Quantity Limits May Apply<br>HCR |
| PORTIA              | 1    | C<br>[ACA] Quantity Limits May Apply<br>HCR |
| PREVIFEM            | 1    | HCR                                         |
| RECLIPSEN           | 1    | C<br>[ACA] Quantity Limits May Apply<br>HCR |
| RIVELSA             | 1    | C<br>[ACA] Quantity Limits May Apply<br>HCR |
| SETLAKIN            | 1    | C<br>[ACA] Quantity Limits May Apply<br>HCR |
| SHAROBEL            | 1    | C<br>[ACA] Quantity Limits May Apply<br>HCR |
| SIMLIYA             | 1    | C<br>[ACA] Quantity Limits May Apply<br>HCR |
| SIMPESSE            | 1    | C<br>[ACA] Quantity Limits May Apply<br>HCR |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS                    |
|---------------------|------|------------------------------------------|
| SPRINTEC            | 1    | C [ACA] Quantity Limits May Apply<br>HCR |
| SRONYX              | 1    | C [ACA] Quantity Limits May Apply<br>HCR |
| SYEDA               | 1    | C [ACA] Quantity Limits May Apply<br>HCR |
| TAKE ACTION         | 1    | C [ACA] Quantity Limits May Apply<br>HCR |
| TARINA 24 FE        | 1    | C [ACA] Quantity Limits May Apply<br>HCR |
| TARINA FE           | 1    | C [ACA] Quantity Limits May Apply<br>HCR |
| TARINA FE 1-20 EQ   | 1    | C [ACA] Quantity Limits May Apply<br>HCR |
| TAYSOFY             | NF   | NF Non Formulary                         |
| TILIA FE            | 1    | C [ACA] Quantity Limits May Apply<br>HCR |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS                                                  |
|---------------------|------|------------------------------------------------------------------------|
| TRI-FEMYNOR         | 1    | <div>C</div> <div>[ACA] Quantity Limits May Apply</div> <div>HCR</div> |
| TRI-ESTARYLLA       | 1    | <div>C</div> <div>[ACA] Quantity Limits May Apply</div> <div>HCR</div> |
| TRI-LEGEST FE       | 1    | <div>C</div> <div>[ACA] Quantity Limits May Apply</div> <div>HCR</div> |
| TRI-LINYAH          | 1    | <div>C</div> <div>[ACA] Quantity Limits May Apply</div> <div>HCR</div> |
| TRI-LO-ESTARYLLA    | 1    | <div>C</div> <div>[ACA] Quantity Limits May Apply</div> <div>HCR</div> |
| TRI-LO-MARZIA       | 1    | <div>C</div> <div>[ACA] Quantity Limits May Apply</div> <div>HCR</div> |
| TRI-LO-MILI         | 1    | <div>C</div> <div>[ACA] Quantity Limits May Apply</div> <div>HCR</div> |
| TRI-LO-SPRINTEC     | 1    | <div>C</div> <div>[ACA] Quantity Limits May Apply</div> <div>HCR</div> |
| TRI-MILI            | 1    | <div>C</div> <div>[ACA] Quantity Limits May Apply</div> <div>HCR</div> |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS                    |
|---------------------|------|------------------------------------------|
| TRI-NYMYO           | 1    | C [ACA] Quantity Limits May Apply<br>HCR |
| TRI-PREVIFEM        | 1    | HCR                                      |
| TRI-SPRINTEC        | 1    | C [ACA] Quantity Limits May Apply<br>HCR |
| TRI-VYLIBRA         | 1    | C [ACA] Quantity Limits May Apply<br>HCR |
| TRI-VYLIBRA LO      | 1    | C [ACA] Quantity Limits May Apply<br>HCR |
| TRIVORA-28          | 1    | C [ACA] Quantity Limits May Apply<br>HCR |
| TULANA              | 1    | HCR                                      |
| TYBLUME             | 3    |                                          |
| TYDEMY              | 1    | C [ACA] Quantity Limits May Apply<br>HCR |
| VELIVET             | 3    |                                          |
| VESTURA             | 1    | C [ACA] Quantity Limits May Apply<br>HCR |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS                                                  |
|---------------------|------|------------------------------------------------------------------------|
| VIENVA              | 1    | <div>C</div> <div>[ACA] Quantity Limits May Apply</div> <div>HCR</div> |
| VIORELE             | 1    | <div>C</div> <div>[ACA] Quantity Limits May Apply</div> <div>HCR</div> |
| VOLNEA              | 1    | <div>C</div> <div>[ACA] Quantity Limits May Apply</div> <div>HCR</div> |
| VYFEMLA             | 1    | <div>C</div> <div>[ACA] Quantity Limits May Apply</div> <div>HCR</div> |
| VYLIBRA             | 1    | <div>C</div> <div>[ACA] Quantity Limits May Apply</div> <div>HCR</div> |
| WERA                | 1    | <div>C</div> <div>[ACA] Quantity Limits May Apply</div> <div>HCR</div> |
| WYMZYA FE           | 1    | <div>C</div> <div>[ACA] Quantity Limits May Apply</div> <div>HCR</div> |
| XULANE              | 1    | <div>C</div> <div>[ACA] Quantity Limits May Apply</div> <div>HCR</div> |
| ZAFEMY              | 1    | <div>C</div> <div>[ACA] Quantity Limits May Apply</div> <div>HCR</div> |

| PRODUCT DESCRIPTION                                                                                                                                                                                                          | TIER | LIMITS & RESTRICTIONS                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------------------------------------------|
| ZARAH                                                                                                                                                                                                                        | 1    | HCR                                      |
| ZOVIA 1-35                                                                                                                                                                                                                   | 1    | C [ACA] Quantity Limits May Apply<br>HCR |
| ZOVIA 1-35E                                                                                                                                                                                                                  | 1    | HCR                                      |
| ZUMANDIMINE                                                                                                                                                                                                                  | 1    | C [ACA] Quantity Limits May Apply<br>HCR |
| LEPTINS                                                                                                                                                                                                                      |      |                                          |
| MYALEPT                                                                                                                                                                                                                      | 4    | S<br>PA                                  |
| MELANOCORTIN RECEPTOR ANTAGONISTS                                                                                                                                                                                            |      |                                          |
| IMCIVREE                                                                                                                                                                                                                     | 4    | S<br>PA<br>QPD 0.334 per day             |
| PITUITARY                                                                                                                                                                                                                    |      |                                          |
| <i>desmopressin acetate (0.01% solution, ac 4 mcg/ml ampul, ac 4 mcg/ml vial, acetate 0.1 mg tb, acetate 0.2 mg tb, 10 mcg/0.1 ml spr, 40 mcg/10 ml vial)</i>                                                                | 1    |                                          |
| GENOTROPIN (MINIQUICK 0.2 MG, MINIQUICK 0.4 MG, MINIQUICK 0.6 MG, MINIQUICK 0.8 MG, MINIQUICK 1 MG, MINIQUICK 1.2 MG, MINIQUICK 1.4 MG, MINIQUICK 1.6 MG, MINIQUICK 1.8 MG, MINIQUICK 2 MG, 5 MG CARTRIDGE, 12 MG CARTRIDGE) | 4    | S<br>PA                                  |
| NOCDURNA                                                                                                                                                                                                                     | NF   | PA<br>QPD 1 per day<br>NF Non Formulary  |

| PRODUCT DESCRIPTION                                                                                                | TIER | LIMITS & RESTRICTIONS                       |
|--------------------------------------------------------------------------------------------------------------------|------|---------------------------------------------|
| NORDITROPIN FLEXPRO                                                                                                | 4    | S<br>PA                                     |
| SKYTROFA                                                                                                           | 4    | S<br>PA                                     |
| PROGESTINS                                                                                                         |      |                                             |
| DEPO-SUBQ PROVERA 104                                                                                              | 3    |                                             |
| ENDOMETRIN                                                                                                         | 2    | QPD 3 per day                               |
| <i>medroxyprogesterone 150 mg/ml</i>                                                                               | 1    | C<br>[ACA] Quantity Limits May Apply<br>HCR |
| <i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>                                               | 1    |                                             |
| <i>megestrol 625 mg/5 ml susp</i>                                                                                  | NF   | NF Non Formulary                            |
| <i>megestrol acetate (20 mg tablet, 40 mg tablet, acet 40 mg/ml susp, 400 mg/10ml susp cup, acet 400 mg/10 ml)</i> | 1    |                                             |
| <i>norethindrone ac (lupaneta)</i>                                                                                 | 1    |                                             |
| <i>norethindrone acetate</i>                                                                                       | 1    |                                             |
| <i>progesterone (100 mg capsule, 200 mg capsule)</i>                                                               | 1    |                                             |
| <i>progesterone 500 mg/10 ml vial</i>                                                                              | 1    |                                             |
| HYPOTENSIVE AGENTS                                                                                                 |      |                                             |
| CENTRAL ALPHA-AGONISTS                                                                                             |      |                                             |
| <i>clonidine</i>                                                                                                   | 1    |                                             |
| <i>clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet)</i>                                                 | 1    |                                             |
| <i>clonidine hcl er 0.1 mg tablet</i>                                                                              | 1    | QPD 4.0 per day                             |

| PRODUCT DESCRIPTION                                                              | TIER | LIMITS & RESTRICTIONS |
|----------------------------------------------------------------------------------|------|-----------------------|
| <i>clonidine hcl er 0.17 mg tab</i>                                              | NF   | NF Non Formulary      |
| <i>guanfacine hcl</i>                                                            | 1    |                       |
| <i>methyldopa</i>                                                                | 1    |                       |
| <i>methyldopa-hydrochlorothiazide</i>                                            | NF   | NF Non Formulary      |
| NEXICLON XR                                                                      | NF   | NF Non Formulary      |
| DIRECT VASODILATORS                                                              |      |                       |
| <i>hydralazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i> | 1    |                       |
| <i>isosorbide dinit-hydralazine</i>                                              | 1    |                       |
| <i>minoxidil (2.5 mg tablet, 10 mg tablet)</i>                                   | 1    |                       |
| HYPOTENSIVE AGENTS, MISCELLANEOUS                                                |      |                       |
| VECAMYL                                                                          | 4    | S                     |
| INSULINS                                                                         |      |                       |
| INTERMEDIATE-ACTING INSULINS                                                     |      |                       |
| NOVOLIN 70-30                                                                    | 2    | QPD 3.334 per day     |
| NOVOLIN 70-30 FLEXPEN                                                            | 2    | QPD 3.334 per day     |
| NOVOLIN N                                                                        | 2    | QPD 3.334 per day     |
| NOVOLIN N FLEXPEN                                                                | 2    | QPD 3.334 per day     |
| LONG-ACTING INSULINS                                                             |      |                       |
| LEVEMIR                                                                          | 2    | QPD 3.334 per day     |
| LEVEMIR FLEXPEN                                                                  | 2    | QPD 3.334 per day     |
| LEVEMIR FLEXTOUCH                                                                | 2    | QPD 3.334 per day     |
| SEMGLEE (YFGN)                                                                   | 2    | QPD 3.334 per day     |

| PRODUCT DESCRIPTION       | TIER | LIMITS & RESTRICTIONS |
|---------------------------|------|-----------------------|
| SEMGLEE (YFGN) PEN        | 2    | QPD 3.334 per day     |
| SOLIQUA 100-33            | 2    | ST<br>QPD 0.6 per day |
| TOUJEO MAX SOLOSTAR       | 2    | QPD 3.334 per day     |
| TOUJEO SOLOSTAR           | 2    | QPD 3.334 per day     |
| TRESIBA                   | 2    | QPD 3.334 per day     |
| TRESIBA FLEXTOUCH U-100   | 2    | QPD 3.334 per day     |
| TRESIBA FLEXTOUCH U-200   | 2    | QPD 3.334 per day     |
| XULTOPHY 100-3.6          | 2    | ST<br>QPD 0.5 per day |
| RAPID-ACTING INSULINS     |      |                       |
| FIASP                     | 2    | QPD 3.334 per day     |
| FIASP FLEXTOUCH           | 2    | QPD 3.334 per day     |
| FIASP PENFILL             | 2    | QPD 3.334 per day     |
| NOVOLOG                   | 2    | QPD 3.334 per day     |
| NOVOLOG FLEXPEN           | 2    | QPD 3.334 per day     |
| NOVOLOG MIX 70-30         | 2    | QPD 3.334 per day     |
| NOVOLOG MIX 70-30 FLEXPEN | 2    | QPD 3.334 per day     |
| NOVOLOG PENFILL           | 2    | QPD 3.334 per day     |
| SHORT-ACTING INSULINS     |      |                       |
| HUMULIN R U-500           | 2    | QPD 3.334 per day     |
| HUMULIN R U-500 KWIKPEN   | 2    | QPD 3.334 per day     |
| NOVOLIN R                 | 2    | QPD 3.334 per day     |

| PRODUCT DESCRIPTION                                                                           | TIER | LIMITS & RESTRICTIONS      |
|-----------------------------------------------------------------------------------------------|------|----------------------------|
| NOVOLIN R FLEXPEN                                                                             | 2    | QPD 3.334 per day          |
| ION-REMOVING AGENTS                                                                           |      |                            |
| PHOSPHATE-REMOVING AGENTS                                                                     |      |                            |
| AURYXIA                                                                                       | 3    |                            |
| <i>calcium acetate (667 mg capsule, 667 mg gelcap, 667 mg tablet)</i>                         | 1    |                            |
| FOSRENOL (750 MG POWDER PACKET, 1,000 MG POWDER PACK)                                         | 3    |                            |
| <i>lanthanum carbonate</i>                                                                    | 1    |                            |
| PHOSLYRA                                                                                      | 3    |                            |
| <i>sevelamer carbonate (0.8 gm powder packet, 2.4 gm powder packet, carbonate 800 mg tab)</i> | 1    |                            |
| <i>sevelamer hcl 400 mg tablet</i>                                                            | 3    |                            |
| <i>sevelamer hcl 800 mg tablet</i>                                                            | 1    |                            |
| VELPHORO                                                                                      | 2    |                            |
| POTASSIUM-REMOVING AGENTS                                                                     |      |                            |
| LOKELMA                                                                                       | 2    |                            |
| <i>sodium polystyrene sulfonate</i>                                                           | 1    |                            |
| SPS (15 GM/60 ML SUSPENSION, 30 GM/120 ML ENEMA SUSP)                                         | 3    |                            |
| VELTASSA                                                                                      | 2    |                            |
| KALLIKREIN-KININ SYSTEM INHIBITORS                                                            |      |                            |
| BRADYKININ RECEPTOR ANTAGONISTS                                                               |      |                            |
| <i>icatibant</i>                                                                              | 4    | S<br>PA<br>QPD 0.6 per day |

| PRODUCT DESCRIPTION                              | TIER | LIMITS & RESTRICTIONS                                   |
|--------------------------------------------------|------|---------------------------------------------------------|
| SAJAZIR                                          | 4    | <div>S</div> <div>PA</div> <div>QPD 0.6 per day</div>   |
| COMPLEMENT INHIBITORS                            |      |                                                         |
| BERINERT 500 UNIT KIT                            | 4    | <div>S</div> <div>PA</div> <div>QPD 0.334 per day</div> |
| HAEGARDA 2,000 UNIT VIAL                         | 4    | <div>S</div> <div>PA</div> <div>QPD 0.965 per day</div> |
| HAEGARDA 3,000 UNIT VIAL                         | 4    | <div>S</div> <div>PA</div> <div>QPD 0.643 per day</div> |
| RUCONEST                                         | 4    | <div>S</div> <div>PA</div> <div>QPD 0.267 per day</div> |
| KALLIKREIN INHIBITORS                            |      |                                                         |
| TAKHZYRO (300 MG/2 ML SYRINGE, 300 MG/2 ML VIAL) | 4    | <div>S</div> <div>PA</div> <div>QPD 0.143 per day</div> |
| TAKHZYRO 150 MG/ML SYRINGE                       | 4    | <div>S</div> <div>PA</div> <div>QPD 0.072 per day</div> |

| PRODUCT DESCRIPTION                                                                                      | TIER | LIMITS & RESTRICTIONS                         |
|----------------------------------------------------------------------------------------------------------|------|-----------------------------------------------|
| MACROLIDE ANTIBIOTICS                                                                                    |      |                                               |
| ERYTHROMYCIN ANTIBIOTICS                                                                                 |      |                                               |
| E.E.S. 400                                                                                               | 3    |                                               |
| ERY-TAB                                                                                                  | 1    |                                               |
| ERYTHROCIN STEARATE                                                                                      | 2    |                                               |
| <i>erythromycin dr 250 mg cap</i>                                                                        | 3    |                                               |
| <i>erythromycin (250 mg tablet, dr 250 mg tablet, dr 333 mg tablet, 500 mg tablet, dr 500 mg tablet)</i> | 1    |                                               |
| <i>erythromycin ethylsuccinate (200 mg/5 ml susp, 400 mg/5 ml susp)</i>                                  | 1    |                                               |
| <i>erythromycin es 400 mg tab</i>                                                                        | 3    |                                               |
| OTHER MACROLIDE ANTIBIOTICS                                                                              |      |                                               |
| <i>azithromycin 1 gm pwd packet</i>                                                                      | 2    |                                               |
| <i>azithromycin (100 mg/5 ml susp, 200 mg/5 ml susp, 250 mg tablet, 500 mg tablet, 600 mg tablet)</i>    | 1    |                                               |
| <i>clarithromycin (125 mg/5 ml sus, 250 mg/5 ml sus)</i>                                                 | 3    |                                               |
| <i>clarithromycin (250 mg tablet, 500 mg tablet)</i>                                                     | 1    |                                               |
| <i>clarithromycin er</i>                                                                                 | 1    |                                               |
| DIFICID (40 MG/ML SUSPENSION, 200 MG TABLET)                                                             | 2    |                                               |
| ZITHROMAX 1 GM POWDER PACKET                                                                             | 3    |                                               |
| MISC. BETA-LACTAM ANTIBIOTICS                                                                            |      |                                               |
| MONOBACTAM ANTIBIOTICS                                                                                   |      |                                               |
| CAYSTON                                                                                                  | 4    | <div>QL</div> <div>S</div> max 56 days / fill |

| PRODUCT DESCRIPTION                                        | TIER | LIMITS & RESTRICTIONS |
|------------------------------------------------------------|------|-----------------------|
| MISCELLANEOUS THERAPEUTIC AGENTS                           |      |                       |
| 5-ALPHA-REDUCTASE INHIBITORS                               |      |                       |
| <i>dutasteride</i>                                         | 1    |                       |
| <i>dutasteride-tamsulosin</i>                              | NF   | NF Non Formulary      |
| ENTADFI                                                    | NF   | NF Non Formulary      |
| <i>finasteride 5 mg tablet</i>                             | 1    |                       |
| ALCOHOL DETERRENTS                                         |      |                       |
| <i>disulfiram</i>                                          | 1    |                       |
| ANTIDOTES                                                  |      |                       |
| <i>leucovorin calcium (5 mg tab, 15 mg tab, 25 mg tab)</i> | 1    |                       |
| <i>leucovorin calcium 10 mg tab</i>                        | NF   | NF Non Formulary      |
| VISTOGARD                                                  | 4    | S<br>NF Non Formulary |
| ANTIGOUT AGENTS                                            |      |                       |
| <i>allopurinol (100 mg tablet, 300 mg tablet)</i>          | 1    |                       |
| <i>allopurinol 200 mg tablet</i>                           | NF   | NF Non Formulary      |
| <i>colchicine 0.6 mg capsule</i>                           | NF   | NF Non Formulary      |
| <i>colchicine 0.6 mg tablet</i>                            | 1    |                       |
| <i>febuxostat</i>                                          | NF   | NF Non Formulary      |
| GLOPERBA                                                   | NF   | NF Non Formulary      |
| MITIGARE                                                   | NF   | NF Non Formulary      |

| PRODUCT DESCRIPTION                                                                               | TIER | LIMITS & RESTRICTIONS                                              |
|---------------------------------------------------------------------------------------------------|------|--------------------------------------------------------------------|
| ANTISENSE OLIGONUCLEOTIDES                                                                        |      |                                                                    |
| TEGSEDI                                                                                           | 4    | <div>S</div> <div>PA</div> <div>QPD</div> 0.215 per day            |
| BONE RESORPTION INHIBITORS                                                                        |      |                                                                    |
| <i>alendronate sodium (sod 70 mg/75 ml, sodium 10 mg tab, sodium 35 mg tab, sodium 70 mg tab)</i> | 1    |                                                                    |
| BINOSTO                                                                                           | NF   | <div>NF</div> Non Formulary                                        |
| FOSAMAX PLUS D                                                                                    | NF   | <div>NF</div> Non Formulary                                        |
| <i>ibandronate sodium 150 mg tab</i>                                                              | 1    |                                                                    |
| <i>risedronate sodium (5 mg tablet, 35 mg tab, 150 mg tab)</i>                                    | 1    |                                                                    |
| <i>risedronate sodium 30 mg tab</i>                                                               | 1    |                                                                    |
| <i>risedronate sodium dr</i>                                                                      | NF   | <div>NF</div> Non Formulary                                        |
| CARBONIC ANHYDRASE INHIBITORS (MISC.)                                                             |      |                                                                    |
| <i>dichlorphenamide</i>                                                                           | NF   | <div>PA</div> <div>QPD</div> 4 per day <div>NF</div> Non Formulary |
| CARIOSTATIC AGENTS                                                                                |      |                                                                    |
| CLINPRO 5000                                                                                      | 1    | <div>C</div> [ACA] Age Edits Apply: Up to 16 years <div>HCR</div>  |
| DENTA 5000 PLUS                                                                                   | 1    | <div>C</div> [ACA] Age Edits Apply: Up to 16 years <div>HCR</div>  |
| DENTAGEL                                                                                          | 1    | <div>C</div> [ACA] Age Edits Apply: Up to 16 years <div>HCR</div>  |

| PRODUCT DESCRIPTION          | TIER | LIMITS & RESTRICTIONS                                                            |
|------------------------------|------|----------------------------------------------------------------------------------|
| FLORIVA 0.25 MG/ML DROPS     | 3    |                                                                                  |
| <i>fluoride</i>              | 1    | <div>C</div> <div>[ACA] Age Edits<br/>Apply: Up to 16 years</div> <div>HCR</div> |
| FLUORIDEX                    | 1    | <div>C</div> <div>[ACA] Age Edits<br/>Apply: Up to 16 years</div> <div>HCR</div> |
| FLUORIDEX SENSITIVITY RELIEF | 3    |                                                                                  |
| FLUORIMAX 5000               | 1    | <div>C</div> <div>[ACA] Age Edits<br/>Apply: Up to 16 years</div> <div>HCR</div> |
| FLUORIMAX 5000 SENSITIVE     | NF   | <div>NF</div> <div>Non Formulary</div>                                           |
| JUST RIGHT 5000              | 1    | <div>C</div> <div>[ACA] Age Edits<br/>Apply: Up to 16 years</div> <div>HCR</div> |
| PERIOMED                     | 1    |                                                                                  |
| PREVIDENT 0.2% RINSE         | 3    |                                                                                  |
| SF                           | 1    | <div>C</div> <div>[ACA] Age Edits<br/>Apply: Up to 16 years</div> <div>HCR</div> |
| SF 5000 PLUS                 | 1    | <div>C</div> <div>[ACA] Age Edits<br/>Apply: Up to 16 years</div> <div>HCR</div> |

| PRODUCT DESCRIPTION                                                                                                                                      | TIER | LIMITS & RESTRICTIONS                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------------------------------|
| <i>sodium fluoride (0.2% rinse, 0.25 (0.55) mg, 0.5 mg(1.1 mg), 0.5 mg/ml drop, 1 mg (2.2 mg), 1.1% cream, 1.1% gel, 5000 ppm cream, 5000 ppm paste)</i> | 1    | C<br>HCR<br>[ACA] Age Edits Apply: Up to 16 years |
| SODIUM FLUORIDE 5000 DRY MOUTH                                                                                                                           | 1    | C<br>HCR<br>[ACA] Age Edits Apply: Up to 16 years |
| SODIUM FLUORIDE 5000 PLUS                                                                                                                                | 1    | C<br>HCR<br>[ACA] Age Edits Apply: Up to 16 years |
| <i>sodium fluoride enamel protect</i>                                                                                                                    | 1    | C<br>HCR<br>[ACA] Age Edits Apply: Up to 16 years |
| <i>sodium fluoride sensitive</i>                                                                                                                         | 1    | C<br>HCR<br>[ACA] Age Edits Apply: Up to 16 years |
| DISEASE-MODIFYING ANTIRHEUMATIC AGENTS                                                                                                                   |      |                                                   |
| ACTEMRA 162 MG/0.9 ML SYRINGE                                                                                                                            | 4    | S<br>PA<br>QPD 0.129 per day                      |
| ACTEMRA ACTPEN                                                                                                                                           | 4    | S<br>PA<br>QPD 0.129 per day                      |
| AMJEVITA(CF) 10MG/0.2ML SYRING                                                                                                                           | 4    | S<br>PA<br>QPD 0.015 per day                      |
| AMJEVITA(CF) 20MG/0.4ML SYRING                                                                                                                           | 4    | S<br>PA<br>QPD 0.029 per day                      |

| PRODUCT DESCRIPTION            | TIER | LIMITS & RESTRICTIONS                                                                    |
|--------------------------------|------|------------------------------------------------------------------------------------------|
| AMJEVITA(CF) 40MG/0.8ML SYRING | 4    | <div>S</div> <div>PA</div> <div>QPD 0.058 per day</div>                                  |
| AMJEVITA(CF) AUTOINJECTOR      | 4    | <div>S</div> <div>PA</div> <div>QPD 0.058 per day</div>                                  |
| CIMZIA 2X200 MG/ML SYRINGE KIT | 4    | <div>S</div> <div>PA</div> <div>QPD 0.072 per day</div>                                  |
| CIMZIA 2X200 MG/ML(X3)START KT | 4    | <div>QL MAX 3 / 180 DAYS</div> <div>S</div> <div>PA</div>                                |
| COSENTYX (2 SYRINGES)          | 4    | <div>QL max 56 days / fill</div> <div>S</div> <div>PA</div> <div>QPD 0.072 per day</div> |
| COSENTYX SENSOREADY (2 PENS)   | 4    | <div>QL max 56 days / fill</div> <div>S</div> <div>PA</div> <div>QPD 0.072 per day</div> |
| COSENTYX SENSOREADY PEN        | 4    | <div>S</div> <div>PA</div> <div>QPD 0.036 per day</div>                                  |
| COSENTYX 150 MG/ML SYRINGE     | 4    | <div>S</div> <div>PA</div> <div>QPD 0.036 per day</div>                                  |

| PRODUCT DESCRIPTION           | TIER | LIMITS & RESTRICTIONS                                                |
|-------------------------------|------|----------------------------------------------------------------------|
| COSENTYX 75 MG/0.5 ML SYRINGE | 4    | <div>S</div> <div>PA</div> <div>QPD 0.018 per day</div>              |
| COSENTYX UNOREADY PEN         | 4    | <div>S</div> <div>PA</div> <div>QPD 0.072 per day</div>              |
| CYLTEZO(CF)                   | 4    | <div>S</div> <div>PA</div> <div>QPD 0.072 per day</div>              |
| CYLTEZO(CF) PEN               | 4    | <div>S</div> <div>PA</div> <div>QPD 0.072 per day</div>              |
| CYLTEZO(CF) PEN CROHN'S-UC-HS | 4    | <div>QL</div> <div>S</div> <div>PA</div> <div>MAX 6 / 180 DAYS</div> |
| CYLTEZO(CF) PEN PSORIASIS-UV  | 4    | <div>QL</div> <div>S</div> <div>PA</div> <div>MAX 4 / 180 DAYS</div> |
| ENBREL 25 MG/0.5 ML SYRINGE   | 4    | <div>S</div> <div>PA</div> <div>QPD 0.073 per day</div>              |
| ENBREL 50 MG/ML SYRINGE       | 4    | <div>S</div> <div>PA</div> <div>QPD 0.143 per day</div>              |
| ENBREL 25 MG KIT              | 4    | <div>S</div> <div>PA</div> <div>QPD 0.286 per day</div>              |

| PRODUCT DESCRIPTION            | TIER | LIMITS & RESTRICTIONS                                     |
|--------------------------------|------|-----------------------------------------------------------|
| ENBREL 25 MG/0.5 ML VIAL       | 4    | <div>S</div> <div>PA</div> <div>QPD 0.143 per day</div>   |
| ENBREL MINI                    | 4    | <div>S</div> <div>PA</div> <div>QPD 0.143 per day</div>   |
| ENBREL SURECLICK               | 4    | <div>S</div> <div>PA</div> <div>QPD 0.143 per day</div>   |
| HUMIRA                         | 4    | <div>S</div> <div>PA</div> <div>QPD 0.072 per day</div>   |
| HUMIRA PEN                     | 4    | <div>S</div> <div>PA</div> <div>QPD 0.072 per day</div>   |
| HUMIRA PEN CROHN'S-UC-HS       | 4    | <div>QL MAX 6 / 180 DAYS</div> <div>S</div> <div>PA</div> |
| HUMIRA PEN PSOR-UEITS-ADOL HS  | 4    | <div>QL MAX 4 / 180 DAYS</div> <div>S</div> <div>PA</div> |
| HUMIRA(CF)                     | 4    | <div>S</div> <div>PA</div> <div>QPD 0.072 per day</div>   |
| HUMIRA(CF) PEDI CROHN 80MG/0.8 | 4    | <div>QL MAX 3 / 180 DAYS</div> <div>S</div> <div>PA</div> |

| PRODUCT DESCRIPTION                                                                                      | TIER | LIMITS & RESTRICTIONS                                     |
|----------------------------------------------------------------------------------------------------------|------|-----------------------------------------------------------|
| HUMIRA(CF) PEN                                                                                           | 4    | <div>S</div> <div>PA</div> <div>QPD</div> 0.072 per day   |
| HUMIRA(CF) PEN CROHN'S-UC-HS                                                                             | 4    | <div>QL</div> MAX 3 / 180 DAYS <div>S</div> <div>PA</div> |
| HUMIRA(CF) PEN PEDIATRIC UC                                                                              | 4    | <div>QL</div> MAX 4 / 180 DAYS <div>S</div> <div>PA</div> |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS                                                                           | 4    | <div>QL</div> MAX 3 / 180 DAYS <div>S</div> <div>PA</div> |
| KEVZARA (150 MG/1.14 ML PEN INJ, 150 MG/1.14 ML SYRINGE, 200 MG/1.14 ML PEN INJ, 200 MG/1.14 ML SYRINGE) | 4    | <div>S</div> <div>PA</div> <div>QPD</div> 0.082 per day   |
| <i>leflunomide</i>                                                                                       | 1    |                                                           |
| OLUMIANT                                                                                                 | 4    | <div>S</div> <div>PA</div> <div>QPD</div> 1 per day       |
| ORENCIA 125 MG/ML SYRINGE                                                                                | 4    | <div>S</div> <div>PA</div> <div>QPD</div> 0.143 per day   |
| ORENCIA 50 MG/0.4 ML SYRINGE                                                                             | 4    | <div>S</div> <div>PA</div> <div>QPD</div> 0.058 per day   |

| PRODUCT DESCRIPTION                                 | TIER | LIMITS & RESTRICTIONS                                                                           |
|-----------------------------------------------------|------|-------------------------------------------------------------------------------------------------|
| ORENCIA 87.5 MG/0.7 ML SYRINGE                      | 4    | <div>S</div> <div>PA</div> <div>QPD 0.1 per day</div>                                           |
| ORENCIA CLICKJECT                                   | 4    | <div>S</div> <div>PA</div> <div>QPD 0.143 per day</div>                                         |
| OTEZLA 28 DAY STARTER PACK                          | 4    | <div>QL</div> <div>S</div> <div>PA</div> <div>MAX 55 / 180 DAYS</div>                           |
| OTEZLA 30 MG TABLET                                 | 4    | <div>S</div> <div>PA</div> <div>QPD 2 per day</div>                                             |
| RINVOQ (ER 15 MG TABLET, ER 30 MG TABLET)           | 4    | <div>S</div> <div>PA</div> <div>QPD 1 per day</div>                                             |
| RINVOQ ER 45 MG TABLET                              | 4    | <div>QL</div> <div>S</div> <div>PA</div> <div>MAX 56 / 365 DAYS</div>                           |
| SIMPONI (100 MG/ML PEN INJECTOR, 100 MG/ML SYRINGE) | 4    | <div>S</div> <div>PA</div> <div>QPD 0.036 per day</div>                                         |
| <i>sulfasalazine</i>                                | 1    |                                                                                                 |
| <i>sulfasalazine dr</i>                             | 1    |                                                                                                 |
| XELJANZ 1 MG/ML SOLUTION                            | 4    | <div>QL</div> <div>S</div> <div>PA</div> <div>QPD 8 per day</div> <div>max 48 days / fill</div> |

| PRODUCT DESCRIPTION                   | TIER | LIMITS & RESTRICTIONS                                                                                      |
|---------------------------------------|------|------------------------------------------------------------------------------------------------------------|
| XELJANZ 10 MG TABLET                  | 4    | <div>QL</div> <div>S</div> <div>PA</div> <div>MAX 240 / 365 DAYS</div>                                     |
| XELJANZ 5 MG TABLET                   | 4    | <div>QL</div> <div>S</div> <div>PA</div> <div>QPD</div> <div>max 60 days / fill</div> <div>2 per day</div> |
| XELJANZ XR 11 MG TABLET               | 4    | <div>S</div> <div>PA</div> <div>QPD</div> <div>1 per day</div>                                             |
| XELJANZ XR 22 MG TABLET               | 4    | <div>QL</div> <div>S</div> <div>PA</div> <div>MAX 120 / 365 DAYS</div>                                     |
| IMMUNOMODULATORY AGENTS               |      |                                                                                                            |
| ACTIMMUNE                             | 4    | <div>S</div>                                                                                               |
| AVONEX PREFILLED SYR 30 MCG KT        | 4    | <div>S</div> <div>PA</div> <div>QPD</div> <div>0.034 per day</div>                                         |
| AVONEX PEN 30 MCG/0.5 ML KIT          | 4    | <div>S</div> <div>PA</div> <div>QPD</div> <div>0.034 per day</div>                                         |
| BETASERON 0.3 MG KIT                  | 4    | <div>S</div> <div>PA</div> <div>QPD</div> <div>0.5 per day</div>                                           |
| <i>dimethyl fumarate 30d start pk</i> | 4    | <div>QL</div> <div>S</div> <div>MAX 60 / 180 DAYS</div>                                                    |

| PRODUCT DESCRIPTION                   | TIER | LIMITS & RESTRICTIONS                                              |
|---------------------------------------|------|--------------------------------------------------------------------|
| <i>dimethyl fumarate dr 120 mg cp</i> | 4    | <div>QL</div> <div>S</div> <div>MAX 56 / 180 DAYS</div>            |
| <i>dimethyl fumarate dr 240 mg cp</i> | 4    | <div>S</div> <div>QPD</div> <div>2.0 per day</div>                 |
| ENSPRYNG                              | 4    | <div>S</div> <div>PA</div> <div>QPD</div> <div>0.036 per day</div> |
| <i>fingolimod</i>                     | 4    | <div>S</div> <div>QPD</div> <div>1 per day</div>                   |
| GILENYA 0.25 MG CAPSULE               | 4    | <div>S</div> <div>PA</div> <div>QPD</div> <div>1 per day</div>     |
| <i>glatiramer 20 mg/ml syringe</i>    | 4    | <div>S</div> <div>QPD</div> <div>1 per day</div>                   |
| <i>glatiramer 40 mg/ml syringe</i>    | 4    | <div>S</div> <div>QPD</div> <div>0.429 per day</div>               |
| GLATOPA 20 MG/ML SYRINGE              | 4    | <div>S</div> <div>QPD</div> <div>1 per day</div>                   |
| GLATOPA 40 MG/ML SYRINGE              | 4    | <div>S</div> <div>QPD</div> <div>0.429 per day</div>               |
| JOENJA                                | 4    | <div>S</div> <div>PA</div> <div>QPD</div> <div>2 per day</div>     |
| KESIMPTA PEN                          | 4    | <div>S</div> <div>PA</div> <div>QPD</div> <div>0.015 per day</div> |

| PRODUCT DESCRIPTION                                  | TIER | LIMITS & RESTRICTIONS                                                 |
|------------------------------------------------------|------|-----------------------------------------------------------------------|
| MAYZENT 0.25MG START-1MG MAINT                       | 4    | <div>QL</div> <div>S</div> <div>PA</div> <div>MAX 7 / 180 DAYS</div>  |
| MAYZENT 0.25MG START-2MG MAINT                       | 4    | <div>QL</div> <div>S</div> <div>PA</div> <div>MAX 12 / 180 DAYS</div> |
| MAYZENT (1 MG TABLET, 2 MG TABLET)                   | 4    | <div>S</div> <div>PA</div> <div>QPD</div> <div>1 per day</div>        |
| MAYZENT 0.25 MG TABLET                               | 4    | <div>S</div> <div>PA</div> <div>QPD</div> <div>4 per day</div>        |
| PLEGRIDY 125 MCG/0.5 ML SYRINGE                      | 4    | <div>S</div> <div>PA</div> <div>QPD</div> <div>0.036 per day</div>    |
| PLEGRIDY SYRINGE STARTER PACK                        | 4    | <div>QL</div> <div>S</div> <div>PA</div> <div>MAX 1 / 180 DAYS</div>  |
| PLEGRIDY 125 MCG/0.5 ML PEN                          | 4    | <div>S</div> <div>PA</div> <div>QPD</div> <div>0.036 per day</div>    |
| PLEGRIDY PEN INJ STARTER PACK                        | 4    | <div>QL</div> <div>S</div> <div>PA</div> <div>MAX 1 / 180 DAYS</div>  |
| REBIF (22 MCG/0.5 ML SYRINGE, 44 MCG/0.5 ML SYRINGE) | 4    | <div>S</div> <div>PA</div> <div>QPD</div> <div>0.215 per day</div>    |

| PRODUCT DESCRIPTION                           | TIER | LIMITS & RESTRICTIONS                                                  |
|-----------------------------------------------|------|------------------------------------------------------------------------|
| REBIF TITRATION PACK                          | 4    | <div>QL</div> <div>S</div> <div>PA</div> <div>MAX 4.2 / 180 DAYS</div> |
| REBIF REBIDOSE (22 MCG/0.5 ML, 44 MCG/0.5 ML) | 4    | <div>S</div> <div>PA</div> <div>QPD</div> <div>0.215 per day</div>     |
| REBIF REBIDOSE TITRATION PACK                 | 4    | <div>QL</div> <div>S</div> <div>PA</div> <div>MAX 4.2 / 180 DAYS</div> |
| REDITREX                                      | 2    | <div>ST</div>                                                          |
| <i>teriflunomide</i>                          | 4    | <div>S</div> <div>QPD</div> <div>1.0 per day</div>                     |
| THALOMID (150 MG CAPSULE, 200 MG CAPSULE)     | 4    | <div>S</div> <div>PA</div> <div>QPD</div> <div>2 per day</div>         |
| THALOMID (50 MG CAPSULE, 100 MG CAPSULE)      | 4    | <div>S</div> <div>PA</div> <div>QPD</div> <div>1 per day</div>         |
| VUMERITY                                      | 4    | <div>S</div> <div>PA</div> <div>QPD</div> <div>4 per day</div>         |
| ZEPOSIA STARTER KIT (28-DAY)                  | 4    | <div>QL</div> <div>S</div> <div>PA</div> <div>max 28 / 180 days</div>  |
| ZEPOSIA STARTER KIT (37-DAY)                  | 4    | <div>QL</div> <div>S</div> <div>PA</div> <div>MAX 37 / 180 DAYS</div>  |

| PRODUCT DESCRIPTION                                                            | TIER | LIMITS & RESTRICTIONS                                                |
|--------------------------------------------------------------------------------|------|----------------------------------------------------------------------|
| ZEPOSIA STARTER PACK (7-DAY)                                                   | 4    | <div>QL</div> <div>S</div> <div>PA</div> <div>MAX 7 / 180 DAYS</div> |
| ZEPOSIA 0.92 MG CAPSULE                                                        | 4    | <div>S</div> <div>PA</div> <div>QPD</div> <div>1.0 per day</div>     |
| IMMUNOSUPPRESSIVE AGENTS                                                       |      |                                                                      |
| ASTAGRAF XL                                                                    | 3    |                                                                      |
| AZASAN                                                                         | 1    |                                                                      |
| <i>azathioprine</i>                                                            | 1    |                                                                      |
| BENLYSTA (200 MG/ML AUTOINJECT, 200 MG/ML SYRINGE)                             | 4    | <div>S</div> <div>PA</div> <div>QPD</div> <div>0.143 per day</div>   |
| CELLCEPT (200 MG/ML ORAL SUSP, 250 MG CAPSULE, 500 MG TABLET)                  | 3    |                                                                      |
| <i>cyclosporine (25 mg capsule, 100 mg capsule)</i>                            | 1    |                                                                      |
| <i>cyclosporine modified (25 mg, 50 mg, 100 mg, 100mg/ml)</i>                  | 1    |                                                                      |
| ENVARUSUS XR                                                                   | 3    |                                                                      |
| <i>everolimus (0.25 mg tablet, 0.5 mg tablet, 0.75 mg tablet, 1 mg tablet)</i> | 1    |                                                                      |
| GENGRAF (25 MG CAPSULE, 100 MG CAPSULE, 100 MG/ML SOLUTION)                    | 1    |                                                                      |
| IMURAN                                                                         | 3    |                                                                      |
| LUPKYNIS                                                                       | 4    | <div>S</div> <div>PA</div> <div>QPD</div> <div>6 per day</div>       |

| PRODUCT DESCRIPTION                                                          | TIER | LIMITS & RESTRICTIONS                                                 |
|------------------------------------------------------------------------------|------|-----------------------------------------------------------------------|
| MAVENCLAD (10 MG 4 TABLET PK, 10 MG 8 TABLET PK)                             | 4    | <div>QL</div> <div>S</div> <div>PA</div> <div>MAX 8 / 301 DAYS</div>  |
| MAVENCLAD 10 MG X 10 TABLET PK                                               | 4    | <div>QL</div> <div>S</div> <div>PA</div> <div>MAX 20 / 301 DAYS</div> |
| MAVENCLAD 10 MG X 5 TABLET PK                                                | 4    | <div>QL</div> <div>S</div> <div>PA</div> <div>MAX 10 / 301 DAYS</div> |
| MAVENCLAD 10 MG X 6 TABLET PK                                                | 4    | <div>QL</div> <div>S</div> <div>PA</div> <div>MAX 12 / 301 DAYS</div> |
| MAVENCLAD 10 MG X 7 TABLET PK                                                | 4    | <div>QL</div> <div>S</div> <div>PA</div> <div>MAX 14 / 301 DAYS</div> |
| MAVENCLAD 10 MG X 9 TABLET PK                                                | 4    | <div>QL</div> <div>S</div> <div>PA</div> <div>MAX 9 / 301 DAYS</div>  |
| <i>mycophenolate mofetil (200 mg/ml susp, 250 mg capsule, 500 mg tablet)</i> | 1    |                                                                       |
| <i>mycophenolic acid</i>                                                     | 1    |                                                                       |
| MYFORTIC                                                                     | 3    |                                                                       |
| NEORAL (25 MG GELATIN CAPSULE, 100 MG GELATIN CAPSULE, 100 MG/ML SOLUTION)   | 3    |                                                                       |

| PRODUCT DESCRIPTION                                                                              | TIER | LIMITS & RESTRICTIONS                                   |
|--------------------------------------------------------------------------------------------------|------|---------------------------------------------------------|
| PROGRAF (0.2 MG GRANULE PACKET, 0.5 MG CAPSULE, 1 MG CAPSULE, 1 MG GRANULE PACKET, 5 MG CAPSULE) | 3    |                                                         |
| RAPAMUNE (0.5 MG TABLET, 1 MG TABLET, 1 MG/ML ORAL SOLN, 2 MG TABLET)                            | 3    |                                                         |
| SANDIMMUNE (25 MG CAPSULE, 100 MG CAPSULE, 100 MG/ML SOLN)                                       | 3    |                                                         |
| <i>sirolimus (0.5 mg tablet, 1 mg tablet, 1 mg/ml solution, 2 mg tablet)</i>                     | 1    |                                                         |
| <i>tacrolimus (0.5 mg capsule, 1 mg capsule, 5 mg capsule)</i>                                   | 1    |                                                         |
| ZORTRESS                                                                                         | 3    |                                                         |
| KALLIKREIN-KININ SYSTEM INHIBITORS                                                               |      |                                                         |
| EMPAVELI                                                                                         | 4    | <div>S</div> <div>PA</div> <div>QPD 5.715 per day</div> |
| OTHER MISCELLANEOUS THERAPEUTIC AGENTS                                                           |      |                                                         |
| ARCALYST                                                                                         | 4    | <div>S</div> <div>PA</div> <div>QPD 0.286 per day</div> |
| <i>betaine anhydrous</i>                                                                         | 4    | <div>S</div>                                            |
| CERDELGA                                                                                         | 4    | <div>S</div> <div>PA</div> <div>QPD 2 per day</div>     |
| CYSTAGON                                                                                         | 4    | <div>S</div>                                            |
| <i>dalfampridine er</i>                                                                          | 4    | <div>S</div> <div>PA</div> <div>QPD 2 per day</div>     |

| PRODUCT DESCRIPTION                                                  | TIER | LIMITS & RESTRICTIONS       |
|----------------------------------------------------------------------|------|-----------------------------|
| EVRYSDI                                                              | 4    | S<br>PA<br>QPD 8 per day    |
| FILSPARI                                                             | 4    | S<br>PA<br>QPD 1 per day    |
| FIRDAPSE                                                             | 4    | S<br>PA<br>QPD 8 per day    |
| GALAFOLD                                                             | 4    | S<br>PA<br>QPD 0.5 per day  |
| ISTURISA 1 MG TABLET                                                 | 4    | S<br>PA<br>QPD 8 per day    |
| ISTURISA 10 MG TABLET                                                | 4    | S<br>PA<br>QPD 6 per day    |
| ISTURISA 5 MG TABLET                                                 | 4    | S<br>PA<br>QPD 12 per day   |
| JAVYGTOR (100 MG POWDER PACKET, 100 MG TABLET, 500 MG POWDER PACKET) | 4    | S<br>PA<br>NF Non Formulary |
| <i>levocarnitine (1 g/10 ml soln, 330 mg tablet)</i>                 | 1    |                             |
| <i>levocarnitine sf</i>                                              | 1    |                             |
| <i>metyrosine</i>                                                    | NF   | NF Non Formulary            |

| PRODUCT DESCRIPTION                                                                        | TIER | LIMITS & RESTRICTIONS                        |
|--------------------------------------------------------------------------------------------|------|----------------------------------------------|
| <i>miglustat</i>                                                                           | 4    | S<br>PA<br>QPD 3 per day                     |
| <i>nitisinone</i>                                                                          | 4    | S                                            |
| NITYR                                                                                      | 4    | S                                            |
| NULIBRY                                                                                    | 4    | S                                            |
| ORFADIN 4 MG/ML SUSPENSION                                                                 | 4    | S                                            |
| PROCYSBI (DR 25 MG CAPSULE, DR 75 MG CAPSULE, DR 75 MG GRANULE PKT, DR 300 MG GRANULE PKT) | 4    | S<br>PA                                      |
| RECORLEV                                                                                   | 4    | S<br>PA<br>QPD 8 per day<br>NF Non Formulary |
| REZUROCK                                                                                   | 4    | S<br>PA<br>QPD 1 per day                     |
| <i>sapropterin dihydrochloride (100 mg powder pkt, 100 mg tablet, 500 mg powder pkt)</i>   | 4    | S<br>PA                                      |
| SKYCLARYS                                                                                  | 4    | S<br>PA<br>QPD 3 per day                     |
| THIOLA EC                                                                                  | 3    |                                              |
| <i>tiopronin</i>                                                                           | 1    |                                              |
| TYBOST                                                                                     | 3    | QPD 1 per day                                |
| VIJOICE (50 MG TABLET, 125 MG TABLET)                                                      | 4    | S<br>PA<br>QPD 1 per day                     |

| PRODUCT DESCRIPTION            | TIER | LIMITS & RESTRICTIONS                                       |
|--------------------------------|------|-------------------------------------------------------------|
| VIJOICE 250 MG DAILY DOSE PACK | 4    | <div>S</div> <div>PA</div> <div>QPD 2.0 per day</div>       |
| VOWST                          | 4    | <div>QL max 12 / 365 days</div> <div>S</div> <div>PA</div>  |
| VOXZOGO                        | 4    | <div>S</div> <div>PA</div> <div>QPD 1 per day</div>         |
| VYNDAMAX                       | 4    | <div>S</div> <div>PA</div> <div>QPD 1 per day</div>         |
| VYNDAQEL                       | 4    | <div>S</div> <div>PA</div> <div>QPD 4 per day</div>         |
| XURIDEN                        | 4    | <div>S</div> <div>NF Non Formulary</div>                    |
| ZOKINVY                        | 4    | <div>S</div> <div>PA</div> <div>QPD 4 per day</div>         |
| PROTECTIVE AGENTS              |      |                                                             |
| ELMIRON                        | 3    | <div>PA</div>                                               |
| MESNEX 400 MG TABLET           | 2    |                                                             |
| NONHORMONAL CONTRACEPTIVES     |      |                                                             |
| <i>aimsco</i>                  | 2    | <div>C [ACA] Quantity Limits May Apply</div> <div>HCR</div> |

| PRODUCT DESCRIPTION                | TIER | LIMITS & RESTRICTIONS                    |
|------------------------------------|------|------------------------------------------|
| <i>caya contoured</i>              | 2    | C [ACA] Quantity Limits May Apply<br>HCR |
| <i>condoms</i>                     | 2    | HCR                                      |
| <i>durex avanti bare real feel</i> | 2    | C [ACA] Quantity Limits May Apply<br>HCR |
| <i>fantasy</i>                     | 2    | C [ACA] Quantity Limits May Apply<br>HCR |
| <i>fc2 female condom</i>           | 2    | C [ACA] Quantity Limits May Apply<br>HCR |
| <i>femcap</i>                      | 2    | C [ACA] Quantity Limits May Apply<br>HCR |
| GYNOL II                           | 2    | C [ACA] Quantity Limits May Apply<br>HCR |
| <i>kimono</i>                      | 2    | C [ACA] Quantity Limits May Apply<br>HCR |
| <i>kimono maxx</i>                 | 2    | C [ACA] Quantity Limits May Apply<br>HCR |

| PRODUCT DESCRIPTION               | TIER | LIMITS & RESTRICTIONS                                                  |
|-----------------------------------|------|------------------------------------------------------------------------|
| <i>kimono microthin (, large)</i> | 2    | <div>C</div> <div>[ACA] Quantity Limits May Apply</div> <div>HCR</div> |
| <i>kimono microthin aqua lube</i> | 2    | <div>C</div> <div>[ACA] Quantity Limits May Apply</div> <div>HCR</div> |
| <i>kimono textured</i>            | 2    | <div>C</div> <div>[ACA] Quantity Limits May Apply</div> <div>HCR</div> |
| PHEXXI                            | 3    | <div>C</div> <div>[ACA] Quantity Limits May Apply</div> <div>HCR</div> |
| TODAY CONTRACEPTIVE SPONGE        | 2    | <div>C</div> <div>[ACA] Quantity Limits May Apply</div> <div>HCR</div> |
| <i>trustex</i>                    | 2    | <div>C</div> <div>[ACA] Quantity Limits May Apply</div> <div>HCR</div> |
| <i>trustex condom</i>             | 2    | <div>C</div> <div>[ACA] Quantity Limits May Apply</div> <div>HCR</div> |
| <i>trustex latex condom</i>       | 2    | <div>C</div> <div>[ACA] Quantity Limits May Apply</div> <div>HCR</div> |
| <i>trustex-ria</i>                | 2    | <div>C</div> <div>[ACA] Quantity Limits May Apply</div> <div>HCR</div> |

| PRODUCT DESCRIPTION                                                                                           | TIER | LIMITS & RESTRICTIONS                    |
|---------------------------------------------------------------------------------------------------------------|------|------------------------------------------|
| VCF CONTRACEPTIVE FILM                                                                                        | 2    | C [ACA] Quantity Limits May Apply<br>HCR |
| VCF CONTRACEPTIVE GEL                                                                                         | 3    |                                          |
| <i>wide seal diaphragm</i>                                                                                    | 2    | C [ACA] Quantity Limits May Apply<br>HCR |
| NONSTEROIDAL ANTI-INFLAMMATORY AGENTS<br>CYCLOOXYGENASE-2 (COX-2) INHIBITORS                                  |      |                                          |
| <i>celecoxib</i>                                                                                              | 1    |                                          |
| ELYXYB                                                                                                        | 3    | PA<br>QPD 0.96 per day                   |
| OTHER NONSTEROIDAL ANTI-INFLAM. AGENTS                                                                        |      |                                          |
| CATAFLAM                                                                                                      | 1    |                                          |
| <i>diclofenac</i>                                                                                             | NF   | NF Non Formulary                         |
| <i>diclofenac epolamine</i>                                                                                   | NF   | QPD 2 per day<br>NF Non Formulary        |
| <i>diclofenac potassium (pot 25 mg tablet, potassium 25 mg cap)</i>                                           | NF   | NF Non Formulary                         |
| <i>diclofenac potassium (50 mg powdr pkt, 50 mg tablet)</i>                                                   | 1    |                                          |
| <i>diclofenac 1.5% topical soln</i>                                                                           | 1    | QPD 10 per day                           |
| <i>diclofenac 2% solution pump</i>                                                                            | NF   | QPD 8.0 per day<br>NF Non Formulary      |
| <i>diclofenac sodium (dr 25 mg tab, dr 50 mg tab, dr 75 mg tab, ec 25 mg tab, ec 50 mg tab, ec 75 mg tab)</i> | 1    |                                          |

| PRODUCT DESCRIPTION                                                            | TIER | LIMITS & RESTRICTIONS             |
|--------------------------------------------------------------------------------|------|-----------------------------------|
| <i>diclofenac sodium er</i>                                                    | NF   | NF Non Formulary                  |
| <i>diclofenac sodium-misoprostol</i>                                           | 1    |                                   |
| <i>diflunisal</i>                                                              | 1    |                                   |
| <i>ec-naproxen</i>                                                             | NF   | NF Non Formulary                  |
| <i>etodolac (200 mg capsule, 300 mg capsule, 400 mg tablet, 500 mg tablet)</i> | 1    |                                   |
| <i>etodolac er</i>                                                             | 1    |                                   |
| <i>fenoprofen calcium (200 mg capsule, 400 mg capsule, 600 mg tablet)</i>      | NF   | NF Non Formulary                  |
| FENORTHO                                                                       | NF   | NF Non Formulary                  |
| FLECTOR                                                                        | NF   | QPD 2 per day<br>NF Non Formulary |
| <i>flurbiprofen</i>                                                            | 1    |                                   |
| IBU                                                                            | 1    |                                   |
| <i>ibuprofen (400 mg tablet, 600 mg tablet, 800 mg tablet)</i>                 | 1    |                                   |
| <i>ibuprofen-famotidine</i>                                                    | NF   | NF Non Formulary                  |
| INDOCIN (25 MG/5 ML SUSPENSION, 50 MG SUPPOSITORY)                             | NF   | NF Non Formulary                  |
| <i>indomethacin (25 mg capsule, 50 mg capsule)</i>                             | 1    |                                   |
| <i>indomethacin (20 mg capsule, 50 mg suppos)</i>                              | NF   | NF Non Formulary                  |
| <i>indomethacin er</i>                                                         | 1    |                                   |
| <i>ketoprofen (25 mg capsule, er 200 mg capsule)</i>                           | NF   | NF Non Formulary                  |
| <i>ketoprofen (50 mg capsule, 75 mg capsule)</i>                               | 3    | NF Non Formulary                  |
| <i>ketorolac 15.75 mg nasal spray</i>                                          | NF   | QPD 1 per day<br>NF Non Formulary |

| PRODUCT DESCRIPTION                                                       | TIER | LIMITS & RESTRICTIONS             |
|---------------------------------------------------------------------------|------|-----------------------------------|
| <i>ketorolac 10 mg tablet</i>                                             | 1    | QPD 4.0 per day                   |
| LICART                                                                    | NF   | QPD 1 per day<br>NF Non Formulary |
| LOFENA                                                                    | NF   | NF Non Formulary                  |
| <i>meclofenamate sodium</i>                                               | NF   | NF Non Formulary                  |
| <i>mefenamic acid</i>                                                     | NF   | NF Non Formulary                  |
| <i>meloxicam (5 mg capsule, 7.5 mg/5 ml susp, 10 mg capsule)</i>          | NF   | NF Non Formulary                  |
| <i>meloxicam (7.5 mg tablet, 15 mg tablet)</i>                            | 1    |                                   |
| <i>nabumetone</i>                                                         | 1    |                                   |
| <i>naproxen (125 mg/5 ml suspen, dr 375 mg tablet, dr 500 mg tablet)</i>  | NF   | NF Non Formulary                  |
| <i>naproxen (250 mg tablet, 375 mg tablet, 500 mg kit, 500 mg tablet)</i> | 1    |                                   |
| <i>naproxen sodium (275 mg tab, 550 mg tab)</i>                           | 1    |                                   |
| <i>naproxen sodium cr</i>                                                 | NF   | NF Non Formulary                  |
| <i>naproxen sodium er</i>                                                 | NF   | NF Non Formulary                  |
| <i>naproxen-esomeprazole mag</i>                                          | NF   | NF Non Formulary                  |
| <i>oxaprozin</i>                                                          | 1    |                                   |
| <i>piroxicam</i>                                                          | 1    |                                   |
| RELAFEN                                                                   | 1    |                                   |
| RELAFEN DS                                                                | NF   | NF Non Formulary                  |
| SPRIX                                                                     | NF   | QPD 1 per day<br>NF Non Formulary |
| <i>sulindac</i>                                                           | 1    |                                   |

| PRODUCT DESCRIPTION                             | TIER | LIMITS & RESTRICTIONS        |
|-------------------------------------------------|------|------------------------------|
| TIVORBEX                                        | NF   | NF Non Formulary             |
| <i>tolmetin sodium (400 mg cap, 600 mg tab)</i> | NF   | NF Non Formulary             |
| <i>tolmetin sodium 200 mg tab</i>               | 3    |                              |
| ZORVOLEX                                        | NF   | NF Non Formulary             |
| SALICYLATES                                     |      |                              |
| <i>butalbital-aspirin-cafeine cp</i>            | 1    | QPD 6 per day                |
| <i>butalbital-aspirin-cafeine tb</i>            | 3    | QPD 6 per day                |
| OXYTOCICS                                       |      |                              |
| CERVIDIL                                        | 3    |                              |
| METHERGINE                                      | 1    |                              |
| <i>methylergonovine 0.2 mg tablet</i>           | 1    |                              |
| PARATHYROID AND ANTIPARATHYROID AGENTS          |      |                              |
| ANTIPARATHYROID AGENTS                          |      |                              |
| <i>calcitonin-salmon 200 unit spr</i>           | 1    |                              |
| <i>calcitonin-salmon 400 unit/2ml</i>           | 1    |                              |
| <i>cinacalcet hcl</i>                           | 4    | S                            |
| PARATHYROID AGENTS                              |      |                              |
| FORTEO                                          | 4    | S<br>PA<br>QPD 0.086 per day |
| NATPARA                                         | 4    | S                            |
| TYMLOS                                          | 4    | S<br>PA<br>QPD 0.052 per day |

| PRODUCT DESCRIPTION                                                                                                                                                                    | TIER | LIMITS & RESTRICTIONS |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| PENICILLIN ANTIBIOTICS                                                                                                                                                                 |      |                       |
| AMINOPENICILLIN ANTIBIOTICS                                                                                                                                                            |      |                       |
| <i>amoxicillin (125 mg/5 ml susp, 200 mg/5 ml susp, 250 mg capsule, 250 mg/5 ml susp, 400 mg/5 ml susp, 500 mg capsule, 500 mg tablet, 875 mg tablet)</i>                              | 1    |                       |
| <i>amoxicillin (125 mg tab chew, 250 mg tab chew)</i>                                                                                                                                  | 3    |                       |
| <i>amoxicillin-clavulanate pot er</i>                                                                                                                                                  | 3    |                       |
| <i>amoxicillin-clavulanate potass (200-28.5 mg/5 ml sus, 250-125 mg tablet, 250-62.5 mg/5 ml sus, 400-57 mg/5 ml susp, 500-125 mg tablet, 600-42.9 mg/5 ml sus, 875-125 mg tablet)</i> | 1    |                       |
| <i>amoxicillin-clavulanate potass (200-28.5 mg tab chew, 400-57 mg tab chew)</i>                                                                                                       | 3    |                       |
| <i>ampicillin trihydrate</i>                                                                                                                                                           | 3    |                       |
| AUGMENTIN 125-31.25 MG/5 ML                                                                                                                                                            | 3    |                       |
| NATURAL PENICILLIN ANTIBIOTICS                                                                                                                                                         |      |                       |
| <i>penicillin v potassium (125 mg/5 ml soln, 250 mg/5 ml soln)</i>                                                                                                                     | 3    |                       |
| <i>penicillin v potassium (250 mg tablet, 500 mg tablet)</i>                                                                                                                           | 1    |                       |
| PENICILLINASE-RESISTANT PENICILLINS                                                                                                                                                    |      |                       |
| <i>dicloxacillin sodium</i>                                                                                                                                                            | 1    |                       |
| RENIN-ANGIOTENSIN-ALDOSTERONE SYS. INHIB                                                                                                                                               |      |                       |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS                                                                                                                                                    |      |                       |
| <i>candesartan cilexetil</i>                                                                                                                                                           | 1    |                       |
| <i>candesartan-hydrochlorothiazid</i>                                                                                                                                                  | 1    |                       |
| EDARBI                                                                                                                                                                                 | NF   | NF Non Formulary      |

| PRODUCT DESCRIPTION                                                                                                         | TIER | LIMITS & RESTRICTIONS |
|-----------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| EDARBYCLOR                                                                                                                  | NF   | NF Non Formulary      |
| ENTRESTO                                                                                                                    | 2    |                       |
| <i>irbesartan</i>                                                                                                           | 1    |                       |
| <i>irbesartan-hydrochlorothiazide</i>                                                                                       | 1    |                       |
| <i>losartan potassium</i>                                                                                                   | 1    |                       |
| <i>losartan-hydrochlorothiazide</i>                                                                                         | 1    |                       |
| <i>olmesartan medoxomil</i>                                                                                                 | 1    |                       |
| <i>olmesartan-amlodipine-hctz</i>                                                                                           | 1    |                       |
| <i>olmesartan-hydrochlorothiazide</i>                                                                                       | 1    |                       |
| <i>telmisartan</i>                                                                                                          | 1    |                       |
| <i>telmisartan-amlodipine</i>                                                                                               | 1    |                       |
| <i>telmisartan-hydrochlorothiazid</i>                                                                                       | NF   | NF Non Formulary      |
| <i>valsartan 4 mg/ml solution</i>                                                                                           | NF   | NF Non Formulary      |
| <i>valsartan (40 mg tablet, 80 mg tablet, 160 mg tablet, 320 mg tablet)</i>                                                 | 1    |                       |
| <i>valsartan-hydrochlorothiazide</i>                                                                                        | 1    |                       |
| ANGIOTENSIN-CONVERTING ENZYME INHIBITORS                                                                                    |      |                       |
| ACCURETIC                                                                                                                   | NF   | NF Non Formulary      |
| <i>benazepril hcl</i>                                                                                                       | 1    |                       |
| <i>benazepril-hydrochlorothiazide</i>                                                                                       | 1    |                       |
| <i>captopril</i>                                                                                                            | 1    |                       |
| <i>captopril-hydrochlorothiazide</i>                                                                                        | NF   | NF Non Formulary      |
| <i>enalapril maleate (1 mg/ml oral soln, maleate 2.5 mg tab, maleate 5 mg tablet, maleate 10 mg tab, maleate 20 mg tab)</i> | 1    |                       |

| PRODUCT DESCRIPTION                                                 | TIER | LIMITS & RESTRICTIONS |
|---------------------------------------------------------------------|------|-----------------------|
| <i>enalapril-hydrochlorothiazide</i>                                | 1    |                       |
| <i>fosinopril sodium</i>                                            | 1    |                       |
| <i>fosinopril-hydrochlorothiazide</i>                               | 1    |                       |
| <i>lisinopril</i>                                                   | 1    |                       |
| <i>lisinopril-hydrochlorothiazide</i>                               | 1    |                       |
| <i>moexipril hcl</i>                                                | 1    |                       |
| <i>perindopril erbumine</i>                                         | 1    |                       |
| PRESTALIA                                                           | NF   | NF Non Formulary      |
| QBRELIS                                                             | 3    |                       |
| <i>quinapril hcl</i>                                                | 1    |                       |
| <i>quinapril-hctz 20-12.5 mg tab</i>                                | 3    |                       |
| <i>quinapril-hydrochlorothiazide (10-12.5 mg tab, 20-25 mg tab)</i> | 1    |                       |
| <i>ramipril</i>                                                     | 1    |                       |
| <i>trandolapril</i>                                                 | 1    |                       |
| <i>trandolapril-verapamil er</i>                                    | NF   | NF Non Formulary      |
| MINERALOCORTICOID (ALDOSTERONE) ANTAGNTS                            |      |                       |
| ALDACTAZIDE 50-50 TABLET                                            | 3    |                       |
| CAROSPIR                                                            | NF   | NF Non Formulary      |
| <i>eplerenone</i>                                                   | 1    |                       |
| <i>spironolactone</i>                                               | 1    |                       |
| <i>spironolactone-hctz</i>                                          | 1    |                       |
| RENIN INHIBITORS                                                    |      |                       |
| <i>aliskiren</i>                                                    | NF   | NF Non Formulary      |

| PRODUCT DESCRIPTION                                                                                                             | TIER | LIMITS & RESTRICTIONS           |
|---------------------------------------------------------------------------------------------------------------------------------|------|---------------------------------|
| TEKTURNA HCT                                                                                                                    | NF   | NF Non Formulary                |
| RESPIRATORY TRACT AGENTS                                                                                                        |      |                                 |
| ANTIFIBROTIC AGENTS                                                                                                             |      |                                 |
| OFEV                                                                                                                            | 4    | S<br>PA<br>QPD 2 per day        |
| <i>pirfenidone (267 mg capsule, 267 mg tablet, 801 mg tablet)</i>                                                               | 4    | S<br>PA<br>QPD 3 per day        |
| <i>pirfenidone 534 mg tablet</i>                                                                                                | 4    | QL MAX 21 / 180 DAYS<br>S<br>PA |
| ANTITUSSIVES                                                                                                                    |      |                                 |
| <i>benzonatate (100 mg capsule, perle 100 mg cap, 200 mg capsule)</i>                                                           | 1    |                                 |
| <i>benzonatate 150 mg capsule</i>                                                                                               | NF   | NF Non Formulary                |
| <i>hydrocodone-chlorpheniramine er</i>                                                                                          | 1    |                                 |
| <i>hydrocodone-homatropine mbr (hydrocodone-homatrop 5 ml cup, hydrocodone-homatropine 5-1.5, hydrocodone-homatropine soln)</i> | 1    |                                 |
| HYDROMET                                                                                                                        | 1    |                                 |
| <i>promethazine vc-codeine</i>                                                                                                  | 3    |                                 |
| <i>promethazine-codeine</i>                                                                                                     | 1    |                                 |
| <i>promethazine-dm</i>                                                                                                          | 1    |                                 |
| <i>promethazine-phenyleph-codeine</i>                                                                                           | 1    |                                 |

| PRODUCT DESCRIPTION                              | TIER | LIMITS & RESTRICTIONS        |
|--------------------------------------------------|------|------------------------------|
| TUSSICAPS                                        | NF   | NF Non Formulary             |
| TUXARIN ER                                       | NF   | NF Non Formulary             |
| TUZISTRA XR                                      | NF   | NF Non Formulary             |
| MUCOLYTIC AGENTS                                 |      |                              |
| <i>acetylcysteine (10% vial, 20% vial)</i>       | 1    |                              |
| PULMOZYME                                        | 4    | S                            |
| PHOSPHODIESTERASE TYPE 4 INHIBITORS              |      |                              |
| <i>roflumilast 250 mcg tablet</i>                | 1    |                              |
| <i>roflumilast 500 mcg tablet</i>                | 1    |                              |
| RESPIRATORY TRACT AGENTS, MISCELLANEOUS          |      |                              |
| BRONCHITOL                                       | 4    | S<br>NF Non Formulary        |
| GLASSIA                                          | 4    | S                            |
| TEZSPIRE 210 MG/1.91 ML PEN                      | 4    | S<br>PA<br>QPD 0.069 per day |
| XOLAIR (75 MG/0.5 ML SYRINGE, 150 MG/ML SYRINGE) | 4    | S<br>PA                      |
| VASODILATING AGENTS (RESPIRATORY TRACT)          |      |                              |
| ADEMPAS                                          | 4    | S<br>PA<br>QPD 3 per day     |
| <i>ambrisentan</i>                               | 4    | S<br>PA<br>QPD 1 per day     |

| PRODUCT DESCRIPTION            | TIER | LIMITS & RESTRICTIONS                                                  |
|--------------------------------|------|------------------------------------------------------------------------|
| <i>bosentan</i>                | 4    | <div>S</div> <div>PA</div> <div>QPD 2 per day</div>                    |
| OPSUMIT                        | 4    | <div>S</div> <div>PA</div> <div>QPD 1 per day</div>                    |
| ORENITRAM ER                   | 4    | <div>S</div> <div>PA</div>                                             |
| ORENITRAM MONTH 1 TITRATION KT | 4    | <div>QL</div> <div>S</div> <div>PA</div> <div>MAX 168 / 180 DAYS</div> |
| ORENITRAM MONTH 2 TITRATION KT | 4    | <div>QL</div> <div>S</div> <div>PA</div> <div>MAX 336 / 180 DAYS</div> |
| ORENITRAM MONTH 3 TITRATION KT | 4    | <div>QL</div> <div>S</div> <div>PA</div> <div>MAX 252 / 180 DAYS</div> |
| TRACLEER 32 MG TABLET FOR SUSP | 4    | <div>S</div> <div>PA</div> <div>QPD 4 per day</div>                    |
| TYVASO                         | 4    | <div>S</div> <div>PA</div> <div>QPD 2.9 per day</div>                  |
| TYVASO REFILL KIT              | 4    | <div>S</div> <div>PA</div> <div>QPD 2.9 per day</div>                  |

| PRODUCT DESCRIPTION                                                                                                                              | TIER | LIMITS & RESTRICTIONS                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------------------------------------------------------------------|
| TYVASO STARTER KIT                                                                                                                               | 4    | <div>QL</div> <div>S</div> <div>PA</div> <div>MAX 81.2 / 180 DAYS</div> |
| UPTRAVI 200-800 TITRATION PACK                                                                                                                   | 4    | <div>QL</div> <div>S</div> <div>PA</div> <div>MAX 200 / 180 DAYS</div>  |
| UPTRAVI (200 MCG TABLET, 400 MCG TABLET, 600 MCG TABLET, 800 MCG TABLET, 1,000 MCG TABLET, 1,200 MCG TABLET, 1,400 MCG TABLET, 1,600 MCG TABLET) | 4    | <div>S</div> <div>PA</div> <div>QPD</div> <div>2 per day</div>          |
| VENTAVIS                                                                                                                                         | 4    | <div>S</div> <div>PA</div> <div>QPD</div> <div>9 per day</div>          |
| SKELETAL MUSCLE RELAXANTS                                                                                                                        |      |                                                                         |
| CENTRALLY ACTING SKELETAL MUSCLE RELAXNT                                                                                                         |      |                                                                         |
| <i>chlorzoxazone (250 mg tablet, 375 mg tablet, 750 mg tablet)</i>                                                                               | NF   | <div>NF</div> <div>Non Formulary</div>                                  |
| <i>chlorzoxazone 500 mg tablet</i>                                                                                                               | 1    |                                                                         |
| <i>cyclobenzaprine 7.5 mg tablet</i>                                                                                                             | NF   | <div>NF</div> <div>Non Formulary</div>                                  |
| <i>cyclobenzaprine hcl (5 mg tablet, 10 mg tablet)</i>                                                                                           | 1    |                                                                         |
| <i>cyclobenzaprine hcl er</i>                                                                                                                    | NF   | <div>NF</div> <div>Non Formulary</div>                                  |
| FEXMID                                                                                                                                           | NF   | <div>NF</div> <div>Non Formulary</div>                                  |
| LORZONE                                                                                                                                          | NF   | <div>NF</div> <div>Non Formulary</div>                                  |
| <i>metaxalone</i>                                                                                                                                | NF   | <div>NF</div> <div>Non Formulary</div>                                  |
| <i>methocarbamol (500 mg tablet, 750 mg tablet)</i>                                                                                              | 1    |                                                                         |

| PRODUCT DESCRIPTION                                              | TIER | LIMITS & RESTRICTIONS                    |
|------------------------------------------------------------------|------|------------------------------------------|
| <i>methocarbamol 1,000 mg tablet</i>                             | NF   | NF Non Formulary                         |
| <i>tizanidine hcl (2 mg capsule, 4 mg capsule, 6 mg capsule)</i> | 1    | NF Non Formulary                         |
| <i>tizanidine hcl (2 mg tablet, 4 mg tablet)</i>                 | 1    |                                          |
| DIRECT-ACTING SKELETAL MUSCLE RELAXANTS                          |      |                                          |
| <i>dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)</i>      | NF   | NF Non Formulary                         |
| GABA-DERIVATIVE SKELETAL MUSCLE RELAXANT                         |      |                                          |
| <i>baclofen (5 mg tablet, 25 mg/5 ml suspension)</i>             | NF   | NF Non Formulary                         |
| <i>baclofen 5 mg/5 ml solution</i>                               | NF   | PA<br>QPD 80 per day<br>NF Non Formulary |
| <i>baclofen (10 mg tablet, 20 mg tablet)</i>                     | 1    |                                          |
| LYVISPAH                                                         | NF   | PA<br>QPD 4 per day<br>NF Non Formulary  |
| OZOBAX                                                           | NF   | PA<br>QPD 80 per day<br>NF Non Formulary |
| SKELETAL MUSCLE RELAXANTS, MISCELLANEOUS                         |      |                                          |
| NORGESIC                                                         | NF   | NF Non Formulary                         |
| <i>orphenadrine citrate er</i>                                   | 1    |                                          |
| <i>orphenadrine-aspirin-caffeine</i>                             | NF   | NF Non Formulary                         |
| ORPHENGESIC FORTE                                                | NF   | NF Non Formulary                         |

| PRODUCT DESCRIPTION                                                    | TIER | LIMITS & RESTRICTIONS                                                  |
|------------------------------------------------------------------------|------|------------------------------------------------------------------------|
| SKIN AND MUCOUS MEMBRANE AGENTS<br>ANTIPRURITICS AND LOCAL ANESTHETICS |      |                                                                        |
| DERMACINRX LIDOCAN                                                     | 1    | <div>PA</div> <div>QPD 3.0 per day</div>                               |
| <i>doxepin 5% cream</i>                                                | NF   | <div>PA</div> <div>QPD 1.5 per day</div> <div>NF Non Formulary</div>   |
| <i>lidocaine 5% patch</i>                                              | 1    | <div>PA</div> <div>QPD 3.0 per day</div>                               |
| <i>lidocaine 5% ointment</i>                                           | NF   | <div>PA</div> <div>QPD 3.334 per day</div> <div>NF Non Formulary</div> |
| <i>lidocaine-prilocaine</i>                                            | 1    | <div>PA</div> <div>QPD 2.0 per day</div>                               |
| <i>lidocaine-tetracaine</i>                                            | NF   | <div>PA</div> <div>QPD 4 per day</div> <div>NF Non Formulary</div>     |
| PLIAGLIS                                                               | NF   | <div>PA</div> <div>QPD 4 per day</div> <div>NF Non Formulary</div>     |
| SYNERA                                                                 | NF   | <div>PA</div> <div>QPD 0.134 per day</div> <div>NF Non Formulary</div> |
| ZTLIDO                                                                 | NF   | <div>PA</div> <div>QPD 3 per day</div> <div>NF Non Formulary</div>     |

| PRODUCT DESCRIPTION                                                                         | TIER | LIMITS & RESTRICTIONS        |
|---------------------------------------------------------------------------------------------|------|------------------------------|
| CELL STIMULANTS AND PROLIFERANTS                                                            |      |                              |
| ALTRENO                                                                                     | NF   | PA<br>NF Non Formulary       |
| AVITA 0.025% CREAM                                                                          | 1    | PA                           |
| AVITA 0.025% GEL                                                                            | NF   | PA<br>NF Non Formulary       |
| REGRANEX                                                                                    | 3    |                              |
| <i>tretinoin (0.01% gel, 0.025% cream, 0.05% cream, 0.1% cream)</i>                         | 1    | PA                           |
| <i>tretinoin (0.025% gel, 0.05% gel)</i>                                                    | NF   | PA<br>NF Non Formulary       |
| <i>tretinoin microsphere (gel 0.04% pump, gel 0.04% tube, gel 0.1% pump, gel 0.1% tube)</i> | 1    | PA<br>NF Non Formulary       |
| SKIN AND MUCOUS MEMBRANE AGENTS, MISC.                                                      |      |                              |
| ABSORICA LD                                                                                 | 2    |                              |
| ACCUTANE                                                                                    | 1    |                              |
| <i>acitretin</i>                                                                            | 1    |                              |
| <i>adapalene-bnzyl perox 0.1-2.5%</i>                                                       | 1    | PA                           |
| ADBRY                                                                                       | 4    | S<br>PA<br>QPD 0.143 per day |
| AKLIEF                                                                                      | 3    | PA                           |
| AMNESTEEM                                                                                   | 1    |                              |
| <i>azelaic acid</i>                                                                         | 1    |                              |
| AZELEX                                                                                      | NF   | NF Non Formulary             |

| PRODUCT DESCRIPTION                    | TIER | LIMITS & RESTRICTIONS |
|----------------------------------------|------|-----------------------|
| <i>brimonidine 0.33% gel pump</i>      | 1    |                       |
| <i>calcipotriene (cream, solution)</i> | 1    |                       |
| <i>calcipotriene (foam, ointment)</i>  | NF   | NF Non Formulary      |
| <i>calcitriol 3 mcg/g ointment</i>     | NF   | NF Non Formulary      |
| CLARAVIS                               | 1    |                       |
| CONDYLOX                               | NF   | NF Non Formulary      |
| <i>dapsone (5% gel, 7.5% gel pump)</i> | NF   | NF Non Formulary      |
| DUOBRII                                | 3    |                       |
| DUPIXENT 200 MG/1.14 ML PEN            | 4    | QL max 56 days / fill |
|                                        |      | S                     |
|                                        |      | PA                    |
|                                        |      | QPD 0.082 per day     |
| DUPIXENT 300 MG/2 ML PEN               | 4    | QL max 56 days / fill |
|                                        |      | S                     |
|                                        |      | PA                    |
|                                        |      | QPD 0.286 per day     |
| DUPIXENT 200 MG/1.14 ML SYRINGE        | 4    | QL max 56 days / fill |
|                                        |      | S                     |
|                                        |      | PA                    |
|                                        |      | QPD 0.082 per day     |
| DUPIXENT 300 MG/2 ML SYRINGE           | 4    | QL max 56 days / fill |
|                                        |      | S                     |
|                                        |      | PA                    |
|                                        |      | QPD 0.286 per day     |

| PRODUCT DESCRIPTION                                                              | TIER | LIMITS & RESTRICTIONS                    |                  |
|----------------------------------------------------------------------------------|------|------------------------------------------|------------------|
| ENSTILAR                                                                         | 2    |                                          |                  |
| HYFTOR                                                                           | 3    | <div>QL</div> <div>PA</div>              | MAX 70 / 84 DAYS |
| <i>imiquimod (cream, cream pump)</i>                                             | NF   | NF                                       | Non Formulary    |
| <i>imiquimod 5% cream packet</i>                                                 | 1    |                                          |                  |
| <i>isotretinoin (10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule)</i> | 1    |                                          |                  |
| <i>isotretinoin (25 mg capsule, 35 mg capsule)</i>                               | NF   | NF                                       | Non Formulary    |
| KLISYRI                                                                          | 3    |                                          |                  |
| MYORISAN                                                                         | 1    |                                          |                  |
| <i>pimecrolimus</i>                                                              | NF   | NF                                       | Non Formulary    |
| <i>podofilox</i>                                                                 | 3    |                                          |                  |
| RECTIV                                                                           | 3    |                                          |                  |
| RHOFADE                                                                          | 3    |                                          |                  |
| SANTYL                                                                           | 3    |                                          |                  |
| SKYRIZI 150 MG/ML SYRINGE                                                        | 4    | <div>QL</div> <div>S</div> <div>PA</div> | MAX 1 / 84 DAYS  |
| SKYRIZI 75 MG/0.83 ML SYRINGE                                                    | 4    | <div>QL</div> <div>S</div> <div>PA</div> | max 1 / 84 days  |
| SKYRIZI (2 SYRINGES) KIT                                                         | 4    | <div>QL</div> <div>S</div> <div>PA</div> | MAX 1 / 84 DAYS  |

| PRODUCT DESCRIPTION                               | TIER | LIMITS & RESTRICTIONS                    |                   |
|---------------------------------------------------|------|------------------------------------------|-------------------|
| SKYRIZI PEN                                       | 4    | <div>QL</div> <div>S</div> <div>PA</div> | MAX 1 / 84 DAYS   |
| SOOLANTRA                                         | 1    |                                          |                   |
| SORILUX                                           | NF   | NF                                       | Non Formulary     |
| STELARA 90 MG/ML SYRINGE                          | 4    | <div>QL</div> <div>S</div> <div>PA</div> | MAX 1 / 56 DAYS   |
| STELARA (45 MG/0.5 ML SYRINGE, 45 MG/0.5 ML VIAL) | 4    | <div>QL</div> <div>S</div> <div>PA</div> | MAX 0.5 / 84 DAYS |
| <i>tacrolimus (0.03% ointment, 0.1% ointment)</i> | 1    |                                          |                   |
| <i>tazarotene 0.1% cream</i>                      | 1    | PA                                       |                   |
| <i>tazarotene (0.05% gel, 0.1% gel)</i>           | 1    | PA                                       |                   |
| TAZORAC 0.05% CREAM                               | 2    |                                          |                   |
| TREMFYA (100 MG/ML INJECTOR, 100 MG/ML SYRINGE)   | 4    | <div>QL</div> <div>S</div> <div>PA</div> | MAX 1 / 56 DAYS   |
| VECTICAL                                          | NF   | NF                                       | Non Formulary     |
| VEREGEN                                           | NF   | NF                                       | Non Formulary     |
| VTAMA                                             | 3    |                                          |                   |
| WINLEVI                                           | 3    |                                          |                   |
| ZENATANE                                          | 1    |                                          |                   |

| PRODUCT DESCRIPTION                                                                                                                                                                                                                                                                                                      | TIER | LIMITS & RESTRICTIONS |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| ZYCLARA 2.5% CREAM PUMP                                                                                                                                                                                                                                                                                                  | NF   | NF Non Formulary      |
| SMOOTH MUSCLE RELAXANTS                                                                                                                                                                                                                                                                                                  |      |                       |
| RESPIRATORY SMOOTH MUSCLE RELAXANTS                                                                                                                                                                                                                                                                                      |      |                       |
| ELIXOPHYLLIN                                                                                                                                                                                                                                                                                                             | 1    |                       |
| THEO-24                                                                                                                                                                                                                                                                                                                  | 3    |                       |
| <i>theophylline</i>                                                                                                                                                                                                                                                                                                      | 1    |                       |
| <i>theophylline er (er 100 mg tablet, er 200 mg tablet)</i>                                                                                                                                                                                                                                                              | NF   | NF Non Formulary      |
| <i>theophylline er (er 300 mg tablet, er 400 mg tablet, er 450 mg tablet, er 600 mg tablet)</i>                                                                                                                                                                                                                          | 1    |                       |
| SOMATOSTATIN AGONISTS AND ANTAGONISTS                                                                                                                                                                                                                                                                                    |      |                       |
| SOMATOSTATIN AGONISTS                                                                                                                                                                                                                                                                                                    |      |                       |
| MYCAPSSA                                                                                                                                                                                                                                                                                                                 | 4    | S                     |
| <i>octreotide acetate (acet 0.05 mg/ml vl, acet 50 mcg/ml amp, acet 50 mcg/ml syr, acet 50 mcg/ml vial, acet 100 mcg/ml amp, acet 100 mcg/ml syr, acet 100 mcg/ml vl, acet 200 mcg/ml vl, acet 500 mcg/ml amp, acet 500 mcg/ml syr, acet 500 mcg/ml vl, 1,000 mcg/5 ml vial, 1,000 mcg/ml vial, 5,000 mcg/5 ml vial)</i> | 4    | S                     |
| SIGNIFOR                                                                                                                                                                                                                                                                                                                 | 4    | S                     |
| SOMATOTROPIN AGONISTS AND ANTAGONISTS                                                                                                                                                                                                                                                                                    |      |                       |
| SOMATOTROPIN AGONISTS                                                                                                                                                                                                                                                                                                    |      |                       |
| INCRELEX                                                                                                                                                                                                                                                                                                                 | 4    | S                     |
| SOMATOTROPIN ANTAGONISTS                                                                                                                                                                                                                                                                                                 |      |                       |
| SOMAVERT                                                                                                                                                                                                                                                                                                                 | 4    | S                     |

| PRODUCT DESCRIPTION                                          | TIER | LIMITS & RESTRICTIONS                                                              |
|--------------------------------------------------------------|------|------------------------------------------------------------------------------------|
| SYMPATHOMIMETIC (ADRENERGIC) AGENTS                          |      |                                                                                    |
| ALPHA- AND BETA-ADRENERGIC AGONISTS                          |      |                                                                                    |
| AUVI-Q                                                       | 2    |                                                                                    |
| <i>droxidopa 100 mg capsule</i>                              | 4    | <div>S</div> <div>PA</div> <div>QPD 15.0 per day</div> <div>NF Non Formulary</div> |
| <i>droxidopa 200 mg capsule</i>                              | 4    | <div>S</div> <div>PA</div> <div>QPD 6.0 per day</div> <div>NF Non Formulary</div>  |
| <i>droxidopa 300 mg capsule</i>                              | 4    | <div>S</div> <div>PA</div> <div>QPD 6 per day</div> <div>NF Non Formulary</div>    |
| <i>epinephrine (0.15 mg auto-inject, 0.3 mg auto-inject)</i> | 1    |                                                                                    |
| ALPHA-ADRENERGIC AGONISTS                                    |      |                                                                                    |
| LUCEMYRA                                                     | 3    |                                                                                    |
| <i>midodrine hcl</i>                                         | 1    |                                                                                    |
| TETRACYCLINE ANTIBIOTICS                                     |      |                                                                                    |
| AMINOMETHYLCYCLINES                                          |      |                                                                                    |
| NUZYRA 150 MG TABLET                                         | 3    |                                                                                    |

| PRODUCT DESCRIPTION                                                                                                                                                                                                                 | TIER | LIMITS & RESTRICTIONS |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| THYROID AND ANTITHYROID AGENTS                                                                                                                                                                                                      |      |                       |
| ANTITHYROID AGENTS                                                                                                                                                                                                                  |      |                       |
| <i>methimazole</i>                                                                                                                                                                                                                  | 1    |                       |
| <i>propylthiouracil</i>                                                                                                                                                                                                             | 1    |                       |
| THYROID AGENTS                                                                                                                                                                                                                      |      |                       |
| ADTHYZA                                                                                                                                                                                                                             | 3    |                       |
| ARMOUR THYROID                                                                                                                                                                                                                      | 3    |                       |
| ERMEZA                                                                                                                                                                                                                              | 3    |                       |
| EUTHYROX                                                                                                                                                                                                                            | 1    |                       |
| LEVO-T                                                                                                                                                                                                                              | 1    |                       |
| <i>levothyroxine sodium (13 mcg capsule, 25 mcg capsule, 50 mcg capsule, 75 mcg capsule, 88 mcg capsule, 100 mcg capsule, 112 mcg capsule, 125 mcg capsule, 137 mcg capsule, 150 mcg capsule, 175 mcg capsule, 200 mcg capsule)</i> | 3    |                       |
| <i>levothyroxine sodium (25 mcg tablet, 50 mcg tablet, 75 mcg tablet, 88 mcg tablet, 100 mcg tablet, 112 mcg tablet, 125 mcg tablet, 137 mcg tablet, 150 mcg tablet, 175 mcg tablet, 200 mcg tablet, 300 mcg tablet)</i>            | 1    |                       |
| LEVOXYL                                                                                                                                                                                                                             | 1    |                       |
| <i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>                                                                                                                                                                      | 1    |                       |
| NIVA THYROID                                                                                                                                                                                                                        | 3    |                       |
| NP THYROID                                                                                                                                                                                                                          | 3    |                       |
| SYNTHROID                                                                                                                                                                                                                           | 2    |                       |
| THYQUIDITY                                                                                                                                                                                                                          | 3    |                       |
| <i>thyroid</i>                                                                                                                                                                                                                      | 3    |                       |

| PRODUCT DESCRIPTION                                                                        | TIER | LIMITS & RESTRICTIONS                                   |
|--------------------------------------------------------------------------------------------|------|---------------------------------------------------------|
| TIROSINT                                                                                   | 3    |                                                         |
| TIROSINT-SOL                                                                               | 3    |                                                         |
| UNITHROID                                                                                  | 1    |                                                         |
| <b>VASODILATING AGENTS</b><br><b>NITRATES AND NITRITES</b>                                 |      |                                                         |
| GONITRO                                                                                    | NF   | NF Non Formulary                                        |
| <i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)</i>                    | 1    |                                                         |
| <i>isosorbide dinitrate 40 mg tab</i>                                                      | NF   | NF Non Formulary                                        |
| <i>isosorbide mononitrate</i>                                                              | 3    |                                                         |
| <i>isosorbide mononitrate er</i>                                                           | 1    |                                                         |
| MINITRAN                                                                                   | 1    |                                                         |
| NITRO-BID                                                                                  | 3    |                                                         |
| NITRO-DUR (0.3 MG/HR PATCH, 0.8 MG/HR PATCH)                                               | 3    |                                                         |
| NITRO-TIME                                                                                 | 3    |                                                         |
| <i>nitroglycerin (0.3 mg tablet sl, 0.4 mg tablet sl, 0.6 mg tablet sl, 400 mcg spray)</i> | 1    |                                                         |
| <i>nitroglycerin patch</i>                                                                 | 1    |                                                         |
| NITROMIST                                                                                  | NF   | NF Non Formulary                                        |
| <b>PHOSPHODIESTERASE TYPE 5 INHIBITORS</b>                                                 |      |                                                         |
| ALYQ                                                                                       | 4    | <div>S</div> <div>PA</div> <div>QPD 2 per day</div>     |
| <i>sildenafil 10 mg/ml oral susp</i>                                                       | 4    | <div>S</div> <div>PA</div> <div>QPD 7.467 per day</div> |

| PRODUCT DESCRIPTION                                                                                                      | TIER | LIMITS & RESTRICTIONS      |
|--------------------------------------------------------------------------------------------------------------------------|------|----------------------------|
| <i>sildenafil 20 mg tablet</i>                                                                                           | 4    | S<br>PA<br>QPD 3.0 per day |
| <i>sildenafil citrate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>                                                    | 1    | QPD 0.2 per day            |
| STENDRA                                                                                                                  | 3    | QPD 0.2 per day            |
| <i>tadalafil 10 mg tablet</i>                                                                                            | 1    | QPD 0.2 per day            |
| <i>tadalafil 2.5 mg tablet</i>                                                                                           | 1    | QPD 1 per day              |
| <i>tadalafil 5 mg tablet</i>                                                                                             | 1    | QPD 1.0 per day            |
| TADALAFIL 20 MG TABLET (ED/BPH)                                                                                          | 1    | QPD 0.2 per day            |
| TADALAFIL 20 MG TABLET (PAH)                                                                                             | 4    | S<br>PA<br>QPD 2.0 per day |
| <i>varденаfil hcl (2.5 mg tablet, 5 mg tablet, 10 mg odt, 10 mg tablet, 20 mg tablet)</i>                                | 1    | QPD 0.2 per day            |
| VASODILATING AGENTS, MISCELLANEOUS                                                                                       |      |                            |
| CAVERJECT (IMPULSE 10 MCG KIT, IMPULSE 10 MCG SYRNG, 20 MCG VIAL, IMPULSE 20 MCG KIT, IMPULSE 20 MCG SYRNG, 40 MCG VIAL) | 3    |                            |
| EDEX                                                                                                                     | 3    |                            |
| MUSE                                                                                                                     | 3    |                            |
| VERQUVO                                                                                                                  | 2    | PA<br>QPD 1 per day        |

| PRODUCT DESCRIPTION                                                                                                                                                                                                  | TIER | LIMITS & RESTRICTIONS |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| VITAMINS                                                                                                                                                                                                             |      |                       |
| MULTIVITAMIN PREPARATIONS                                                                                                                                                                                            |      |                       |
| PRENATABS RX                                                                                                                                                                                                         | 2    |                       |
| <i>prenatal 19 chewable tablet</i>                                                                                                                                                                                   | 2    |                       |
| <i>prenatal plus iron tablet</i>                                                                                                                                                                                     | 2    |                       |
| <i>prenatal-u</i>                                                                                                                                                                                                    | 2    |                       |
| SE-NATAL 19                                                                                                                                                                                                          | 2    |                       |
| SE-NATAL-19                                                                                                                                                                                                          | 2    |                       |
| TRINATE                                                                                                                                                                                                              | 2    |                       |
| VITAMIN B COMPLEX                                                                                                                                                                                                    |      |                       |
| <i>cyanocobalamin injection</i>                                                                                                                                                                                      | 1    |                       |
| DODEX                                                                                                                                                                                                                | 1    |                       |
| FA-8                                                                                                                                                                                                                 | 1    | HCR                   |
| <i>folic acid (0.4 mg tablet, 0.8 mg tablet, 400 mcg tablet, 800 mcg capsule, 800 mcg tablet, cvs 800 mcg tablet, gnp 400 mcg tablet, ra 0.4 mg tablet, ra 800 mcg tablet, sm 400 mcg tablet, sv 800 mcg tablet)</i> | 1    | HCR                   |
| <i>folic acid 1 mg tablet</i>                                                                                                                                                                                        | 1    |                       |
| <i>hydroxocobalamin</i>                                                                                                                                                                                              | 3    |                       |
| NASCOBAL                                                                                                                                                                                                             | 3    |                       |
| VITAMIN D                                                                                                                                                                                                            |      |                       |
| <i>calcitriol (0.25 mcg capsule, 0.5 mcg capsule)</i>                                                                                                                                                                | 1    |                       |
| <i>calcitriol 1 mcg/ml solution</i>                                                                                                                                                                                  | NF   | NF Non Formulary      |
| <i>doxercalciferol (0.5 mcg cap, 1 mcg capsule, 2.5 mcg cap)</i>                                                                                                                                                     | NF   | NF Non Formulary      |

| PRODUCT DESCRIPTION                                               | TIER | LIMITS & RESTRICTIONS |
|-------------------------------------------------------------------|------|-----------------------|
| <i>paricalcitol (1 mcg capsule, 2 mcg capsule, 4 mcg capsule)</i> | NF   | NF Non Formulary      |
| RAYALDEE                                                          | 3    |                       |
| <i>vitamin d2 1.25mg(50,000 unit)</i>                             | 1    |                       |
| VITAMIN K ACTIVITY                                                |      |                       |
| <i>phytonadione 5 mg tablet</i>                                   | 1    |                       |

## Index of Covered Drugs

|                                |       |  |
|--------------------------------|-------|--|
| 1                              |       |  |
| 1st tier unilet comfortouch    | 119   |  |
| 2                              |       |  |
| 2-in-1 lancet device           | 119   |  |
| A                              |       |  |
| abacavir                       | 89    |  |
| abacavir-lamivudine            | 89    |  |
| abiraterone acetate            | 62    |  |
| ABRYSVO                        | 93    |  |
| ABSORICA LD                    | 216   |  |
| acamprosate calcium            | 113   |  |
| acarbose                       | 46    |  |
| ACCRUFER                       | 30    |  |
| accu-chek fastclix lancet drum | 119   |  |
| accu-chek fastclix lancing dev | 119   |  |
| accu-chek safe-t-pro           | 119   |  |
| accu-chek safe-t-pro plus      | 119   |  |
| accu-chek softclix             | 119   |  |
| ACCURETIC                      | 208   |  |
| ACCUTANE                       | 216   |  |
| acebutolol hcl                 | 111   |  |
| acetamin-caff-dihydrocodeine   | 6     |  |
| acetaminophen-codeine          | 7     |  |
| acetazolamide                  | 54    |  |
| acetazolamide er               | 54    |  |
| acetic acid                    | 19    |  |
| acetylcysteine                 | 211   |  |
| acitretin                      | 216   |  |
| ACTEMRA                        | 185   |  |
| ACTEMRA ACTPEN                 | 185   |  |
| ACTHAR                         | 132   |  |
| ACTHIB                         | 93    |  |
| acti-lance                     | 119   |  |
| ACTIMMUNE                      | 191   |  |
| acyclovir                      | 21,99 |  |
| ADACEL TDAP                    | 93    |  |
| adapalene-benzoyl peroxide     | 216   |  |
| ADBRY                          | 216   |  |
| ADDYI                          | 113   |  |
| adefovir dipivoxil             | 99    |  |
| ADEMPAS                        | 211   |  |
| adjustable lancing device      | 119   |  |
| ADLARITY                       | 104   |  |
| ADTHYZA                        | 222   |  |
| ADVAIR HFA                     | 117   |  |
| advanced lancing device        | 119   |  |
| advanced travel lancets        | 119   |  |
| advocate lancet                | 119   |  |
| advocate lancets               | 119   |  |
| advocate lancing device        | 119   |  |
| advocate rapid-safe lancing dv | 119   |  |
| AEMCOLO                        | 34    |  |
| aerochamber mini               | 119   |  |
| aerochamber mv                 | 119   |  |
| aerochamber plus flow-vu       | 119   |  |
| aerochamber z-stat plus        | 119   |  |
| aerovent plus                  | 120   |  |
| AFIRMELLE                      | 155   |  |
| AFLURIA QUAD 2021-2022         | 93    |  |
| AFLURIA QUAD 2021-22 (3YR UP)  | 93    |  |
| AFLURIA QUAD 2021-22 (6-35MO)  | 93    |  |
| AFLURIA QUAD 2022-2023         | 93    |  |
| AFLURIA QUAD 2022-23 (3YR UP)  | 93    |  |
| AFLURIA QUAD 2023-2024         | 93    |  |
| AFLURIA QUAD 2023-24 (3YR UP)  | 93    |  |
| AFTERA                         | 155   |  |
| AIMOVIG AUTOINJECTOR           | 59    |  |
| aimsco                         | 200   |  |
| AJOVY AUTOINJECTOR             | 59    |  |
| AJOVY SYRINGE                  | 59    |  |
| AK-POLY-BAC                    | 17    |  |
| AKLIEF                         | 216   |  |
| ALA-SCALP                      | 24    |  |
| albendazole                    | 16    |  |
| albuterol sulfate              | 105   |  |
| albuterol sulfate hfa          | 105   |  |
| alclometasone dipropionate     | 24    |  |
| ALDACTAZIDE                    | 209   |  |
| ALECENSA                       | 63    |  |

|                                |         |                                |     |
|--------------------------------|---------|--------------------------------|-----|
| alendronate sodium             | 183     | amlodipine-valsartan-hctz      | 109 |
| alfuzosin hcl er               | 5       | AMNESTEEM                      | 216 |
| ALINIA                         | 84      | amoxicillin                    | 207 |
| aliskiren                      | 209     | amoxicillin-clavulanate pot er | 207 |
| ALKINDI SPRINKLE               | 151     | amoxicillin-clavulanate potass | 207 |
| allopurinol                    | 182     | ampicillin trihydrate          | 207 |
| ALLZITAL                       | 5       | AMZEEQ                         | 19  |
| almotriptan malate             | 60      | anagrelide hcl                 | 92  |
| alosetron hcl                  | 142     | ANALPRAM HC                    | 24  |
| alprazolam                     | 101     | anastrozole                    | 63  |
| alprazolam er                  | 101     | ANDRODERM                      | 153 |
| ALPRAZOLAM INTENSOL            | 101     | ANGELIQ                        | 138 |
| alprazolam odt                 | 101     | ANORO ELLIPTA                  | 34  |
| alprazolam xr                  | 101     | ANTARA                         | 57  |
| ALREX                          | 21      | ANUCORT-HC                     | 24  |
| ALTABAX                        | 19      | ANUSOL-HC                      | 24  |
| ALTAVERA                       | 155     | ANZEMET                        | 49  |
| alternate site lancets         | 120     | APADAZ                         | 7   |
| ALTOPREV                       | 58      | APEXICON E                     | 24  |
| ALTRENO                        | 216     | APOKYN                         | 134 |
| ALUNBRIG                       | 63      | apomorphine hcl                | 135 |
| ALYACEN                        | 155     | apraclonidine hcl              | 140 |
| ALYQ                           | 223     | aprepitant                     | 50  |
| AMABELZ                        | 138     | APRI                           | 156 |
| amantadine                     | 82      | APTIOM                         | 37  |
| ambrisentan                    | 211     | APTIVUS                        | 91  |
| amcinonide                     | 24      | ARAKODA                        | 84  |
| AMETHIA                        | 156     | ARANELLE                       | 156 |
| AMETHYST                       | 156     | ARANESP                        | 107 |
| amiloride hcl                  | 133     | ARCALYST                       | 197 |
| amiloride-hydrochlorothiazide  | 133     | AREXVY                         | 93  |
| aminocaproic acid              | 55      | AREXVY ADJUVANT COMPONENT      | 93  |
| amiodarone hcl                 | 31      | AREXVY ANTIGEN COMPONENT       | 94  |
| amitriptyline hcl              | 45      | arformoterol tartrate          | 105 |
| AMJEVITA(CF)                   | 185,186 | ARIKAYCE                       | 31  |
| AMJEVITA(CF) AUTOINJECTOR      | 186     | aripiprazole                   | 85  |
| amlodipine besylate            | 109     | aripiprazole odt               | 85  |
| amlodipine besylate-benazepril | 109     | armodafinil                    | 16  |
| amlodipine-atorvastatin        | 58      | ARMOUR THYROID                 | 222 |
| amlodipine-olmesartan          | 109     | ARNUIITY ELLIPTA               | 117 |
| amlodipine-valsartan           | 109     | asa-butalb-caffeine-codeine    | 7   |

|                                |     |                                |       |
|--------------------------------|-----|--------------------------------|-------|
| ASCOMP WITH CODEINE            | 7   | AYVAKIT                        | 63    |
| asenapine maleate              | 85  | AZASAN                         | 195   |
| ASHLYNA                        | 156 | azathioprine                   | 195   |
| ASMANEX                        | 117 | azelaic acid                   | 216   |
| ASMANEX HFA                    | 117 | azelastine hcl                 | 140   |
| aspirin 81 mg                  | 92  | azelastine-fluticasone         | 140   |
| ASPRUZYO SPRINKLE              | 110 | AZELEX                         | 216   |
| assure haemolance plus         | 120 | azithromycin                   | 181   |
| assure lance                   | 120 | AZSTARYS                       | 15    |
| assure lance plus              | 120 | AZURETTE                       | 157   |
| ASTAGRAF XL                    | 195 |                                |       |
| atazanavir sulfate             | 91  | B                              |       |
| atenolol                       | 111 | bacitracin                     | 17    |
| atenolol-chlorthalidone        | 111 | bacitracin-polymyxin           | 17    |
| atomoxetine hcl                | 113 | baclofen                       | 214   |
| atorvastatin calcium           | 58  | balsalazide disodium           | 142   |
| atovaquone                     | 84  | BALVERSA                       | 63,64 |
| atovaquone-proguanil hcl       | 84  | BALZIVA                        | 157   |
| atropine sulfate               | 141 | BAQSIMI                        | 56    |
| ATROVENT HFA                   | 34  | BARACLUDE                      | 99    |
| AUBRA                          | 156 | BAXDELA                        | 32    |
| AUBRA EQ                       | 156 | bd microtainer lancets         | 120   |
| AUGMENTIN                      | 207 | bd veritor at-home covid19 tst | 120   |
| AUROVELA                       | 156 | BELBUCA                        | 13    |
| AUROVELA 24 FE                 | 156 | BELSOMRA                       | 102   |
| AUROVELA FE                    | 157 | benazepril hcl                 | 208   |
| AURYXIA                        | 179 | benazepril-hydrochlorothiazide | 208   |
| AUSTEDO                        | 115 | BENLYSTA                       | 195   |
| AUSTEDO XR                     | 115 | benzhydrocodone-acetaminophen  | 7     |
| AUSTEDO XR TITRATION KT(WK1-4) | 115 | benznidazole                   | 84    |
| auto-lancet mini               | 120 | benzonatate                    | 210   |
| autolet impression             | 120 | benztropine mesylate           | 82    |
| autolet lancing device         | 120 | BERINERT                       | 180   |
| autolet plus                   | 120 | BESER                          | 24    |
| AUVI-Q                         | 221 | BESIVANCE                      | 17    |
| AVIANE                         | 157 | BESREMI                        | 64    |
| AVIDOXY                        | 32  | betaine anhydrous              | 197   |
| AVITA                          | 216 | betamethasone diprop augmented | 24,25 |
| AVONEX                         | 191 | betamethasone dipropionate     | 25    |
| AVONEX PEN                     | 191 | betamethasone valerate         | 25    |
| AYUNA                          | 157 | BETASERON                      | 191   |

|                                          |         |                                          |         |
|------------------------------------------|---------|------------------------------------------|---------|
| betaxolol hcl . . . . .                  | 54,111  | budesonide er . . . . .                  | 151     |
| bethanechol chloride . . . . .           | 104     | budesonide-formoterol fumarate . . . . . | 117     |
| BETIMOL . . . . .                        | 54      | bumetanide . . . . .                     | 133     |
| BETOPTIC S . . . . .                     | 54      | BUPAP . . . . .                          | 6       |
| bexarotene . . . . .                     | 64      | buprenorphine hcl . . . . .              | 13      |
| BEXSERO . . . . .                        | 94      | buprenorphine-naloxone . . . . .         | 13      |
| bicalutamide . . . . .                   | 64      | bupropion hcl . . . . .                  | 42      |
| BIKTARVY . . . . .                       | 89      | bupropion hcl sr . . . . .               | 42      |
| binaxnow covd ag card home tst . . . . . | 120     | bupropion xl . . . . .                   | 42      |
| binaxnow covid-19 ag self test . . . . . | 120     | buspirone hcl . . . . .                  | 100     |
| BINOSTO . . . . .                        | 183     | butalb-acetaminoph-caff-codein . . . . . | 7       |
| bisoprolol fumarate . . . . .            | 111     | butalbital compound-codeine . . . . .    | 7       |
| bisoprolol-hydrochlorothiazide . . . . . | 111     | butalbital-acetaminophen . . . . .       | 6       |
| BLEPHAMIDE . . . . .                     | 17      | butalbital-acetaminophen-caffe . . . . . | 6       |
| BLISOVI 24 FE . . . . .                  | 157     | butalbital-aspirin-cafeine . . . . .     | 206     |
| BLISOVI FE . . . . .                     | 157     | butorphanol tartrate . . . . .           | 13      |
| blood lancets . . . . .                  | 120     | butterfly touch lancet . . . . .         | 120     |
| BONJESTA . . . . .                       | 50      | BYDUREON BCISE . . . . .                 | 47      |
| BOOSTRIX TDAP . . . . .                  | 93      | BYLVAY . . . . .                         | 144     |
| bosentan . . . . .                       | 212     |                                          |         |
| BOSULIF . . . . .                        | 64      | C                                        |         |
| BRAFTOVI . . . . .                       | 64      | cabergoline . . . . .                    | 134     |
| breathrite . . . . .                     | 120     | CABLIVI . . . . .                        | 92      |
| BREO ELLIPTA . . . . .                   | 117     | CABOMETYX . . . . .                      | 64      |
| BREXAFEMME . . . . .                     | 51      | caffeine citrate . . . . .               | 15      |
| BREYNA . . . . .                         | 117     | calcipotriene . . . . .                  | 217     |
| BREZTRI AEROSPHERE . . . . .             | 117     | calcitonin-salmon . . . . .              | 206     |
| BRIELLYN . . . . .                       | 157     | calcitriol . . . . .                     | 217,225 |
| brimonidine tartrate . . . . .           | 54,217  | calcium acetate . . . . .                | 179     |
| brimonidine tartrate-timolol . . . . .   | 54      | CALQUENCE . . . . .                      | 65      |
| brinzolamide . . . . .                   | 54      | CAMILA . . . . .                         | 157     |
| BRIVIACT . . . . .                       | 37      | CAMRESE . . . . .                        | 158     |
| bromfenac sodium . . . . .               | 22      | CAMRESE LO . . . . .                     | 158     |
| bromocriptine mesylate . . . . .         | 134     | CAMZYOS . . . . .                        | 110     |
| BROMSITE . . . . .                       | 22      | candesartan cilexetil . . . . .          | 207     |
| BRONCHITOL . . . . .                     | 211     | candesartan-hydrochlorothiazid . . . . . | 207     |
| BRUKINSA . . . . .                       | 64      | capecitabine . . . . .                   | 65      |
| BRYHALI . . . . .                        | 25      | CAPEX SHAMPOO . . . . .                  | 25      |
| budesonide . . . . .                     | 117,151 | CAPRELSA . . . . .                       | 65      |
| budesonide dr . . . . .                  | 151     | captopril . . . . .                      | 208     |
| budesonide ec . . . . .                  | 151     | captopril-hydrochlorothiazide . . . . .  | 208     |

|                                |         |                                |       |
|--------------------------------|---------|--------------------------------|-------|
| CARAC                          | 65      | CETRAXAL                       | 17    |
| carbamazepine                  | 37      | cevimeline hcl                 | 104   |
| carbamazepine er               | 37      | CHANTIX                        | 102   |
| CARBATROL                      | 38      | CHARLOTTE 24 FE                | 158   |
| carbidopa                      | 113     | CHATEAL                        | 158   |
| carbidopa-levodopa             | 83      | CHATEAL EQ                     | 158   |
| carbidopa-levodopa er          | 83      | CHEMET                         | 150   |
| carbidopa-levodopa-entacapone  | 83      | CHENODAL                       | 144   |
| carbinoxamine maleate          | 141,142 | children's ferrous sulfate     | 30    |
| CARDURA XL                     | 111     | CHILDREN'S IRON                | 30    |
| careone                        | 120     | chlordiazepoxide hcl           | 101   |
| carestart covid-19 ag home tst | 120     | chlordiazepoxide-amitriptyline | 45    |
| caretouch lancing device       | 120     | chlorhexidine gluconate        | 19    |
| caretouch safety lancets       | 121     | chloroquine phosphate          | 84    |
| caretouch twist lancet         | 121     | chlorpromazine hcl             | 87    |
| carglumic acid                 | 135     | chlorthalidone                 | 134   |
| CAROSPIR                       | 209     | chlorzoxazone                  | 213   |
| carteolol hcl                  | 54      | CHOLBAM                        | 144   |
| CARTIA XT                      | 108     | cholestyramine                 | 57    |
| carvedilol                     | 111     | cholestyramine light           | 57    |
| carvedilol er                  | 111     | chorionic gonadotropin         | 147   |
| CATAFLAM                       | 203     | CICLODAN                       | 53    |
| CAVERJECT                      | 224     | ciclopirox                     | 53    |
| caya contoured                 | 201     | CIMDUO                         | 90    |
| CAYSTON                        | 181     | CIMZIA                         | 186   |
| CAZANT                         | 158     | cinacalcet hcl                 | 206   |
| cefaclor                       | 116     | CIPRO                          | 32    |
| cefaclor er                    | 116     | CIPRO HC                       | 17    |
| cefadroxil                     | 116     | ciprofloxacin                  | 32    |
| cefdinir                       | 116     | ciprofloxacin hcl              | 17,32 |
| cefixime                       | 117     | ciprofloxacin hcl-fluocinolone | 17    |
| cefpodoxime proxetil           | 117     | ciprofloxacin-dexamethasone    | 17    |
| cefprozil                      | 116     | citalopram hbr                 | 43    |
| cefuroxime                     | 116     | CLARAVIS                       | 217   |
| celecoxib                      | 203     | CLARINEX-D 12 HOUR             | 55    |
| CELLCEPT                       | 195     | clarithromycin                 | 181   |
| celltrion diatrust cov-19 home | 121     | clarithromycin er              | 181   |
| CENTANY                        | 19      | clemastine fumarate            | 142   |
| cephalexin                     | 116     | clever chek lancets            | 121   |
| CERDELGA                       | 197     | clever choice holding chamber  | 121   |
| CERVIDIL                       | 206     | CLIMARA PRO                    | 138   |

|                                |         |                                |         |
|--------------------------------|---------|--------------------------------|---------|
| CLINDACIN                      | 19      | comfort touch plus safety lanc | 121     |
| CLINDACIN ETZ                  | 19      | comfort touch ult thin lancet  | 121     |
| CLINDACIN P                    | 19      | COMIRNATY 2023-2024            | 94      |
| clindamycin (pediatric)        | 34      | compact space chamber          | 121     |
| clindamycin hcl                | 34      | COMPLERA                       | 90      |
| clindamycin phos-benzoyl perox | 20      | COMPRO                         | 50      |
| clindamycin phos-tretinoin     | 20      | condoms                        | 201     |
| clindamycin phosphate          | 20      | CONDYLOX                       | 217     |
| clindamycin-benzoyl peroxide   | 20      | CONJUPRI                       | 109     |
| CLINDESSE                      | 20      | CONSENSI                       | 109     |
| clinitest covid-19 home test   | 121     | CONSTULOSE                     | 136     |
| CLINPRO 5000                   | 183     | contour                        | 121     |
| clobazam                       | 41      | contour next control solution  | 121     |
| clobetasol emollient           | 25      | contour next test strip        | 132     |
| clobetasol emulsion            | 25      | contour test strip             | 132     |
| clobetasol propionate          | 25,26   | CONTRAVE                       | 14      |
| clocortolone pivalate          | 26      | CONZIP                         | 7       |
| CLODAN                         | 26      | COPIKTRA                       | 65      |
| CLOMID                         | 138     | CORDRAN                        | 26      |
| clomiphene citrate             | 138     | cordx covid-19 ag home test    | 121     |
| clomipramine hcl               | 45      | COREMINO                       | 32      |
| clonazepam                     | 41      | CORLANOR                       | 110     |
| clonidine                      | 176     | CORTIFOAM                      | 26      |
| clonidine hcl                  | 176     | cortisone acetate              | 151     |
| clonidine hcl er               | 176,177 | CORTISPORIN-TC                 | 17      |
| clorazepate dipotassium        | 101     | COSENTYX (2 SYRINGES)          | 186     |
| clotrimazole                   | 52      | COSENTYX SENSOREADY (2 PENS)   | 186     |
| clotrimazole-betamethasone     | 52      | COSENTYX SENSOREADY PEN        | 186     |
| clozapine                      | 85      | COSENTYX SYRINGE               | 186,187 |
| clozapine odt                  | 85      | COSENTYX UNOREADY PEN          | 187     |
| coaguchek                      | 121     | COTELLIC                       | 65      |
| COARTEM                        | 84      | covid-19 at-home test (eua)    | 121     |
| codeine sulfate                | 7       | CREON                          | 144     |
| colchicine                     | 182     | CRESEMBA                       | 51      |
| colesevelam hcl                | 57      | cromolyn sodium                | 24      |
| colestipol hcl                 | 57      | CROTAN                         | 21      |
| COMBIPATCH                     | 138     | CRYSELLE                       | 158     |
| COMBIVENT RESPIMAT             | 34      | CURAE                          | 158     |
| COMETRIQ                       | 65      | CUVRIOR                        | 150     |
| comfort ez                     | 121     | cyanocobalamin injection       | 225     |
| comfort lancets                | 121     | CYCLAFEM                       | 158     |

|                               |     |
|-------------------------------|-----|
| cyclobenzaprine hcl           | 213 |
| cyclobenzaprine hcl er        | 213 |
| CYCLOGYL                      | 141 |
| CYCLOMYDRIL                   | 141 |
| cyclopentolate hcl            | 141 |
| cyclophosphamide              | 66  |
| cycloserine                   | 62  |
| CYCLOSET                      | 134 |
| cyclosporine                  | 195 |
| cyclosporine modified         | 195 |
| CYLTEZO(CF)                   | 187 |
| CYLTEZO(CF) PEN               | 187 |
| CYLTEZO(CF) PEN CROHN'S-UC-HS | 187 |
| CYLTEZO(CF) PEN PSORIASIS-UV  | 187 |
| cyproheptadine hcl            | 142 |
| CYRED                         | 159 |
| CYRED EQ                      | 159 |
| CYSTADROPS                    | 141 |
| CYSTAGON                      | 197 |
| CYSTARAN                      | 141 |
| CYTRA-2                       | 135 |

## D

|                             |        |                                |       |
|-----------------------------|--------|--------------------------------|-------|
| dabigatran etexilate        | 36     | DENTA 5000 PLUS                | 183   |
| dalfampridine er            | 197    | DENTAGEL                       | 183   |
| danazol                     | 153    | DEPO-ESTRADIOL                 | 138   |
| dantrolene sodium           | 214    | DEPO-SUBQ PROVERA 104          | 176   |
| dapsone                     | 62,217 | DEPO-TESTOSTERONE              | 153   |
| DAPTACEL DTAP               | 93     | DERMACINRX LIDOCAN             | 215   |
| DARTISLA                    | 34     | DESCOVY                        | 90    |
| darunavir                   | 91     | desipramine hcl                | 46    |
| DASSETTA                    | 159    | desmopressin acetate           | 175   |
| DAURISMO                    | 66     | desogestr-eth estrad eth estra | 159   |
| DAYBUE                      | 113    | desogestrel-ethinyl estradiol  | 159   |
| DAYSEE                      | 159    | desonide                       | 26    |
| DEBLITANE                   | 159    | desoximetasone                 | 26    |
| deferasirox                 | 150    | DESRX                          | 26    |
| deferiprone                 | 150    | desvenlafaxine er              | 42    |
| deferiprone (3 times a day) | 150    | desvenlafaxine succinate er    | 42    |
| DELSTRIGO                   | 89     | DEXABLISS                      | 151   |
| demeclocycline hcl          | 32     | dexamethasone                  | 151   |
|                             |        | DEXAMETHASONE INTENSOL         | 151   |
|                             |        | dexamethasone sodium phosphate | 21    |
|                             |        | dexchlorpheniramine maleate    | 142   |
|                             |        | dexcom g5 receiver             | 121   |
|                             |        | dexcom g5 transmitter          | 122   |
|                             |        | dexcom g5-g4 sensor            | 122   |
|                             |        | dexcom g6 receiver             | 122   |
|                             |        | dexcom g6 sensor               | 122   |
|                             |        | dexcom g6 transmitter          | 122   |
|                             |        | dexcom g7 receiver             | 122   |
|                             |        | dexcom g7 sensor               | 122   |
|                             |        | dexcom receiver                | 122   |
|                             |        | dexlansoprazole dr             | 97    |
|                             |        | dexmethylphenidate hcl         | 15    |
|                             |        | dexmethylphenidate hcl er      | 15    |
|                             |        | dextroamphetamine sulfate      | 14    |
|                             |        | dextroamphetamine sulfate er   | 14    |
|                             |        | dextroamphetamine-amphet er    | 14    |
|                             |        | dextroamphetamine-amphetamine  | 14,15 |
|                             |        | DIACOMIT                       | 38    |
|                             |        | DIASTAT                        | 102   |
|                             |        | DIASTAT ACUDIAL                | 102   |
|                             |        | diazepam                       | 102   |

|                                |           |                                |          |
|--------------------------------|-----------|--------------------------------|----------|
| diazoxide                      | 56        | DOLISHALE                      | 159      |
| dichlorphenamide               | 183       | donepezil hcl                  | 104      |
| diclofenac                     | 203       | donepezil hcl odt              | 104      |
| diclofenac epolamine           | 203       | DOPTelet                       | 107      |
| diclofenac potassium           | 203       | DORAL                          | 102      |
| diclofenac sodium              | 22,66,203 | dorzolamide hcl                | 54       |
| diclofenac sodium er           | 204       | dorzolamide-timolol            | 54       |
| diclofenac sodium-misoprostol  | 204       | DOTTI                          | 139      |
| dicloxacillin sodium           | 207       | DOVATO                         | 88       |
| dicyclomine hcl                | 34        | doxazosin mesylate             | 111      |
| didanosine                     | 90        | doxepin hcl                    | 46,215   |
| DIFICID                        | 181       | doxercalciferol                | 225      |
| diflorasone diacetate          | 26        | doxycycline hyclate            | 17,32,33 |
| diflunisal                     | 204       | doxycycline monohydrate        | 33       |
| DIGITEK                        | 110       | doxylamine succ-pyridoxine hcl | 50       |
| DIGOX                          | 110       | dronabinol                     | 50       |
| digoxin                        | 110       | droplet genteel lancing device | 122      |
| dihydroergotamine mesylate     | 5         | droplet lancets                | 122      |
| DILANTIN                       | 41        | droplet lancing device         | 122      |
| DILANTIN-125                   | 41        | drospirenone-eth estra-levomef | 159      |
| DILT-XR                        | 108       | drospirenone-ethinyl estradiol | 160      |
| diltiazem 12hr er              | 108       | DROXIA                         | 66       |
| diltiazem 24hr er              | 108       | droxidopa                      | 221      |
| diltiazem 24hr er (cd)         | 108       | DUAVEE                         | 139      |
| diltiazem 24hr er (la)         | 108       | DULERA                         | 117      |
| diltiazem 24hr er (xr)         | 108       | duloxetine hcl                 | 42       |
| diltiazem hcl                  | 108       | DUOBRII                        | 217      |
| dimethyl fumarate              | 191,192   | DUOPA                          | 83       |
| DIPENTUM                       | 142       | DUPIXENT PEN                   | 217      |
| diphenoxylate-atropine         | 143       | DUPIXENT SYRINGE               | 23,217   |
| diphtheria-tetanus toxoids-ped | 93        | durex avanti bare real feel    | 201      |
| DISKETTS                       | 7         | dutasteride                    | 182      |
| disopyramide phosphate         | 30        | dutasteride-tamsulosin         | 182      |
| disulfiram                     | 182       | DXEVO                          | 151      |
| DIURIL                         | 133       |                                |          |
| divalproex sodium              | 38        | E                              |          |
| divalproex sodium er           | 38        | e-z ject lancets               | 122      |
| DIVIGEL                        | 138       | e-zject lancets                | 122      |
| DODEX                          | 225       | E.E.S. 400                     | 181      |
| dofetilide                     | 31        | easivent                       | 122      |
| DOJOLVI                        | 136       | easy comfort lancets           | 123      |

|                                                       |         |                                |           |
|-------------------------------------------------------|---------|--------------------------------|-----------|
| easy mini eject lancing device                        | 123     | enalapril maleate              | 208       |
| easy touch                                            | 123     | enalapril-hydrochlorothiazide  | 209       |
| easy touch lancing device                             | 123     | ENBREL                         | 187,188   |
| ec-naproxen                                           | 204     | ENBREL MINI                    | 188       |
| econazole nitrate                                     | 52      | ENBREL SURECLICK               | 188       |
| ECONTRA EZ                                            | 160     | ENDARI                         | 144       |
| ECONTRA ONE-STEP                                      | 160     | ENDOCET                        | 7         |
| ECOZA                                                 | 52      | ENDOMETRIN                     | 176       |
| EDARBI                                                | 207     | ENERGIX-B ADULT                | 94        |
| EDARBYCLOR                                            | 208     | ENERGIX-B PEDIATRIC-ADOLESCENT | 94        |
| EDEX                                                  | 224     | enoxaparin sodium              | 36        |
| EDLUAR                                                | 100     | ENPRESSE                       | 160       |
| EDURANT                                               | 89      | ENSKYCE                        | 160       |
| efavirenz                                             | 89      | ENSPRYNG                       | 192       |
| efavirenz-emtricitabine-tenofovir disoproxil fumarate | 90      | ENSTILAR                       | 218       |
| efavirenz-lamivudine-tenofovir disoproxil fumarate    | 89      | entacapone                     | 82        |
| ELESTRIN                                              | 139     | ENTADFI                        | 182       |
| eletriptan hbr                                        | 60      | entecavir                      | 99        |
| ELIGARD                                               | 147     | ENTRESTO                       | 208       |
| ELINEST                                               | 160     | ENULOSE                        | 136       |
| ELIQUIS                                               | 35,36   | ENVARUS XR                     | 195       |
| ELIXOPHYLLIN                                          | 220     | EPCLUSA                        | 149       |
| ELLA                                                  | 160     | EPIDIOLEX                      | 38        |
| ellume covid-19 home test                             | 123     | epinephrine                    | 221       |
| ELMIRON                                               | 200     | EPITOL                         | 38        |
| ELYXYB                                                | 203     | EPIVIR HBV                     | 90        |
| embrace                                               | 123     | eplerenone                     | 209       |
| embrace lancing device                                | 123     | EQUETRO                        | 38        |
| embrace safety lancet                                 | 123     | ERGOMAR                        | 5         |
| EMCYT                                                 | 66      | ergotamine-caffeine            | 5         |
| EMEND                                                 | 51      | ERIVEDGE                       | 66        |
| EMFLAZA                                               | 151,152 | ERLEADA                        | 66        |
| EMGALITY PEN                                          | 59      | erlotinib hcl                  | 66        |
| EMGALITY SYRINGE                                      | 59,60   | ERMEZA                         | 222       |
| EMOQUETTE                                             | 160     | ERRIN                          | 160       |
| EMPAVELI                                              | 197     | ERTACZO                        | 52        |
| EMSAM                                                 | 83      | ERY                            | 20        |
| emtricitabine                                         | 90      | ERY-TAB                        | 181       |
| emtricitabine-tenofovir disoproxil fumarate           | 90      | ERYTHROCIN STEARATE            | 181       |
| EMTRIVA                                               | 90      | erythromycin                   | 18,20,181 |
| EMVERM                                                | 16      | erythromycin ethylsuccinate    | 181       |

|                                |        |                              |       |
|--------------------------------|--------|------------------------------|-------|
| erythromycin-benzoyl peroxide  | 20     | famciclovir                  | 100   |
| escitalopram oxalate           | 43     | famotidine                   | 97    |
| ESGIC                          | 6      | FANAPT                       | 85,86 |
| esomeprazole magnesium         | 98     | fantasy                      | 201   |
| ESTARYLLA                      | 161    | FARXIGA                      | 48    |
| estazolam                      | 102    | FASENRA PEN                  | 23    |
| estradiol                      | 139    | fastep covid-19 ag home test | 123   |
| estradiol (once weekly)        | 139    | fc2 female condom            | 201   |
| estradiol (twice weekly)       | 139    | febuxostat                   | 182   |
| estradiol valerate             | 139    | felbamate                    | 38    |
| estradiol-norethindrone acetat | 139    | felodipine er                | 109   |
| ESTRING                        | 139    | femcap                       | 201   |
| ESTROGEL                       | 139    | FEMYNOR                      | 161   |
| eszopiclone                    | 100    | fenofibrate                  | 57,58 |
| ethacrynic acid                | 133    | fenofibric acid              | 58    |
| ethambutol hcl                 | 62     | fenoprofen calcium           | 204   |
| ethosuximide                   | 41     | FENORTHO                     | 204   |
| ethynodiol-ethinyl estradiol   | 161    | fentanyl                     | 7,8   |
| etodolac                       | 204    | fentanyl citrate             | 8     |
| etodolac er                    | 204    | FENTORA                      | 8     |
| etoposide                      | 66     | FERRIPROX                    | 150   |
| etravirine                     | 89     | FERRIPROX (2 TIMES A DAY)    | 150   |
| EUCRISA                        | 24     | ferrous sulfate              | 30    |
| EULEXIN                        | 67     | FETZIMA                      | 42,43 |
| EUTHYROX                       | 222    | FEXMID                       | 213   |
| EVAMIST                        | 139    | FIASP                        | 178   |
| everolimus                     | 67,195 | FIASP FLEXTOUCH              | 178   |
| EVOTAZ                         | 91     | FIASP PENFILL                | 178   |
| EVRYSDI                        | 198    | FIBRICOR                     | 58    |
| EXELDERM                       | 52     | fifty50 safety seal lancets  | 123   |
| exemestane                     | 67     | FILSPARI                     | 198   |
| EXKIVITY                       | 67     | finasteride                  | 182   |
| EXSERVAN                       | 113    | fine 30 universal lancets    | 123   |
| EYSUVIS                        | 21     | fingerstix                   | 123   |
| ez-lets                        | 123    | fingolimod                   | 192   |
| ezetimibe                      | 57     | FINTEPLA                     | 38    |
| ezetimibe-simvastatin          | 57     | FINZALA                      | 161   |
| F                              |        | FIRDAPSE                     | 198   |
| FA-8                           | 225    | FLAC OTIC OIL                | 21    |
| FALMINA                        | 161    | FLAREX                       | 22    |
|                                |        | flecainide acetate           | 31    |

|                                |       |                                |         |
|--------------------------------|-------|--------------------------------|---------|
| FLECTOR                        | 204   | fluphenazine hcl               | 88      |
| flexichamber                   | 123   | flurandrenolide                | 27      |
| flexichamber mask              | 123   | flurazepam hcl                 | 102     |
| FLOLIPID                       | 58    | flurbiprofen                   | 204     |
| FLORIVA                        | 184   | flurbiprofen sodium            | 22      |
| flowflex covid-19 ag home test | 123   | flutamide                      | 67      |
| FLUAD QUAD 2021-2022           | 94    | fluticasone propionate         | 22,27   |
| FLUAD QUAD 2022-2023           | 94    | fluticasone-salmeterol         | 117     |
| FLUAD QUAD 2023-2024           | 94    | fluvastatin er                 | 58      |
| FLUARIX QUAD 2021-2022         | 94    | fluvastatin sodium             | 58      |
| FLUARIX QUAD 2022-2023         | 94    | fluvoxamine maleate            | 44      |
| FLUARIX QUAD 2023-2024         | 94    | fluvoxamine maleate er         | 44      |
| FLUBLOK QUAD 2021-2022         | 94    | FLUZONE HIGH-DOSE QUAD 2021-22 | 95      |
| FLUBLOK QUAD 2022-2023         | 94    | FLUZONE HIGH-DOSE QUAD 2022-23 | 95      |
| FLUBLOK QUAD 2023-2024         | 94    | FLUZONE HIGH-DOSE QUAD 2023-24 | 95      |
| FLUCELVAX QUAD 2021-2022       | 94    | FLUZONE QUAD 2021-2022         | 95      |
| FLUCELVAX QUAD 2022-2023       | 94    | FLUZONE QUAD 2022-2023         | 95      |
| FLUCELVAX QUAD 2023-2024       | 94    | FLUZONE QUAD 2023-2024         | 95      |
| fluconazole                    | 51    | folic acid                     | 225     |
| flucytosine                    | 52    | FOLLISTIM AQ                   | 147,148 |
| fludrocortisone acetate        | 152   | fondaparinux sodium            | 35      |
| FLULAVAL QUAD 2021-2022        | 94    | fora lancets                   | 123     |
| FLULAVAL QUAD 2022-2023        | 94    | fora lancing device            | 124     |
| FLULAVAL QUAD 2023-2024        | 94    | foracare lancets               | 124     |
| FLUMIST QUAD 2021-2022         | 95    | FORTEO                         | 206     |
| FLUMIST QUAD 2022-2023         | 95    | FOSAMAX PLUS D                 | 183     |
| FLUMIST QUAD 2023-2024         | 95    | fosamprenavir calcium          | 91      |
| fluocinolone acetonide         | 27    | fosfomycin tromethamine        | 17      |
| fluocinolone acetonide oil     | 22    | fosinopril sodium              | 209     |
| fluocinonide                   | 27    | fosinopril-hydrochlorothiazide | 209     |
| fluocinonide-e                 | 27    | FOSRENOL                       | 179     |
| fluoride                       | 184   | FOTIVDA                        | 67      |
| FLUORIDEX                      | 184   | FRAGMIN                        | 36,37   |
| FLUORIDEX SENSITIVITY RELIEF   | 184   | freestyle lancets              | 124     |
| FLUORIMAX 5000                 | 184   | freestyle libre 14 day reader  | 124     |
| FLUORIMAX 5000 SENSITIVE       | 184   | freestyle libre 14 day sensor  | 124     |
| fluorometholone                | 22    | freestyle libre 2 reader       | 124     |
| FLUOROPLEX                     | 67    | freestyle libre 2 sensor       | 124     |
| fluorouracil                   | 67    | freestyle libre 3 sensor       | 124     |
| fluoxetine dr                  | 43    | freestyle unistik 2            | 124     |
| fluoxetine hcl                 | 43,44 | frovatriptan succinate         | 60      |

|                                     |       |                                  |     |
|-------------------------------------|-------|----------------------------------|-----|
| FULPHILA.....                       | 107   | GLEOSTINE.....                   | 68  |
| FUROSCIX.....                       | 133   | glimepiride.....                 | 49  |
| furosemide.....                     | 133   | glipizide.....                   | 49  |
| FUZEON.....                         | 88    | glipizide er.....                | 49  |
| FYAVOLV.....                        | 139   | glipizide xl.....                | 49  |
| FYCOMPA.....                        | 38    | glipizide-metformin.....         | 49  |
| FYREMADEL.....                      | 146   | GLOPERBA.....                    | 182 |
| G                                   |       | GLUCAGEN.....                    | 56  |
| gabapentin.....                     | 38    | GLUCAGON EMERGENCY KIT.....      | 56  |
| GALAFOLD.....                       | 198   | glucocom.....                    | 124 |
| galantamine er.....                 | 104   | glucocom lancets.....            | 124 |
| galantamine hbr.....                | 104   | glyburide.....                   | 49  |
| galantamine hydrobromide.....       | 104   | glyburide micronized.....        | 49  |
| GALZIN.....                         | 150   | glyburide-metformin hcl.....     | 49  |
| ganirelix acetate.....              | 146   | GLYCATE.....                     | 34  |
| GARDASIL 9.....                     | 95    | glycopyrrolate.....              | 34  |
| gatifloxacin.....                   | 18    | GLYXAMBI.....                    | 48  |
| GATTEX.....                         | 144   | GOCOVRI.....                     | 82  |
| GAVILYTE-C.....                     | 143   | gojji lancets.....               | 124 |
| GAVILYTE-G.....                     | 143   | gojji lancing device.....        | 124 |
| GAVILYTE-N.....                     | 143   | GONITRO.....                     | 223 |
| GAVRETO.....                        | 67    | GRALISE.....                     | 6   |
| gefitinib.....                      | 68    | granisetron hcl.....             | 49  |
| gemfibrozil.....                    | 58    | griseofulvin.....                | 51  |
| GEMMILY.....                        | 161   | griseofulvin ultramicrosize..... | 51  |
| GEMTESA.....                        | 105   | guanfacine hcl.....              | 177 |
| genabio covid-19 rapid at-home..... | 124   | guanfacine hcl er.....           | 113 |
| GENERLAC.....                       | 136   | GVOKE.....                       | 56  |
| GENGRAF.....                        | 195   | GVOKE HYPOPEN 1-PACK.....        | 56  |
| GENOTROPIN.....                     | 175   | GVOKE HYPOPEN 2-PACK.....        | 56  |
| GENTAK.....                         | 18    | GVOKE PFS 1-PACK SYRINGE.....    | 56  |
| gentamicin sulfate.....             | 18,20 | GVOKE PFS 2-PACK SYRINGE.....    | 56  |
| genteel vacuum lancing device.....  | 124   | GYNAZOLE 1.....                  | 52  |
| GENVOYA.....                        | 90    | GYNOL II.....                    | 201 |
| GILENYA.....                        | 192   | H                                |     |
| GILOTRIF.....                       | 68    | HAEGARDA.....                    | 180 |
| GIMOTI.....                         | 145   | HAILEY.....                      | 161 |
| GLASSIA.....                        | 211   | HAILEY 24 FE.....                | 161 |
| glatiramer acetate.....             | 192   | HAILEY FE.....                   | 161 |
| GLATOPA.....                        | 192   | halcinonide.....                 | 27  |

|                                 |         |                               |       |
|---------------------------------|---------|-------------------------------|-------|
| halobetasol propionate          | 27      | hydrocortisone butyrate       | 27,28 |
| HALOG                           | 27      | hydrocortisone valerate       | 28    |
| haloperidol                     | 87      | hydrocortisone-acetic acid    | 19    |
| haloperidol lactate             | 87      | hydrocortisone-pramoxine      | 28    |
| HARVONI                         | 149     | HYDROMET                      | 210   |
| HAVRIX                          | 95      | hydromorphone er              | 9     |
| healthy accents autolet         | 124     | hydromorphone hcl             | 9     |
| healthy accents unilet lancet   | 124     | hydroxocobalamin              | 225   |
| HEATHER                         | 162     | hydroxychloroquine sulfate    | 84    |
| HEMADY                          | 152     | hydroxyurea                   | 68    |
| HEMANGEOL                       | 111     | hydroxyzine hcl               | 100   |
| HEMMOREX-HC                     | 27      | hydroxyzine pamoate           | 100   |
| heparin sodium                  | 37      | HYFTOR                        | 218   |
| HEPLISAV-B                      | 95      | hypolance                     | 125   |
| HER STYLE                       | 162     |                               |       |
| HETLIOZ LQ                      | 100     | I                             |       |
| HIBERIX                         | 95      | ibandronate sodium            | 183   |
| HORIZANT                        | 38      | IBRANCE                       | 68    |
| HUMATIN                         | 83      | IBU                           | 204   |
| HUMIRA                          | 188     | ibuprofen                     | 204   |
| HUMIRA PEN                      | 188     | ibuprofen-famotidine          | 204   |
| HUMIRA PEN CROHN'S-UC-HS        | 188     | icatibant                     | 179   |
| HUMIRA PEN PSOR-UEITS-ADOL HS   | 188     | ICLEVIA                       | 162   |
| HUMIRA(CF)                      | 188     | ICLUSIG                       | 68    |
| HUMIRA(CF) PEDIATRIC CROHN'S    | 145,188 | IDHIFA                        | 68    |
| HUMIRA(CF) PEN                  | 189     | ihealth covid-19 ag home test | 125   |
| HUMIRA(CF) PEN CROHN'S-UC-HS    | 189     | ILEVRO                        | 22    |
| HUMIRA(CF) PEN PEDIATRIC UC     | 189     | imatinib mesylate             | 68    |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS  | 189     | IMBRUVICA                     | 69    |
| HUMULIN R U-500                 | 178     | IMCIVREE                      | 175   |
| HUMULIN R U-500 KWIKPEN         | 178     | imipramine hcl                | 46    |
| HYCAMTIN                        | 68      | imipramine pamoate            | 46    |
| hydralazine hcl                 | 177     | imiquimod                     | 218   |
| hydrochlorothiazide             | 133     | IMITREX                       | 60    |
| hydrocodone bitartrate er       | 8       | IMOVAX RABIES VACCINE         | 95    |
| hydrocodone-acetaminophen       | 8,9     | IMPAVIDO                      | 84    |
| hydrocodone-chlorpheniramine er | 210     | IMPEKLO                       | 28    |
| hydrocodone-homatropine mbr     | 210     | IMPOYZ                        | 28    |
| hydrocodone-ibuprofen           | 9       | IMURAN                        | 195   |
| hydrocortisone                  | 27,152  | INBRIJA                       | 83    |
| hydrocortisone acetate          | 27      | INCASSIA                      | 162   |

|                                |        |                    |       |
|--------------------------------|--------|--------------------|-------|
| incontrol lancing device       | 125    | isotretinoin       | 218   |
| incontrol super thin lancets   | 125    | isradipine         | 109   |
| incontrol ultra thin lancets   | 125    | ISTURISA           | 198   |
| INCRELEX                       | 220    | itraconazole       | 51    |
| INCRUSE ELLIPTA                | 35     | ivermectin         | 16    |
| indapamide                     | 134    |                    |       |
| INDERAL XL                     | 111    | J                  |       |
| indicaid covid-19 ag home test | 125    | JAIMESS            | 162   |
| INDOCIN                        | 204    | JAKAFI             | 69    |
| indomethacin                   | 204    | JANTOVEN           | 35    |
| indomethacin er                | 204    | JANUMET            | 47    |
| INFANRIX DTAP                  | 93     | JANUMET XR         | 47    |
| infant-toddler iron            | 30     | JANUVIA            | 47    |
| INGREZZA                       | 115    | JARDIANCE          | 48    |
| INGREZZA INITIATION PACK       | 115    | JASMIEL            | 162   |
| inject ease lancets            | 125    | JATENZO            | 153   |
| INLYTA                         | 69     | JAVYGTOR           | 198   |
| INNOPRAN XL                    | 111    | JAYPIRCA           | 69,70 |
| INQOVI                         | 69     | JENCYCLA           | 162   |
| INREBIC                        | 69     | JINTELI            | 139   |
| INTELENCE                      | 89     | JOENJA             | 192   |
| inteliswab covid-19 home test  | 125    | JOLESSA            | 162   |
| INTRAROSA                      | 152    | JORNAY PM          | 15    |
| INTRON A                       | 99     | JUBLIA             | 52    |
| invacare lancets               | 125    | JULEBER            | 163   |
| INVIRASE                       | 91     | JULUCA             | 88    |
| IPOL                           | 95     | JUNEL              | 163   |
| ipratropium bromide            | 35,141 | JUNEL FE           | 163   |
| ipratropium-albuterol          | 35     | JUNEL FE 24        | 163   |
| irbesartan                     | 208    | JUST RIGHT 5000    | 184   |
| irbesartan-hydrochlorothiazide | 208    | JUXTAPID           | 56    |
| IRONUP                         | 30     | JYNARQUE           | 134   |
| ISENTRESS                      | 88     |                    |       |
| ISENTRESS HD                   | 88     | K                  |       |
| ISIBLOOM                       | 162    | K-PHOS NO.2        | 135   |
| isoniazid                      | 62     | K-TAB ER           | 136   |
| ISOPTO ATROPINE                | 141    | KAITLIB FE         | 163   |
| isosorbide dinit-hydralazine   | 177    | KALLIGA            | 163   |
| isosorbide dinitrate           | 223    | KALYDECO           | 118   |
| isosorbide mononitrate         | 223    | KAPSPARGO SPRINKLE | 111   |
| isosorbide mononitrate er      | 223    | KARBINAL ER        | 142   |

|                            |            |                                |     |
|----------------------------|------------|--------------------------------|-----|
| KARIVA                     | 163        | LAGEVRIO (EUA)                 | 100 |
| KATERZIA                   | 109        | LAMICTAL XR (BLUE)             | 38  |
| KELNOR 1-35                | 163        | LAMICTAL XR (GREEN)            | 38  |
| KELNOR 1-50                | 163        | LAMICTAL XR (ORANGE)           | 39  |
| KESIMPTA PEN               | 192        | lamivudine                     | 90  |
| ketoconazole               | 51,53      | lamivudine hbv                 | 90  |
| KETODAN                    | 53         | lamivudine-zidovudine          | 90  |
| ketoprofen                 | 204        | lamotrigine                    | 39  |
| ketorolac tromethamine     | 22,204,205 | lamotrigine (blue)             | 39  |
| KEVZARA                    | 189        | lamotrigine (green)            | 39  |
| kimono                     | 201        | lamotrigine (orange)           | 39  |
| kimono maxx                | 201        | lamotrigine er                 | 39  |
| kimono microthin           | 202        | lamotrigine odt                | 39  |
| kimono microthin aqua lube | 202        | lamotrigine odt (blue)         | 39  |
| kimono textured            | 202        | lamotrigine odt (green)        | 39  |
| KINRIX                     | 95         | lamotrigine odt (orange)       | 39  |
| KISQALI                    | 70         | LAMPIT                         | 84  |
| KISQALI FEMARA CO-PACK     | 70         | lancets                        | 125 |
| KITABIS PAK                | 31         | lancets thin                   | 125 |
| KLISYRI                    | 218        | lancets ultra thin             | 125 |
| KLOR-CON                   | 136        | lancing device                 | 126 |
| KLOR-CON 10                | 137        | lancing system                 | 126 |
| KLOR-CON 8                 | 137        | LANOXIN                        | 111 |
| KLOR-CON M10               | 137        | lansoprazol-amoxicil-clarithro | 98  |
| KLOR-CON M15               | 137        | lanthanum carbonate            | 179 |
| KLOR-CON M20               | 137        | lanzo                          | 126 |
| KLOXXADO                   | 114        | lapatinib                      | 71  |
| KORLYM                     | 46         | LARIN                          | 164 |
| KOSELUGO                   | 70         | LARIN 24 FE                    | 164 |
| KOURZEQ                    | 28         | LARIN FE                       | 164 |
| KRAZATI                    | 71         | LARISSIA                       | 164 |
| KRINTAFEL                  | 84         | latanoprost                    | 55  |
| KRISTALOSE                 | 136        | LAYOLIS FE                     | 164 |
| KURVELO                    | 164        | LAZANDA                        | 9   |
| KYNMOBI                    | 135        | LEENA                          | 164 |
| KYZATREX                   | 153        | leflunomide                    | 189 |
|                            |            | lenalidomide                   | 71  |
| L                          |            | LENVIMA                        | 71  |
| labetalol hcl              | 111        | LESSINA                        | 164 |
| lacosamide                 | 38         | letrozole                      | 71  |
| lactulose                  | 136        | leucovorin calcium             | 182 |

|                                     |       |                                     |     |
|-------------------------------------|-------|-------------------------------------|-----|
| LEUKERAN.....                       | 71    | lisinopril-hydrochlorothiazide..... | 209 |
| LEUKINE.....                        | 107   | lite touch.....                     | 126 |
| leuprolide acetate.....             | 148   | lithium carbonate.....              | 112 |
| leuprolide depot.....               | 148   | lithium carbonate er.....           | 112 |
| levalbuterol concentrate.....       | 105   | lithium citrate.....                | 112 |
| levalbuterol hcl.....               | 105   | LITHOBID.....                       | 112 |
| levamlodipine maleate.....          | 109   | LITHOSTAT.....                      | 136 |
| LEVEMIR.....                        | 177   | LIVALO.....                         | 58  |
| LEVEMIR FLEXPEN.....                | 177   | LIVMARLI.....                       | 145 |
| LEVEMIR FLEXTOUCH.....              | 177   | LIVTENCITY.....                     | 98  |
| levetiracetam.....                  | 39    | LO LOESTRIN FE.....                 | 165 |
| levetiracetam er.....               | 39    | LO-ZUMANDIMINE.....                 | 165 |
| LEVO-T.....                         | 222   | LOESTRIN.....                       | 165 |
| levobunolol hcl.....                | 54    | LOESTRIN FE.....                    | 165 |
| levocarnitine.....                  | 198   | LOFENA.....                         | 205 |
| levocarnitine sf.....               | 198   | LOJAIMIESS.....                     | 165 |
| levofloxacin.....                   | 18,32 | LOKELMA.....                        | 179 |
| LEVONEST.....                       | 164   | LOMAIRA.....                        | 14  |
| levonorg-eth estrad eth estrad..... | 165   | LONSURF.....                        | 71  |
| levonorgestrel.....                 | 165   | lopinavir-ritonavir.....            | 91  |
| levonorgestrel-eth estradiol.....   | 165   | lorazepam.....                      | 102 |
| LEVORA-28.....                      | 165   | LORAZEPAM INTENSOL.....             | 102 |
| levorphanol tartrate.....           | 9     | LORBRENA.....                       | 72  |
| levothyroxine sodium.....           | 222   | LOREEV XR.....                      | 102 |
| LEVOXYL.....                        | 222   | LORTAB.....                         | 9   |
| LEXETTE.....                        | 28    | LORYNA.....                         | 166 |
| LEXIVA.....                         | 91    | LORZONE.....                        | 213 |
| LICART.....                         | 205   | losartan potassium.....             | 208 |
| lidocaine.....                      | 215   | losartan-hydrochlorothiazide.....   | 208 |
| lidocaine hcl.....                  | 141   | LOTEMAX.....                        | 22  |
| lidocaine hcl viscous.....          | 141   | LOTEMAX SM.....                     | 22  |
| lidocaine-prilocaine.....           | 215   | loteprednol etabonate.....          | 22  |
| lidocaine-tetracaine.....           | 215   | lovastatin.....                     | 58  |
| LILLOW.....                         | 165   | LOW-OGESTREL.....                   | 166 |
| lindane.....                        | 21    | loxapine.....                       | 85  |
| linezolid.....                      | 34    | LUCEMYRA.....                       | 221 |
| LINZESS.....                        | 145   | luliconazole.....                   | 53  |
| liothyronine sodium.....            | 222   | LUMAKRAS.....                       | 72  |
| LIPOFEN.....                        | 58    | LUMIGAN.....                        | 55  |
| lisdexamfetamine dimesylate.....    | 15    | LUPANETA PACK.....                  | 148 |
| lisinopril.....                     | 209   | LUPKYNIS.....                       | 195 |

|                             |     |                                 |         |
|-----------------------------|-----|---------------------------------|---------|
| LUPRON DEPOT                | 148 | memantine hcl                   | 113     |
| LUPRON DEPOT (LUPANETA)     | 148 | memantine hcl er                | 113     |
| LUPRON DEPOT-PED            | 148 | MENACTRA                        | 95      |
| lurasidone hcl              | 86  | MENEST                          | 139     |
| LUTERA                      | 166 | MENOPUR                         | 149     |
| LUZU                        | 53  | MENOSTAR                        | 139     |
| LYLEQ                       | 166 | MENQUADFI                       | 95      |
| LYLLANA                     | 139 | MENVEO A-C-Y-W-135-DIP          | 96      |
| LYMEPAK                     | 33  | mercaptopurine                  | 73      |
| LYNPARZA                    | 72  | MERZEE                          | 166     |
| LYSODREN                    | 72  | mesalamine                      | 143     |
| LYTGOBI                     | 72  | mesalamine dr                   | 143     |
| LYVISPAH                    | 214 | mesalamine er                   | 143     |
| LYZA                        | 166 | MESNEX                          | 200     |
|                             |     | metaxalone                      | 213     |
| M                           |     | metformin er gastric            | 46      |
| M-M-R II VACCINE            | 95  | metformin er osmotic            | 47      |
| mafenide acetate            | 21  | metformin hcl                   | 47      |
| malathion                   | 21  | metformin hcl er                | 47      |
| maraviroc                   | 88  | methadone hcl                   | 9       |
| MARLISSA                    | 166 | METHADONE INTENSOL              | 9       |
| MARPLAN                     | 42  | METHADOSE                       | 9       |
| MATULANE                    | 72  | methamphetamine hcl             | 15      |
| MATZIM LA                   | 108 | methazolamide                   | 54      |
| MAVENCLAD                   | 196 | methenamine hippurate           | 17      |
| MAVYRET                     | 150 | METHERGINE                      | 206     |
| MAXIDEX                     | 22  | methimazole                     | 222     |
| MAYZENT                     | 193 | METHITEST                       | 153     |
| meclofenamate sodium        | 205 | methocarbamol                   | 213,214 |
| medisense thin lancets      | 126 | methotrexate                    | 73      |
| medlance plus               | 126 | methotrexate sodium             | 73      |
| medlance plus special blade | 126 | methoxsalen                     | 119     |
| MEDROL                      | 152 | methscopolamine bromide         | 35      |
| medroxyprogesterone acetate | 176 | methsuximide                    | 41      |
| mefenamic acid              | 205 | methyl dopa                     | 177     |
| mefloquine hcl              | 84  | methyl dopa-hydrochlorothiazide | 177     |
| megestrol acetate           | 176 | methylergonovine maleate        | 206     |
| MEKINIST                    | 73  | methylphenidate er              | 15      |
| MEKTOVI                     | 73  | methylphenidate er (la)         | 15      |
| meloxicam                   | 205 | methylphenidate hcl             | 15,16   |
| melphalan                   | 73  | methylphenidate hcl cd          | 16      |

|                                |       |                                |      |
|--------------------------------|-------|--------------------------------|------|
| methylphenidate hcl er (cd)    | 16    | mobile lancets                 | 126  |
| methylphenidate la             | 16    | modafinil                      | 16   |
| methylprednisolone             | 152   | MODERNA COVID 23-24(6M-11Y)EUA | 96   |
| methyltestosterone             | 154   | moexipril hcl                  | 209  |
| metoclopramide hcl             | 145   | molindone hcl                  | 85   |
| metoclopramide hcl odt         | 145   | mometasone furoate             | 28   |
| metolazone                     | 134   | MONDOXYNE NL                   | 33   |
| metoprolol succinate           | 111   | MONO-LINYAH                    | 167  |
| metoprolol tartrate            | 112   | monolet lancets                | 126  |
| metoprolol-hydrochlorothiazide | 112   | monolet thin lancets           | 126  |
| metronidazole                  | 20,84 | montelukast sodium             | 23   |
| metyrosine                     | 198   | MORGIDOX                       | 33   |
| mexiletine hcl                 | 31    | morphine sulfate               | 9,10 |
| MIBELAS 24 FE                  | 166   | morphine sulfate er            | 10   |
| miconazole 3                   | 53    | MOTOFEN                        | 143  |
| micro thin lancet              | 126   | MOUNJARO                       | 47   |
| micro thin lancets             | 126   | MOVANTIK                       | 145  |
| microchamber                   | 126   | moxifloxacin                   | 18   |
| MICROGESTIN                    | 166   | moxifloxacin hcl               | 32   |
| MICROGESTIN 24 FE              | 167   | MULPLETA                       | 107  |
| MICROGESTIN FE                 | 167   | MULTAQ                         | 31   |
| microlet                       | 126   | multi-lancet                   | 126  |
| microlet next lancing device   | 126   | mupirocin                      | 20   |
| microspacer                    | 126   | MUSE                           | 224  |
| microtainer lancets            | 126   | MY CHOICE                      | 167  |
| midodrine hcl                  | 221   | MY WAY                         | 167  |
| MIGERGOT                       | 5     | MYALEPT                        | 175  |
| miglitol                       | 46    | MYCAPSSA                       | 220  |
| miglustat                      | 199   | mycophenolate mofetil          | 196  |
| MILI                           | 167   | mycophenolic acid              | 196  |
| MILLIPRED                      | 152   | MYFEMBREE                      | 146  |
| MIMVEY                         | 140   | MYFORTIC                       | 196  |
| mini lancing device            | 126   | myglucohealth lancets          | 127  |
| MINITRAN                       | 223   | MYLERAN                        | 73   |
| minocycline hcl                | 33    | MYORISAN                       | 218  |
| minocycline hcl er             | 33    | MYRBETRIQ                      | 105  |
| minoxidil                      | 177   | MYSOLINE                       | 40   |
| MIRCERA                        | 107   | MYTESI                         | 143  |
| mirtazapine                    | 42    |                                |      |
| misoprostol                    | 97    | N                              |      |
| MITIGARE                       | 182   | nabumetone                     | 205  |

|                               |         |                             |     |
|-------------------------------|---------|-----------------------------|-----|
| nadolol                       | 112     | nevirapine                  | 89  |
| naftifine hcl                 | 52      | nevirapine er               | 89  |
| NAFTIN                        | 52      | NEW DAY                     | 167 |
| NALOCET                       | 10      | NEXICLON XR                 | 177 |
| naloxone hcl                  | 114,115 | NEXIUM                      | 98  |
| naltrexone hcl                | 115     | NEXLETOL                    | 56  |
| NAMENDA XR                    | 113     | NEXLIZET                    | 56  |
| NAMZARIC                      | 113     | niacin                      | 56  |
| naproxen                      | 205     | niacin er                   | 57  |
| naproxen sodium               | 205     | NIACOR                      | 57  |
| naproxen sodium cr            | 205     | nicardipine hcl             | 110 |
| naproxen sodium er            | 205     | nicotine 14 mg/24hr patch   | 103 |
| naproxen-esomeprazole mag     | 205     | nicotine 2 mg chewing gum   | 103 |
| naratriptan hcl               | 60      | nicotine 2 mg lozenge       | 103 |
| NARDIL                        | 42      | nicotine 2 mg mini lozenge  | 103 |
| NASCOBAL                      | 225     | nicotine 21 mg/24hr patch   | 103 |
| NATACYN                       | 19      | nicotine 4 mg chewing gum   | 103 |
| NATAZIA                       | 167     | nicotine 4 mg lozenge       | 103 |
| nateglinide                   | 48      | nicotine 4 mg mini lozenge  | 103 |
| NATESTO                       | 154     | nicotine 7 mg/24hr patch    | 103 |
| NATPARA                       | 206     | nicotine transdermal system | 104 |
| NATROBA                       | 21      | NICOTROL                    | 104 |
| NAYZILAM                      | 41      | NICOTROL NS                 | 104 |
| nebivolol hcl                 | 112     | nifedipine                  | 110 |
| NEBUSAL                       | 137     | nifedipine er               | 110 |
| NECON                         | 167     | NIKKI                       | 168 |
| needles/needleless devices    | 127     | nilutamide                  | 73  |
| NEO-POLYCIN                   | 18      | nimodipine                  | 110 |
| NEO-POLYCIN HC                | 18      | NINLARO                     | 73  |
| NEO-SYNALAR                   | 20      | nisoldipine                 | 110 |
| neomycin sulfate              | 31      | nitazoxanide                | 84  |
| neomycin-bacitracin-poly-hc   | 18      | nitisinone                  | 199 |
| neomycin-bacitracin-polymyxin | 18      | NITRO-BID                   | 223 |
| neomycin-polymyxin-dexameth   | 18      | NITRO-DUR                   | 223 |
| neomycin-polymyxin-gramicidin | 18      | NITRO-TIME                  | 223 |
| neomycin-polymyxin-hc         | 18      | nitrofurantoin              | 17  |
| neomycin-polymyxin-hydrocort  | 18      | nitrofurantoin mono-macro   | 17  |
| NEORAL                        | 196     | nitroglycerin               | 223 |
| NERLYNX                       | 73      | nitroglycerin patch         | 223 |
| NEUAC                         | 20      | NITROMIST                   | 223 |
| NEUPRO                        | 135     | NITYR                       | 199 |

|                                |         |                                |       |
|--------------------------------|---------|--------------------------------|-------|
| NIVA THYROID                   | 222     | NUCALA                         | 23    |
| NIVESTYM                       | 107     | NUCYNTA                        | 10    |
| NOC DURNA                      | 175     | NUCYNTA ER                     | 10    |
| NOLIX                          | 28      | NUEDEXTA                       | 113   |
| NORA-BE                        | 168     | NULIBRY                        | 199   |
| NORDITROPIN FLEXP              | 176     | NUPLAZID                       | 86    |
| norethin-eth estra-ferrous fum | 168     | NURTEC ODT                     | 60    |
| norethindron-ethinyl estradiol | 140,168 | NUVARING                       | 169   |
| norethindrone                  | 168     | NUVESSA                        | 20    |
| norethindrone ac (lupaneta)    | 176     | NUZYRA                         | 221   |
| norethindrone acetate          | 176     | NYAMYC                         | 53    |
| norethindrone-e.estradiol-iron | 168     | NYLIA                          | 169   |
| NORGESIC                       | 214     | NYMALIZE                       | 110   |
| norgestimate-ethinyl estradiol | 168     | NYMYO                          | 169   |
| NORLIQVA                       | 110     | nystatin                       | 52,53 |
| NORLYDA                        | 168     | nystatin-triamcinolone         | 53    |
| NORPACE                        | 30      | NYSTOP                         | 53    |
| NORPACE CR                     | 30      |                                |       |
| NORTREL                        | 168     | O                              |       |
| nortriptyline hcl              | 46      | OCALIVA                        | 145   |
| NORVIR                         | 92      | OCELLA                         | 169   |
| NOURIANZ                       | 113     | octreotide acetate             | 220   |
| nova safety lancets            | 127     | ODEFSEY                        | 90    |
| nova sureflex                  | 127     | ODOMZO                         | 74    |
| NOVAFERRUM                     | 30      | OFEV                           | 210   |
| NOVAVAX COVID-19 VACC,ADJ(EUA) | 96      | ofloxacin                      | 18,32 |
| NOVOLIN 70-30                  | 177     | olanzapine                     | 86    |
| NOVOLIN 70-30 FLEXPEN          | 177     | olanzapine odt                 | 86    |
| NOVOLIN N                      | 177     | olanzapine-fluoxetine hcl      | 44    |
| NOVOLIN N FLEXPEN              | 177     | olmesartan medoxomil           | 208   |
| NOVOLIN R                      | 178     | olmesartan-amlodipine-hctz     | 208   |
| NOVOLIN R FLEXPEN              | 179     | olmesartan-hydrochlorothiazide | 208   |
| NOVOLOG                        | 178     | olopatadine hcl                | 140   |
| NOVOLOG FLEXPEN                | 178     | OLUMIANT                       | 189   |
| NOVOLOG MIX 70-30              | 178     | omeprazole                     | 98    |
| NOVOLOG MIX 70-30 FLEXPEN      | 178     | omnipod 5 g6 intro kit (gen 5) | 127   |
| NOVOLOG PENFILL                | 178     | omnipod 5 g6 pods (gen 5)      | 127   |
| novopen echo                   | 127     | omnipod dash intro kit (gen 4) | 127   |
| NOXAFIL                        | 51      | omnipod dash pods (gen 4)      | 127   |
| NP THYROID                     | 222     | on-go covid-19 ag at home test | 127   |
| NUBEQA                         | 73      | on-the-go                      | 127   |

|                                |         |                         |       |
|--------------------------------|---------|-------------------------|-------|
| ondansetron hcl                | 50      | ORSYTHIA                | 169   |
| ondansetron odt                | 50      | ORTHO-NOVUM             | 169   |
| onetouch delica plus lanc dev  | 127     | ORTIKOS                 | 152   |
| onetouch delica plus lancet    | 127     | oseltamivir phosphate   | 99    |
| onetouch delica safety lancet  | 127     | OSMOLEX ER              | 82    |
| onetouch lancets               | 127     | OSPHENA                 | 138   |
| onetouch suresoft              | 127     | OTEZLA                  | 190   |
| onetouch ultra control soln    | 127     | OTOVEL                  | 18    |
| onetouch ultra test strip      | 132     | OTREXUP                 | 74    |
| onetouch ultrasoft 2 lancet    | 127     | OVIDREL                 | 149   |
| onetouch verio high cntrl soln | 128     | oxandrolone             | 154   |
| onetouch verio mid cntrl soln  | 128     | oxaprozin               | 205   |
| onetouch verio test strip      | 133     | OXAYDO                  | 10    |
| ONEXTON                        | 20      | oxazepam                | 102   |
| ONGENTYS                       | 83      | OXBRYTA                 | 106   |
| ONUREG                         | 74      | oxcarbazepine           | 39    |
| ONZETRA XSAIL                  | 60      | OXERVATE                | 141   |
| OPCICON ONE-STEP               | 169     | oxiconazole nitrate     | 53    |
| OPSUMIT                        | 212     | OXISTAT                 | 53    |
| optichamber diamond            | 128     | OXTELLAR XR             | 39    |
| OPTION 2                       | 169     | oxybutynin chloride     | 146   |
| ORACEA                         | 33      | oxybutynin chloride er  | 146   |
| ORALONE                        | 28      | oxycodone hcl           | 10,11 |
| ORAPRED ODT                    | 152     | oxycodone-acetaminophen | 11    |
| ORAVIG                         | 53      | oxymorphone hcl         | 11    |
| ORENCIA                        | 189,190 | oxymorphone hcl er      | 11    |
| ORENCIA CLICKJECT              | 190     | OZEMPIC                 | 47,48 |
| ORENITRAM ER                   | 212     | OZOBAX                  | 214   |
| ORENITRAM MONTH 1 TITRATION KT | 212     |                         |       |
| ORENITRAM MONTH 2 TITRATION KT | 212     | P                       |       |
| ORENITRAM MONTH 3 TITRATION KT | 212     | PACERONE                | 31    |
| ORFADIN                        | 199     | paliperidone er         | 86    |
| ORGOVYX                        | 146     | PALYNZIQ                | 137   |
| ORIAHNN                        | 147     | panda mask              | 128   |
| ORILISSA                       | 147     | PANDEL                  | 28    |
| ORKAMBI                        | 118     | PANRETIN                | 74    |
| orlistat                       | 145     | pantoprazole sodium     | 98    |
| orphenadrine citrate er        | 214     | paricalcitol            | 226   |
| orphenadrine-aspirin-cafeine   | 214     | paromomycin sulfate     | 83    |
| ORPHENGESIC FORTE              | 214     | paroxetine cr           | 44    |
| ORSERDU                        | 74      | paroxetine er           | 44    |

|                                |     |                              |        |
|--------------------------------|-----|------------------------------|--------|
| paroxetine hcl                 | 44  | PHOSLYRA                     | 179    |
| paroxetine mesylate            | 44  | PHOSPHA 250 NEUTRAL          | 135    |
| PASER                          | 62  | PHOSPHO-TRIN 250 NEUTRAL     | 135    |
| PAXLOVID (EUA)                 | 99  | PHOSPHO-TRIN K500            | 135    |
| PEDIA IRON                     | 30  | PHOSPHOROUS                  | 135    |
| PEDIARIX                       | 96  | phytonadione                 | 226    |
| PEDIATRIC FE-VITE              | 30  | PIFELTRO                     | 89     |
| pediatric iron                 | 30  | pilocarpine hcl              | 55,104 |
| pediatric panda mask           | 128 | pilot covid-19 at-home test  | 128    |
| PEDVAXHIB                      | 96  | pimecrolimus                 | 218    |
| peg 3350-electrolyte           | 143 | pimozide                     | 85     |
| peg-3350 and electrolytes      | 144 | PIMTREA                      | 169    |
| PEG-PREP                       | 144 | pindolol                     | 112    |
| PEGASYS                        | 99  | pioglitazone hcl             | 49     |
| PEMAZYRE                       | 74  | pioglitazone-glimepiride     | 49     |
| penicillamine                  | 150 | pioglitazone-metformin       | 49     |
| penicillin v potassium         | 207 | pip lancet                   | 128    |
| PENTACEL                       | 96  | PIQRAY                       | 74     |
| pentamidine isethionate        | 84  | pirfenidone                  | 210    |
| PENTASA                        | 143 | PIRMELLA                     | 170    |
| pentoxifylline                 | 108 | piroxicam                    | 205    |
| perindopril erbumine           | 209 | PLEGRIDY                     | 193    |
| PERIOGARD                      | 19  | PLEGRIDY PEN                 | 193    |
| PERIOMED                       | 184 | PLIAGLIS                     | 215    |
| permethrin                     | 21  | PNEUMOVAX 23                 | 96     |
| perphenazine                   | 88  | pocket chamber               | 128    |
| perphenazine-amitriptyline     | 46  | podofilox                    | 218    |
| PEXEVA                         | 45  | POLYCIN                      | 18     |
| PFIZER COVID 2023-24(5-11Y)EUA | 96  | polymyxin b sul-trimethoprim | 18     |
| PFIZER COVID 2023-24(6M-4Y)EUA | 96  | POMALYST                     | 74     |
| PHEBURANE                      | 136 | PORTIA                       | 170    |
| phenelzine sulfate             | 42  | posaconazole                 | 51     |
| phenobarbital                  | 101 | potassium chloride           | 137    |
| phenoxybenzamine hcl           | 5   | potassium citrate er         | 135    |
| phentermine hcl                | 14  | PRADAXA                      | 36     |
| phenylephrine hcl              | 141 | pramipexole dihydrochloride  | 135    |
| PHENYTEK                       | 41  | pramipexole er               | 135    |
| phenytoin                      | 41  | pravastatin sodium           | 58     |
| phenytoin sodium extended      | 41  | praziquantel                 | 16     |
| PHEXXI                         | 202 | prazosin hcl                 | 111    |
| PHILITH                        | 169 | PRED-G                       | 18     |

|                               |        |                                |         |
|-------------------------------|--------|--------------------------------|---------|
| prednicarbate                 | 28     | procare spacer with adult mask | 128     |
| prednisolone                  | 152    | procare spacer with child mask | 128     |
| prednisolone acetate          | 22     | PROCENTRA                      | 15      |
| prednisolone sodium phos odt  | 152    | prochlorperazine               | 50      |
| prednisolone sodium phosphate | 22,152 | prochlorperazine maleate       | 50      |
| prednisone                    | 152    | PROCTO-MED HC                  | 28      |
| PREDNISONO INTENSOL           | 152    | PROCTOFOAM-HC                  | 28      |
| PREFEST                       | 140    | PROCTOSOL-HC                   | 28      |
| pregabalin                    | 39     | PROCTOZONE-HC                  | 29      |
| PREGNYL                       | 149    | PROCYSBI                       | 199     |
| PREHEVBRIO                    | 96     | prodigy lancets                | 128     |
| PREMARIN                      | 140    | prodigy lancing device         | 128     |
| PREMPHASE                     | 140    | prodigy twist top lancet       | 128     |
| PREMPRO                       | 140    | progesterone                   | 176     |
| PRENATABS RX                  | 225    | PROGRAF                        | 197     |
| prenatal 19                   | 225    | PROLATE                        | 11,12   |
| prenatal plus                 | 225    | PROMACTA                       | 107,108 |
| prenatal-u                    | 225    | promethazine hcl               | 142     |
| pressure activated lancets    | 128    | promethazine vc                | 142     |
| PRESTALIA                     | 209    | promethazine vc-codeine        | 210     |
| pretomanid                    | 62     | promethazine-codeine           | 210     |
| PREVALITE                     | 57     | promethazine-dm                | 210     |
| PREVIDENT                     | 184    | promethazine-phenyleph-codeine | 210     |
| PREVIFEM                      | 170    | promethazine-phenylephrine     | 142     |
| PREVNAR 13                    | 96     | PROMETHEGAN                    | 142     |
| PREVNAR 20                    | 96     | propafenone hcl                | 31      |
| PREVYMIS                      | 99     | propafenone hcl er             | 31      |
| PREZCOBIX                     | 92     | propranolol hcl                | 112     |
| PREZISTA                      | 92     | propranolol hcl er             | 112     |
| PRIFTIN                       | 62     | propranolol-hydrochlorothiazid | 112     |
| PRILOSEC                      | 98     | propylthiouracil               | 222     |
| primaquine                    | 84     | PROQUAD                        | 96      |
| primidone                     | 41     | protriptyline hcl              | 46      |
| PRIMSOL                       | 17     | PULMOSAL                       | 137     |
| PRIORIX                       | 96     | PULMOZYME                      | 211     |
| pro comfort lancet            | 128    | pure comfort lancets           | 128     |
| pro comfort lancets           | 128    | pure comfort safety lancets    | 128     |
| pro comfort safety lancet     | 128    | pure comfort spacer with mask  | 128     |
| pro comfort spacer with mask  | 128    | PURIXAN                        | 74      |
| probenecid                    | 137    | push button safety lancets     | 129     |
| probenecid-colchicine         | 137    | pyrazinamide                   | 62      |

|                           |     |
|---------------------------|-----|
| pyridostigmine bromide    | 104 |
| pyridostigmine bromide er | 105 |
| pyrimethamine             | 84  |
| PYRUKYND                  | 106 |

## Q

|                                |     |
|--------------------------------|-----|
| QBRELIS                        | 209 |
| QBREXZA                        | 35  |
| QDOLO                          | 12  |
| QINLOCK                        | 75  |
| QSYMIA                         | 14  |
| QUADRACEL DTAP-IPV             | 96  |
| quazepam                       | 102 |
| quetiapine fumarate            | 86  |
| quetiapine fumarate er         | 86  |
| quickvue at-home covid-19 test | 129 |
| QUILLICHEW ER                  | 16  |
| QUILLIVANT XR                  | 16  |
| quinapril hcl                  | 209 |
| quinapril-hydrochlorothiazide  | 209 |
| quinidine gluconate            | 30  |
| quinidine sulfate              | 31  |
| quinine sulfate                | 84  |
| QULIPTA                        | 60  |
| QVAR REDIHALER                 | 117 |

## R

|                               |         |
|-------------------------------|---------|
| RABAVERT                      | 96      |
| RADICAVA ORS                  | 114     |
| raloxifene hcl                | 138     |
| ramipril                      | 209     |
| ranolazine er                 | 110     |
| RAPAMUNE                      | 197     |
| rapid sars-cov-2 ag home test | 129     |
| rasagiline mesylate           | 83      |
| RAVICTI                       | 136     |
| RAYALDEE                      | 226     |
| RAYOS                         | 153     |
| readylance safety lancets     | 129     |
| REBIF                         | 193,194 |
| REBIF REBIDOSE                | 194     |

|                        |     |
|------------------------|-----|
| RECLIPSEN              | 170 |
| RECOMBIVAX HB          | 96  |
| RECORLEV               | 199 |
| RECTIV                 | 218 |
| REDITREX               | 194 |
| REGRANEX               | 216 |
| RELAFEN                | 205 |
| RELAFEN DS             | 205 |
| RELENZA                | 99  |
| reliamed               | 129 |
| RELTONE                | 144 |
| RELYVRIO               | 136 |
| repaglinide            | 48  |
| REPATHA PUSHTRONEX     | 59  |
| REPATHA SURECLICK      | 59  |
| REPATHA SYRINGE        | 59  |
| RESTASIS               | 22  |
| RETACRIT               | 108 |
| RETEVMO                | 75  |
| REVCovi                | 137 |
| REVLIMID               | 75  |
| REXULTI                | 86  |
| REYATAZ                | 92  |
| REYVOW                 | 60  |
| REZLIDHIA              | 75  |
| REZUROCK               | 199 |
| RHOFADE                | 218 |
| RHOPRESSA              | 55  |
| ribavirin              | 100 |
| RIDAURA                | 146 |
| rifabutin              | 62  |
| rifampin               | 62  |
| rightest gd500         | 129 |
| rightest gl300 lancets | 129 |
| riluzole               | 114 |
| RINVOQ                 | 190 |
| risedronate sodium     | 183 |
| risedronate sodium dr  | 183 |
| risperidone            | 87  |
| risperidone odt        | 87  |
| riteflo                | 129 |

|                             |     |                          |         |
|-----------------------------|-----|--------------------------|---------|
| ritonavir                   | 92  | SEGLENTIS                | 12      |
| rivastigmine                | 105 | selegiline hcl           | 83      |
| RIVELSA                     | 170 | selenium sulfide         | 21      |
| rizatriptan                 | 61  | SELZENTRY                | 88      |
| ROCKLATAN                   | 55  | SEMGLEE (YFGN)           | 177     |
| roflumilast                 | 211 | SEMGLEE (YFGN) PEN       | 178     |
| ropinirole er               | 135 | SEREVENT DISKUS          | 105     |
| ropinirole hcl              | 135 | SERNIVO                  | 29      |
| ROSADAN                     | 20  | sertraline hcl           | 45      |
| rosuvastatin calcium        | 59  | SETLAKIN                 | 170     |
| rosuvastatin-ezetimibe      | 57  | sevelamer carbonate      | 179     |
| ROSZET                      | 57  | sevelamer hcl            | 179     |
| ROTARIX                     | 96  | SF                       | 184     |
| ROTATEQ                     | 96  | SF 5000 PLUS             | 184     |
| ROWEEPRA                    | 39  | SFROWASA                 | 143     |
| ROXYBOND                    | 12  | SHAROBEL                 | 170     |
| ROZLYTREK                   | 75  | SHINGRIX                 | 96      |
| RUBRACA                     | 75  | SIGNIFOR                 | 220     |
| RUCONEST                    | 180 | SIKLOS                   | 76      |
| rufinamide                  | 39  | sildenafil citrate       | 223,224 |
| RUKOBIA                     | 88  | silodosin                | 5       |
| RYALTRIS                    | 140 | silver sulfadiazine      | 21      |
| RYBELSUS                    | 48  | SIMBRINZA                | 55      |
| RYCLORA                     | 142 | SIMLIYA                  | 170     |
| RYDAPT                      | 76  | SIMPESSE                 | 170     |
| RYTARY                      | 83  | SIMPONI                  | 190     |
| RYVENT                      | 142 | simvastatin              | 59      |
| S                           |     | sirolimus                | 197     |
| safety lancets              | 129 | SIRTURO                  | 62      |
| SAJAZIR                     | 180 | SITAVIG                  | 100     |
| SANCUSO                     | 50  | SIVEXTRO                 | 34      |
| SANDIMMUNE                  | 197 | SKYCLARYS                | 199     |
| SANTYL                      | 218 | SKYRIZI                  | 218     |
| sapropterin dihydrochloride | 199 | SKYRIZI (2 SYRINGES) KIT | 218     |
| SAVELLA                     | 114 | SKYRIZI ON-BODY          | 23      |
| SCSEMBLIX                   | 76  | SKYRIZI PEN              | 219     |
| scopolamine                 | 50  | SKYTROFA                 | 176     |
| SE-NATAL 19                 | 225 | smart sense              | 129     |
| SE-NATAL-19                 | 225 | smart sense lancets      | 129     |
| SECUADO                     | 87  | smartdiabetes vantage    | 129     |
|                             |     | smartest lancet          | 129     |

|                                     |     |                                    |          |
|-------------------------------------|-----|------------------------------------|----------|
| SOAANZ.....                         | 133 | SPRIX.....                         | 205      |
| sod sulf-potass sulf-mag sulf.....  | 144 | SPRYCEL.....                       | 76       |
| sodium chloride.....                | 137 | SPS.....                           | 179      |
| sodium citrate-citric acid.....     | 135 | SRONYX.....                        | 171      |
| sodium fluoride.....                | 185 | SSD.....                           | 21       |
| SODIUM FLUORIDE 5000 DRY MOUTH..... | 185 | stavudine.....                     | 90       |
| SODIUM FLUORIDE 5000 PLUS.....      | 185 | STELARA.....                       | 219      |
| sodium fluoride enamel protect..... | 185 | STENDRA.....                       | 224      |
| sodium fluoride sensitive.....      | 185 | sterilance tl.....                 | 130      |
| sodium oxybate.....                 | 114 | sterile lancets.....               | 130      |
| sodium phenylbutyrate.....          | 136 | STIOLTO RESPIMAT.....              | 35       |
| sodium polystyrene sulfonate.....   | 179 | STIVARGA.....                      | 76       |
| solifenacin succinate.....          | 146 | STRENSIQ.....                      | 137      |
| SOLQUA 100-33.....                  | 178 | STRIBILD.....                      | 90       |
| SOLOSEC.....                        | 84  | STRIVERDI RESPIMAT.....            | 105      |
| SOLTAMOX.....                       | 138 | SUBSYS.....                        | 12       |
| solus v2.....                       | 129 | SUBVENITE.....                     | 40       |
| solus v2 lancets.....               | 129 | SUBVENITE (BLUE).....              | 40       |
| solus v2 lancing device.....        | 129 | SUBVENITE (GREEN).....             | 40       |
| SOMAVERT.....                       | 220 | SUBVENITE (ORANGE).....            | 40       |
| SOOLANTRA.....                      | 219 | SUCRAID.....                       | 137,138  |
| sorafenib.....                      | 76  | sucrafate.....                     | 97       |
| SORILUX.....                        | 219 | sulconazole nitrate.....           | 53       |
| SORINE.....                         | 112 | sulfacetamide sodium.....          | 18,19,21 |
| sotalol.....                        | 112 | sulfacetamide-prednisolone.....    | 19       |
| SOTALOL AF.....                     | 112 | sulfadiazine.....                  | 32       |
| SOTYLIZE.....                       | 112 | sulfamethoxazole-trimethoprim..... | 32       |
| SOVALDI.....                        | 149 | SULFAMYLON.....                    | 21       |
| space chamber.....                  | 129 | sulfasalazine.....                 | 190      |
| space chamber-large mask.....       | 129 | sulfasalazine dr.....              | 190      |
| space chamber-medium mask.....      | 129 | SULFATRIM.....                     | 32       |
| space chamber-small mask.....       | 129 | sulindac.....                      | 205      |
| speedyswab covid-19 home test.....  | 130 | sumatriptan.....                   | 61       |
| SPIKEVAX 2023-2024.....             | 97  | sumatriptan succ-naproxen sod..... | 61       |
| spinosad.....                       | 21  | sumatriptan succinate.....         | 61       |
| SPIRIVA HANDIHALER.....             | 35  | sunitinib malate.....              | 76       |
| SPIRIVA RESPIMAT.....               | 35  | SUNLENCA.....                      | 98       |
| spironolactone.....                 | 209 | SUNOSI.....                        | 16       |
| spironolactone-hctz.....            | 209 | super thin lancets.....            | 130      |
| SPRINTEC.....                       | 171 | sure comfort lancets.....          | 130      |
| SPRITAM.....                        | 39  | sure comfort lancing pen.....      | 130      |

|                                 |         |                                |         |
|---------------------------------|---------|--------------------------------|---------|
| sure-lance                      | 130     | tasimelteon                    | 100     |
| sure-pen                        | 130     | TAVALISSE                      | 106     |
| sure-touch                      | 130     | TAYSOFY                        | 171     |
| sureflex                        | 130     | tazarotene                     | 219     |
| SUTAB                           | 144     | TAZORAC                        | 219     |
| SYEDA                           | 171     | TAZTIA XT                      | 109     |
| SYMDEKO                         | 118     | TAZVERIK                       | 77      |
| SYMPAZAN                        | 41      | tdvax                          | 93      |
| SYMPROIC                        | 145     | techlite lancets               | 130     |
| SYMTUZA                         | 92      | TEGRETOL                       | 40      |
| SYNAREL                         | 149     | TEGRETOL XR                    | 40      |
| SYNDROS                         | 50      | TEGSEDI                        | 183     |
| SYNERA                          | 215     | TEKTRNA HCT                    | 210     |
| SYNJARDY                        | 48      | telmisartan                    | 208     |
| SYNJARDY XR                     | 48,49   | telmisartan-amlodipine         | 208     |
| SYNRIBO                         | 77      | telmisartan-hydrochlorothiazid | 208     |
| SYNTHROID                       | 222     | temazepam                      | 102     |
| syringes and accessories        | 130     | TEMIXYS                        | 90      |
| T                               |         | temozolomide                   | 77      |
| TABLOID                         | 77      | TENCON                         | 6       |
| TABRECTA                        | 77      | TENIVAC                        | 93      |
| tacrolimus                      | 197,219 | tenofovir disoproxil fumarate  | 91      |
| tadalafil                       | 224     | TEPMETKO                       | 78      |
| tadalafil 20 mg tablet (ED/BPH) | 224     | terazosin hcl                  | 111     |
| tadalafil 20 mg tablet (PAH)    | 224     | terbinafine hcl                | 51      |
| TAFINLAR                        | 77      | terbutaline sulfate            | 105     |
| TAGRISSO                        | 77      | terconazole                    | 53      |
| TAKE ACTION                     | 171     | teriflunomide                  | 194     |
| TAKHZYRO                        | 180     | testosterone                   | 154     |
| TALICIA                         | 97      | testosterone cypionate         | 154,155 |
| TALZENNA                        | 77      | testosterone enanthate         | 155     |
| tamoxifen citrate               | 138     | tetrabenazine                  | 116     |
| tamsulosin hcl                  | 5       | tetracaine hcl                 | 141     |
| TAPERDEX                        | 153     | tetracycline hcl               | 33      |
| TARGADOX                        | 33      | TEXACORT                       | 29      |
| TARINA 24 FE                    | 171     | TEZSPIRE                       | 211     |
| TARINA FE                       | 171     | THALITONE                      | 134     |
| TARINA FE 1-20 EQ               | 171     | THALOMID                       | 194     |
| TARPEYO                         | 153     | THEO-24                        | 220     |
| TASIGNA                         | 77      | theophylline                   | 220     |
|                                 |         | theophylline er                | 220     |

|                                |        |                                |        |
|--------------------------------|--------|--------------------------------|--------|
| thin lancets                   | 130    | TRACLEER                       | 212    |
| THIOLA EC                      | 199    | tramadol hcl                   | 12     |
| thiothixene                    | 88     | tramadol hcl er                | 12,13  |
| THYQUIDITY                     | 222    | tramadol hcl-acetaminophen     | 13     |
| thyroid                        | 222    | trandolapril                   | 209    |
| TIADYL ER                      | 109    | trandolapril-verapamil er      | 209    |
| tiagabine hcl                  | 40     | tranexamic acid                | 55     |
| TIBSOVO                        | 78     | tranylcypromine sulfate        | 42     |
| TIGLUTIK                       | 114    | travoprost                     | 55     |
| TILIA FE                       | 171    | trazodone hcl                  | 45     |
| timolol maleate                | 54,112 | TRECTOR                        | 62     |
| tinidazole                     | 84     | TRELEGY ELLIPTA                | 117    |
| tiopronin                      | 199    | TREMFYA                        | 219    |
| TIROSINT                       | 223    | TRESIBA                        | 178    |
| TIROSINT-SOL                   | 223    | TRESIBA FLEXTOUCH U-100        | 178    |
| TIVICAY                        | 89     | TRESIBA FLEXTOUCH U-200        | 178    |
| TIVICAY PD                     | 89     | tretinoin                      | 78,216 |
| TIVORBEX                       | 206    | tretinoin microsphere          | 216    |
| tizanidine hcl                 | 214    | TREXALL                        | 78     |
| TLANDO                         | 155    | TREZIX                         | 13     |
| TOBI PODHALER                  | 31     | TRI FEMYNOR                    | 172    |
| TOBRADEX ST                    | 19     | TRI-ESTARYLLA                  | 172    |
| tobramycin                     | 19,32  | TRI-LEGEST FE                  | 172    |
| tobramycin-dexamethasone       | 19     | TRI-LINYAH                     | 172    |
| TODAY CONTRACEPTIVE SPONGE     | 202    | TRI-LO-ESTARYLLA               | 172    |
| tolcapone                      | 83     | TRI-LO-MARZIA                  | 172    |
| tolmetin sodium                | 206    | TRI-LO-MILI                    | 172    |
| TOLSURA                        | 51     | TRI-LO-SPRINTEC                | 172    |
| tolterodine tartrate           | 146    | TRI-MILI                       | 172    |
| tolterodine tartrate er        | 146    | TRI-NYMYO                      | 173    |
| tolvaptan                      | 134    | TRI-PREVIFEM                   | 173    |
| topcare universal1 lancet      | 130    | TRI-SPRINTEC                   | 173    |
| topcare universal1 thin lancet | 130    | TRI-VYLIBRA                    | 173    |
| topiramate                     | 40     | TRI-VYLIBRA LO                 | 173    |
| topiramate er                  | 40     | triamcinolone acetonide        | 29     |
| toremifene citrate             | 138    | triamterene                    | 133    |
| torsemide                      | 133    | triamterene-hydrochlorothiazid | 133    |
| TOSYMRA                        | 61     | TRIANEX                        | 29     |
| TOUJEO MAX SOLOSTAR            | 178    | TRIDERM                        | 29     |
| TOUJEO SOLOSTAR                | 178    | trientine hcl                  | 150    |
| TOVET EMOLLIENT                | 29     | trifluoperazine hcl            | 88     |

|                            |     |                         |     |
|----------------------------|-----|-------------------------|-----|
| trifluridine               | 19  | TYDEMY                  | 173 |
| trihexyphenidyl hcl        | 82  | TYMLOS                  | 206 |
| TRIJARDY XR                | 49  | TYVASO                  | 212 |
| TRIKAFTA                   | 118 | TYVASO REFILL KIT       | 212 |
| trimethobenzamide hcl      | 50  | TYVASO STARTER KIT      | 213 |
| trimethoprim               | 17  |                         |     |
| trimipramine maleate       | 46  | U                       |     |
| TRINATE                    | 225 | UBRELVY                 | 60  |
| TRINTELLIX                 | 45  | ulti-lance              | 131 |
| TRITOCIN                   | 29  | ultilet classic         | 131 |
| TRIUMEQ                    | 91  | ultilet lancets         | 131 |
| TRIUMEQ PD                 | 91  | ultilet safety          | 131 |
| TRIVORA-28                 | 173 | ultra thin lancet       | 131 |
| TRIZIVIR                   | 91  | ultra thin lancets      | 131 |
| tropium chloride           | 146 | ultra thin plus lancets | 131 |
| tropium chloride er        | 146 | ultra-care lancets      | 131 |
| TRUDHESA                   | 5   | ultra-thin ii           | 131 |
| true comfort lancet        | 130 | ULTRAVATE               | 29  |
| true comfort safety lancet | 130 | unilet comfortouch      | 131 |
| truedraw                   | 130 | unilet excelite         | 131 |
| trueplus lancet            | 130 | unilet excelite ii      | 131 |
| trueplus lancets           | 130 | unilet gp lancet        | 131 |
| TRULANCE                   | 145 | unilet lancet           | 131 |
| TRULICITY                  | 48  | unilet lancets          | 131 |
| TRUMENBA                   | 97  | unistik 2               | 131 |
| TRUSELTIQ                  | 78  | unistik 2 extra         | 131 |
| trustex                    | 202 | unistik 2 normal        | 131 |
| trustex condom             | 202 | unistik 3               | 131 |
| trustex latex condom       | 202 | unistik 3 comfort       | 131 |
| trustex-ria                | 202 | unistik 3 extra         | 131 |
| TUKYSA                     | 78  | unistik 3 neonatal      | 131 |
| TULANA                     | 173 | unistik 3 normal        | 132 |
| TURALIO                    | 78  | unistik comfort         | 132 |
| TUSSICAPS                  | 211 | unistik cz              | 132 |
| TUXARIN ER                 | 211 | unistik extra           | 132 |
| TUZISTRA XR                | 211 | unistik normal          | 132 |
| TWINRIX                    | 97  | unistik pro             | 132 |
| twist lancets              | 130 | unistik safety          | 132 |
| twist top lancet           | 131 | unistik touch           | 132 |
| TYBLUME                    | 173 | UNITHROID               | 223 |
| TYBOST                     | 199 | universal 1             | 132 |

|                                         |     |                                       |         |
|-----------------------------------------|-----|---------------------------------------|---------|
| UPTRAVI . . . . .                       | 213 | verifine safety lancet mini . . . . . | 132     |
| ursodiol . . . . .                      | 144 | verifine universal lancet . . . . .   | 132     |
| <b>V</b>                                |     |                                       |         |
| valacyclovir . . . . .                  | 100 | VERQUVO . . . . .                     | 224     |
| VALCHLOR . . . . .                      | 79  | VERSACLOZ . . . . .                   | 87      |
| valganciclovir hcl . . . . .            | 100 | VERZENIO . . . . .                    | 79      |
| valproic acid . . . . .                 | 40  | VESTURA . . . . .                     | 173     |
| valsartan . . . . .                     | 208 | VIBERZI . . . . .                     | 145     |
| valsartan-hydrochlorothiazide . . . . . | 208 | VIENVA . . . . .                      | 174     |
| VALTOCO . . . . .                       | 102 | vigabatrin . . . . .                  | 40      |
| vancomycin hcl . . . . .                | 33  | VIGADRONE . . . . .                   | 40      |
| VANDAZOLE . . . . .                     | 20  | VIIBRYD . . . . .                     | 45      |
| VAQTA . . . . .                         | 97  | VIJOICE . . . . .                     | 199,200 |
| vardenafil hcl . . . . .                | 224 | vilazodone hcl . . . . .              | 45      |
| varenicline tartrate . . . . .          | 104 | VIORELE . . . . .                     | 174     |
| VARIVAX VACCINE . . . . .               | 97  | VIRACEPT . . . . .                    | 92      |
| VARUBI . . . . .                        | 51  | VIREAD . . . . .                      | 91      |
| VASCEPA . . . . .                       | 57  | VIRT-PHOS 250 NEUTRAL . . . . .       | 135     |
| VAXELIS . . . . .                       | 93  | VISTOGARD . . . . .                   | 182     |
| VAXNEUVANCE . . . . .                   | 97  | vitamin d2 . . . . .                  | 226     |
| VCF . . . . .                           | 203 | VITRAKVI . . . . .                    | 79      |
| VECAMYL . . . . .                       | 177 | vivaguard lancet . . . . .            | 132     |
| VECTICAL . . . . .                      | 219 | vivaguard lancing device . . . . .    | 132     |
| VELIVET . . . . .                       | 173 | VIVJOA . . . . .                      | 51      |
| VELPHORO . . . . .                      | 179 | VIVOTIF . . . . .                     | 97      |
| VELTASSA . . . . .                      | 179 | VIZIMPRO . . . . .                    | 79      |
| VEMLIDY . . . . .                       | 100 | VOGELXO . . . . .                     | 155     |
| VENCLEXTA . . . . .                     | 79  | VOLNEA . . . . .                      | 174     |
| VENCLEXTA STARTING PACK . . . . .       | 79  | VONJO . . . . .                       | 80      |
| venlafaxine hcl . . . . .               | 43  | VONVENDI . . . . .                    | 55      |
| venlafaxine hcl er . . . . .            | 43  | voriconazole . . . . .                | 52      |
| VENTAVIS . . . . .                      | 213 | vortex . . . . .                      | 132     |
| VENTOLIN HFA . . . . .                  | 105 | vortex vhc frog mask . . . . .        | 132     |
| verapamil er . . . . .                  | 109 | vortex vhc ladybug mask . . . . .     | 132     |
| verapamil er pm . . . . .               | 109 | VOSEVI . . . . .                      | 149     |
| verapamil hcl . . . . .                 | 109 | VOTRIENT . . . . .                    | 80      |
| verapamil sr . . . . .                  | 109 | VOWST . . . . .                       | 200     |
| VERDESO . . . . .                       | 29  | VOXZOGO . . . . .                     | 200     |
| VEREGEN . . . . .                       | 219 | VRAYLAR . . . . .                     | 87      |
| VERELAN PM . . . . .                    | 109 | VTAMA . . . . .                       | 219     |
|                                         |     | VTOL LQ . . . . .                     | 6       |
|                                         |     | VUMERITY . . . . .                    | 194     |

|                |     |
|----------------|-----|
| VYFEMLA .....  | 174 |
| VYLEESI .....  | 114 |
| VYLIBRA .....  | 174 |
| VYNDAMAX ..... | 200 |
| VYNDAQEL ..... | 200 |
| VYZULTA .....  | 55  |

## W

|                            |     |
|----------------------------|-----|
| warfarin sodium .....      | 35  |
| WEE CARE .....             | 30  |
| WEGOVY .....               | 48  |
| WELIREG .....              | 80  |
| WERA .....                 | 174 |
| WES-PHOS 250 NEUTRAL ..... | 135 |
| wide seal diaphragm .....  | 203 |
| WINLEVI .....              | 219 |
| WIXELA INHUB .....         | 118 |
| WYMZYA FE .....            | 174 |

## X

|                  |         |
|------------------|---------|
| XADAGO .....     | 83      |
| XALKORI .....    | 80      |
| XARELTO .....    | 36      |
| XATMEP .....     | 80      |
| XCOPRI .....     | 40      |
| XELJANZ .....    | 190,191 |
| XELJANZ XR ..... | 191     |
| XENICAL .....    | 145     |
| XENLETA .....    | 34      |
| XEPI .....       | 20      |
| XERMELO .....    | 143     |
| XHANCE .....     | 22      |
| XIFAXAN .....    | 34      |
| XIGDUO XR .....  | 49      |
| XIIDRA .....     | 22      |
| XOFLUZA .....    | 99      |
| XOLAIR .....     | 211     |
| XOLEGEL .....    | 53      |
| XOSPATA .....    | 80      |
| XPOVIO .....     | 80      |
| XTAMPZA ER ..... | 13      |

|                        |     |
|------------------------|-----|
| XTANDI .....           | 81  |
| XULANE .....           | 174 |
| XULTOPHY 100-3.6 ..... | 178 |
| XURIDEN .....          | 200 |
| XYOSTED .....          | 155 |
| XYWAV .....            | 114 |

## Y

|               |     |
|---------------|-----|
| YONSA .....   | 81  |
| YUVAFEM ..... | 140 |

## Z

|                              |         |
|------------------------------|---------|
| ZAFEMY .....                 | 174     |
| zafirlukast .....            | 24      |
| zaleplon .....               | 101     |
| ZARAH .....                  | 175     |
| ZARONTIN .....               | 41      |
| ZARXIO .....                 | 108     |
| ZCORT .....                  | 153     |
| ZEBUTAL .....                | 6       |
| ZEGALOGUE AUTOINJECTOR ..... | 56      |
| ZEGALOGUE SYRINGE .....      | 56      |
| ZEJULA .....                 | 81      |
| ZELAPAR .....                | 83      |
| ZELBORAF .....               | 81      |
| ZEMBRACE SYMTOUCH .....      | 61      |
| ZENATANE .....               | 219     |
| ZENPEP .....                 | 144     |
| ZENZEDI .....                | 15      |
| ZEPOSIA .....                | 194,195 |
| zidovudine .....             | 91      |
| ZIEXTENZO .....              | 108     |
| zileuton er .....            | 24      |
| ZILXI .....                  | 21      |
| ZIMHI .....                  | 115     |
| ziprasidone hcl .....        | 87      |
| ZITHROMAX .....              | 181     |
| ZOKINVY .....                | 200     |
| ZOLINZA .....                | 81      |
| zolmitriptan .....           | 61      |
| zolmitriptan odt .....       | 61      |

|                           |     |
|---------------------------|-----|
| zolpidem tartrate.....    | 101 |
| zolpidem tartrate er..... | 101 |
| ZOLPIMIST.....            | 101 |
| ZOMIG.....                | 62  |
| zonisamide.....           | 40  |
| ZORTRESS.....             | 197 |
| ZORVOLEX.....             | 206 |
| ZOVIA 1-35.....           | 175 |
| ZOVIA 1-35E.....          | 175 |
| ZTALMY.....               | 81  |
| ZTLIDO.....               | 215 |
| ZUBSOLV.....              | 13  |
| ZUMANDIMINE.....          | 175 |
| ZUPLENZ.....              | 50  |
| ZYCLARA.....              | 220 |
| ZYDELIG.....              | 81  |
| ZYFLO.....                | 24  |
| ZYKADIA.....              | 81  |
| ZYLET.....                | 19  |