

# CDPHP Commercial Clinical Formulary-1 2026

## NON-DISCRIMINATION/MULTI-LANGUAGE INTERPRETER SERVICES: APPLIES TO MEMBERS/ENROLLEES ONLY

### Discrimination is Against the Law

Capital District Physicians' Health Plan, Inc. (CDPHP®) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. CDPHP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

### CDPHP:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the CDPHP Civil Rights Coordinator.

If you believe that CDPHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: CDPHP Civil Rights Coordinator, 6 Wellness Way, Latham, NY 12110, 1-844-391-4803 (TTY/TDD: 711), Fax (518) 641-3401. You can file a grievance by mail, fax, or electronically at <https://www.cdphp.com/customer-support/email-cdphp>. If you need help filing a grievance, the CDPHP Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20211, 1-800-868-1019 (TDD 1-800-537-7697).

### Multi-language Interpreter Services

ATTENTION: If you speak a non-English language, language assistance services, free of charge, are available to you. Call the number on your member ID card (TTY: 711).

ATENCIÓN: Si habla otro idioma que no es el inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que figura en su tarjeta de identificación de miembro (TTY: 711).

注意：如果您使用的語言不是英語，您可以免費獲得語言援助服務。請致電您會員ID卡上的電話（聽力障礙電傳：711）。

ВНИМАНИЕ: Если вы говорите на иностранном языке, вы можете воспользоваться бесплатными услугами перевода. Позвоните по номеру на вашей ID карточке участника (Телетайп: 711).

ATANSYON: Si ou pale yon lang ki pa Angle, wap jwenn sèvis asistans lang gratis disponib pou ou. Rele nimewo ki sou kat ID manm ou a (TTY: 711).

주의: 영어 이외의 언어를 사용하는 경우 무료로 언어 지원 서비스를 받을 수 있습니다. 귀하의 회원 ID 카드에 있는 번호로 전화하십시오(TTY: 711).

ATTENZIONE: Se non parla inglese né una lingua anglofona, sono disponibili servizi gratuiti di assistenza linguistica. Chiami il numero presente sulla scheda ID dei membri (TTY: 711).

אויפמערקזאם: אויב איר רעדט, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל.  
רופט דעם נומער אויף אייער מעמבער ID קארטל (TTY: 711)

মনোযোগ দিনঃ আপনি যদি ইংরেজি বহির্ভূত কোন ভাষায় কথা বলেন, আপনার জন্য বিনা খরচায় ভাষা সহায়তা উপলভ্য রয়েছে। আপনার সদস্য আইডি কার্ডের নম্বরে কল করুন (TTY: 711)।

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer na Twojej członkowskiej karcie ID (TTY: 711).

تنبيه: إذا كنت تتحدث لغة غير الإنجليزية، تتوفر إليك خدمات مساعدة اللغة مجانًا. اتصل بالرقم الموجود ببطاقة الهوية لعضويتك (TTY: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez au numéro indiqué sur votre carte de membre (ATS : 711).

توجه دیں: اگر آپ انگریزی کے علاوہ دوسری زبان بولتے ہیں تو، آپ کے لیے زبان کی اعانت کی خدمات مفت دستیاب ہیں۔ اپنے ممبر آئی ڈی کارڈ پر درج نمبر پر کال کریں (TTY: 711)۔

ATENSYON: Kung nagsasalita kayo ng wikang iba sa Ingles, magagamit niyo ang mga serbisyo sa tulong sa wika nang walang bayad. Tawagan ang numero sa inyong card miyembro ID (TTY: 711).

ΠΡΟΣΟΧΗ: Αν δεν μιλάτε Αγγλικά, υπάρχουν στη διάθεσή σας υπηρεσίες γλωσσικής υποστήριξης οι οποίες παρέχονται δωρεάν. Καλέστε τον αριθμό που θα βρείτε στην ατομική σας ταυτότητα μέλους (TTY: 711).

VINI RE: Nëse flisni një gjuhë jo-anglisht, shërbime falas të ndihmës së gjuhës janë në dispozicion për ju. Telefonojini numrit në kartën tuaj të ID të anëtarit (TTY: 711).

## INTRODUCTION

Capital District Physicians' Health Plan, Inc. (CDPHP) is pleased to provide the *CDPHP Commercial Clinical Formulary-1 2026* as a useful reference and informational tool to assist practitioners in selecting clinically appropriate and cost-effective drug therapies.

The information contained in this *CDPHP Commercial Clinical Formulary-1* and its appendices is provided by CDPHP, solely for the convenience of medical practitioners. CDPHP does not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. This *CDPHP Commercial Clinical Formulary-1* is not intended to be a substitute for the knowledge, expertise, skill, and judgment of the medical practitioner in his/her choice of prescription drugs. All the information in the *CDPHP Commercial Clinical Formulary-1* is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber. The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

CDPHP assumes no responsibility for the actions or omissions of any medical practitioner based upon reliance, in whole or in part, on the information contained herein. **The medical practitioner should consult the drug manufacturer's product literature or standard references for more detailed information.**

National guidelines can be found on the National Guideline Clearinghouse site at <http://www.guideline.gov>.

Please note, the information found in the *CDPHP Commercial Clinical Formulary-1* does not apply to the CDPHP Medicare products that offer prescription drug benefits. For information on these plans, please visit the Medicare Information section on <http://www.cdphp.com>.

## PREFACE

The *CDPHP Commercial Clinical Formulary-1* represents CDPHP's prescription drug formulary and is organized by sections. Each section is divided by therapeutic drug class primarily defined by mechanism of action. Unless exceptions are noted, generally all applicable dosage forms and strengths of the drug cited are included in the *CDPHP Commercial Clinical Formulary-1*. **Generics should be considered the first line of prescribing.**

The CDPHP formulary is a closed formulary. In a closed formulary, drugs are either covered or not covered. Products not covered are only available to be covered by medical exception.

Coverage of any agent listed in the formulary is subject to the member's contract and prescription drug rider. Quantity limits, prior authorization, dose optimization, and/or step therapy requirements may apply. Injectables that are listed in the *CDPHP Commercial Clinical Formulary-1* are covered under the pharmacy benefit (and require a drug rider). Pharmacy benefits may impose additional coverage restrictions or may not cover selected drug products. In addition, over-the-counter (OTC) products, with the exception of insulin and diabetes monitoring products, are usually not covered benefits unless the OTC product has been added to the formulary. Covered OTC products and their associated tier placement are listed throughout this document.

Drugs represented in the *CDPHP Commercial Clinical Formulary-1* may have varying cost to the member. Tier 1 medications are available at the lowest cost, and tier 3 medications and medications not on the list will cost the most.

The tiered format places drugs into tiers in the following manner:

- Tier 1: Generic prescription drugs which offer the most cost-effective alternative to available brand-name prescription drug products. It may also include those brand-name prescription drug products determined by the Plan's Pharmacy and Therapeutics (P&T) Committee to be included in quality initiative programs.
- Tier 2: Preferred brand-name prescription drug products which offer overall clinical and/or financial value. Selected generic prescription drug products may also be included in this tier if they are not as cost-effective as a tier 1 generic drug.
- Tier 3: All other covered brand-name or generic prescription drugs which do not offer significant clinical and/or cost advantages over a tier 1 or a tier 2 drug.

Due to Federal and New York State mandates, certain drug classes will have no member cost share or a reduced member cost share than what is stated in this document. Examples of these drug classes include, but are not limited to, diabetic drugs, oral contraceptives and oral oncology drugs.

*Please note that all new drugs will not be covered on the formulary and require prior authorization until reviewed by the CDPHP P&T Committee.*

## PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The CDPHP P&T Committee includes a cross-section of practicing network physicians, advanced practitioners and pharmacists whose primary role on the committee is to ensure that the most clinically appropriate and cost-effective drugs will be available for CDPHP members. The P&T Committee is responsible for reviewing new drugs, reviewing and revising pharmacy policies, reviewing patient profiles and drug utilization review quarterly reports, and reviewing clinical initiatives/programs for all lines of business. The members of the P&T Committee are bound by a confidentiality and conflict of interest agreement, which is renewed annually.

The actions of the CDPHP P&T Committee are communicated after each committee meeting by posting final decisions on the CDPHP Web page Formulary Updates section of Rx Corner on the Providers tab of <http://www.cdphp.com>.

## PRODUCT SELECTION CRITERIA

*All new drugs will not be included on the formulary and require prior authorization review until reviewed by the P&T Committee.*

When a new drug is considered for formulary inclusion, it will be reviewed relative to similar drugs currently on formulary. In addition, the entire CDPHP formulary is reviewed on an annual basis.

Quantity limitations, prior authorizations, dose optimization, and/or step therapy may also apply to formulary drugs. **Drugs not listed on the formulary document are not covered unless medical exception procedures have been followed and a medical exception is approved.** Please note that certain drugs are additionally not covered as described in member contracts.

## GENERIC SUBSTITUTION

Generic substitution is a pharmacy action whereby a generic version is dispensed rather than a prescribed brand-name product. **Lowercase font** indicates generic availability. One way to reduce out-of-pocket cost is by requesting a generic drug. Generic drugs are usually priced lower than their brand-name equivalents. Research shows that members can save an average of 30-80% when they fill their prescriptions with a generic drug instead of a brand-name drug.

Prescription generic drugs undergo a strict U.S. Food and Drug Administration (FDA) approval process. Here are just some of the FDA standards and practices that generic manufacturers must follow:

- A generic medicine must be bioequivalent (performs in the same manner) to its brand-name counterpart.
- A generic medicine must pass the FDA's review for both active and inactive ingredients.
- The manufacturer facility of the generic medicine must pass FDA inspection.
- The generic medicine must have the same active ingredients and be available in the same strength and dosage form as its brand-name counterpart.
- The label of the generic medicine must include the same information found on the packaging of its brand-name counterpart.
- Finally, the FDA continues to monitor the generic drug for quality control after it has been approved (<http://www.fda.gov>).

The FDA is very strict in their view of a generic medicine before it goes to market. In most cases, the average person would not be able to tell the difference between a generic and a brand-name drug, other than the size, color or shape. In fact, U.S. trademark laws require that generics look different from their brand-name equivalents.

## SPECIALTY DRUGS (SP)

Specialty pharmaceuticals are used in the management of complex chronic or genetic conditions and certain catastrophic diseases. They are often injectable medications, but they may also include oral agents. CDPHP has chosen **CVS Caremark Specialty Pharmacy Services** to dispense certain high-cost injectables and biotech drugs for its members.

### **CVS Caremark Specialty Pharmacy Services offers the following:**

- The ability to receive a 30-day supply of medications and additional supplies needed for the medications. Medications can be sent to a patient's home, another address selected by the patient, a doctor's office, or they can be picked up at the pharmacy.
- Help for side effects, educational materials about certain health issues and refill reminder calls.

- Access to health care professionals for emergencies 24 hours a day, seven days a week and Patient Resource Centers where CDPHP members can find the latest news, helpful tips and tools, drug information, safety alerts, support groups, community links, and other useful resources.

### **Get started with CVS Caremark Specialty Pharmacy Services**

Call 1-800-237-2767, fax 1-800-323-2445, or visit them online at <https://www.cvsspecialty.com>.

Drugs marked with a "SP" symbol are required to be filled through CVS Specialty Pharmacy or another pharmacy in the CDPHP specialty network. CVS Specialty Pharmacy can be contacted by calling, toll-free at 1-800-237-2767.

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

CDPHP requires prior authorization for certain drugs before they will be approved for coverage. Coverage will be approved when specific approval criteria for that drug is met, according to CDPHP policies. In addition, drugs identified through the Plan's drug utilization review program as being used off-label will be subject to prior authorization requirements as described in the CDPHP pharmacy policy, Off-Label Uses of FDA-Approved Drugs, and/or a drug specific policy. As defined by the U.S. Food and Drug Administration (FDA), off-label usage is the use of a drug product for an indication, dosage form, dose regimen, population, or other use parameter not mentioned in the approved labeling of that drug.

Drugs indicated as requiring prior authorization is subject to change from time to time. If a drug is listed as requiring prior authorization, the prescribing practitioner should initiate a prior authorization request with CDPHP. Prior authorization can be requested through the CDPHP Pharmacy Department by faxing the request to (518) 641-3208.

Drugs that require prior authorization are noted within this booklet by the "PA" symbol. Drugs subject to drug utilization reviews are noted with a "DUR" symbol.

### **PRESCRIPTION QUANTITY MANAGEMENT**

CDPHP, working closely with the P&T Committee members, has chosen to limit the quantity of certain drugs that CDPHP may cover for a member. Quantity limits are in place for quality and/or clinical considerations. The list of drugs that have quantity limits is subject to change from time to time and may not be all-inclusive. Drugs that have quantity limits are noted within this booklet by the "QL or QLC" symbol.

### **DOSE OPTIMIZATION**

Dose optimization is a program to support appropriate and cost-effective drug therapy by recommending a higher once-daily dose of a product when members are taking multiple-daily doses of a lower strength. For example, a member may be taking two 20 mg tablets of a drug per day when only one 40 mg tablet could be used. If a practitioner determines that multiple daily doses are medically necessary, please submit the CDPHP Medical Exception Form by fax to (518) 641-3208 for consideration.

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

The Step Therapy (ST) program is another form of prior authorization. The step therapy program uses a standard protocol to determine if members qualify for a drug that otherwise would not be covered. Using the standard protocol, certain drugs are not covered unless members have tried one or more "prerequisite therapy" medication(s) first. If it is medically necessary for a member to use a step therapy medication as initial therapy without trying a "prerequisite therapy" drug, the practitioner can request coverage of the step therapy medication through a medical exception.

The list of drugs that require step therapy is subject to change from time to time and may not be all-inclusive. If a drug is required and the practitioner determines that the drug is medically necessary, please submit the CDPHP Medical Exception Form by fax to (518) 641-3208 for consideration. Drugs that require step therapy are noted within this booklet by the "ST" symbol.

## MEDICAL EXCEPTION PROCESS

The CDPHP P&T Committee developed the Medical Exception policy so that practitioners may request a drug not included on the formulary for a specific patient when medically necessary. The Medical Exception process is coordinated through CDPHP's Pharmacy Department. Requests are processed in the order received. Medical exceptions can be requested through the CDPHP Pharmacy Department by faxing the request to (518) 641-3208. In addition, a member may initiate a medical exception request by calling the telephone number printed on their CDPHP identification card or by utilizing the "Medical Exception Request" option found under Prescription Forms & Lists on the Forms and Tools section on the members tab of CDPHP's website, [www.cdphp.com](http://www.cdphp.com). A response will be sent to both the medical practitioner and member as soon as possible.

## EDITOR

Your comments and suggestions regarding the *CDPHP Commercial Clinical Formulary-1 2026* are encouraged. Your input is vital to this formulary's continued success. All responses will be reviewed and considered. Please send your comments to:

CDPHP, Pharmacy Department  
6 Wellness Way  
Latham, NY 12110  
E-mail: [pharmacy@cdphp.com](mailto:pharmacy@cdphp.com)  
Internet: <http://www.cdphp.com>

## LEGEND

|             |  |
|-------------|--|
| <b>DUR</b>  | Subject to drug utilization review   |
| <b>OTC</b>  | Over the counter   |
| <b>PA</b>   | Prior Authorization; refer to Prior Authorization section  |
| <b>PD</b>   | Preventive Drug  |
| <b>QL</b>   | Quantity Limit applied on number of doses per day  |
| <b>QLC</b>  | Quantity Limit applied over a specific time period   |
| <b>SP</b>   | Required to fill through CVS Specialty Pharmacy, toll-free at 1-800-237-2767, or another pharmacy in the CDPHP specialty network |
| <b>ST</b>   | Step Therapy; refer to Step Therapy section  |
| <b>ACA</b>  | Covered under the Affordable Care Act; no member cost share  |
| <b>Rx4L</b> | Rx4Less Program Applies (specific maintenance medications; visit <a href="http://cdphp.com/save">cdphp.com/save</a> )            |

## NOTICE

The information contained in this document is proprietary. The information may not be copied in whole or in part without the written permission of Capital District Physicians' Health Plan, Inc., Capital Physicians' Healthcare Network, Inc., and CDPHP Universal Benefits, Inc. (collectively known as CDPHP). ©2021. All rights reserved.

The drug names listed here are the registered and/or unregistered trademarks of third-party pharmaceutical companies unrelated to and unaffiliated with CDPHP. These trademarked brand names are included here for informational purposes only and are not intended to imply or suggest any affiliation between CDPHP and such third-party pharmaceutical companies.

CDPHP does not operate the websites/organizations listed here, nor are they responsible for the availability or reliability of the websites' content. These listings do not imply or constitute an endorsement, sponsorship or recommendation by CDPHP.

| PRODUCT DESCRIPTION                            | TIER | LIMITS & RESTRICTIONS  |
|--|------|--|
| ANALGESICS                                     |      |  |
| NONSTEROIDAL ANTI-INFLAMMATORY DRUGS           |      |  |
| <i>aspirin 325 mg tab</i>                      | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>aspirin 325 mg tab</i>                      | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>aspirin 325 mg tab dr</i>                   | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>aspirin 81 81 mg chew tab</i>               | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>aspirin 81 81 mg tab dr</i>                 | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>aspirin 81 mg chew tab</i>                  | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>aspirin 81 mg tab dr</i>                    | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>aspirin adult low dose 81 mg tab dr</i>     | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>aspirin adult low strength 81 mg tab dr</i> | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |

| PRODUCT DESCRIPTION                             | TIER | LIMITS & RESTRICTIONS  |
|---|------|--|
| <i>aspirin childrens 81 mg chew tab</i>         | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>aspirin ec adult low dose 81 mg tab dr</i>   | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>aspirin ec low dose 81 mg tab dr</i>         | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>aspirin ec low strength 81 mg tab dr</i>     | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>aspirin low dose 81 mg chew tab</i>          | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>aspirin low dose 81 mg tab dr</i>            | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>aspirin regimen 81 mg tab dr</i>             | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>bayer advanced aspirin reg st 325 mg tab</i> | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>bayer aspirin 325 mg tab</i>                 | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>bayer aspirin 325 mg tab dr</i>              | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |

| PRODUCT DESCRIPTION                                | TIER | LIMITS & RESTRICTIONS  |
|--|------|--|
| <i>bayer aspirin ec low dose 81 mg tab dr</i>      | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>bayer low dose 81 mg chew tab</i>               | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>bayer low dose 81 mg tab dr</i>                 | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>childrens aspirin 81 mg chew tab</i>            | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>cvs aspirin 325 mg tab</i>                      | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>cvs aspirin adult low dose 81 mg chew tab</i>   | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>cvs aspirin adult low strength 81 mg tab dr</i> | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>cvs aspirin ec 81 mg tab dr</i>                 | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>cvs aspirin low dose 81 mg tab dr</i>           | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>cvs aspirin low strength 81 mg tab dr</i>       | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |

| PRODUCT DESCRIPTION                           | TIER | LIMITS & RESTRICTIONS  |
|---|------|--|
| <i>cvs genuine aspirin 325 mg tab</i>         | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>ecotrin 325 mg tab dr</i>                  | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>ecotrin arthrtis pain 325 mg tab dr</i>    | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>ecotrin low strength 81 mg tab dr</i>      | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>eq aspirin 325 mg tab</i>                  | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>eq aspirin adult low dose 81 mg tab dr</i> | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>eq aspirin low dose 81 mg chew tab</i>     | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>eq aspirin low dose 81 mg tab dr</i>       | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>eql aspirin ec 325 mg tab dr</i>           | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>eql aspirin low dose 81 mg chew tab</i>    | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |

| PRODUCT DESCRIPTION                                  | TIER | LIMITS & RESTRICTIONS  |
|--|------|--|
| <i>eql aspirin low dose 81 mg tab dr</i>             | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>ft aspirin 325 mg tab</i>                         | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>ft aspirin 81 mg chew tab</i>                     | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>ft aspirin low dose 81 mg tab dr</i>              | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>ft enteric coated aspirin 325 mg tab dr</i>       | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>genuine aspirin 325 mg tab</i>                    | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>gnp adult aspirin low strength 81 mg chew tab</i> | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>gnp aspirin 325 mg tab</i>                        | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>gnp aspirin 325 mg tab dr</i>                     | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>gnp aspirin 81 mg tab dr</i>                      | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |

| PRODUCT DESCRIPTION                            | TIER | LIMITS & RESTRICTIONS  |
|--|------|--|
| <i>gnp aspirin low dose 81 mg tab dr</i>       | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>goodsense aspirin 325 mg tab</i>            | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>goodsense aspirin 81 mg chew tab</i>        | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>goodsense aspirin adults 325 mg tab</i>     | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>goodsense aspirin low dose 81 mg tab dr</i> | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>h-e-b aspirin 81 mg tab dr</i>              | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>hm adult aspirin 325 mg tab</i>             | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>hm aspirin 325 mg tab dr</i>                | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>kls aspirin low dose 81 mg tab dr</i>       | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>kp aspirin 81 mg tab dr</i>                 | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |

| PRODUCT DESCRIPTION                        | TIER | LIMITS & RESTRICTIONS  |
|--|------|--|
| <i>medi-first aspirin 325 mg tab</i>       | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>medique aspirin 325 mg tab</i>          | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>meijer aspirin ec 325 mg tab dr</i>     | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>mm aspirin 81 mg tab dr</i>             | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>qc aspirin 325 mg tab</i>               | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>qc aspirin 325 mg tab dr</i>            | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>qc aspirin low dose 81 mg chew tab</i>  | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>qc aspirin low dose 81 mg tab dr</i>    | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>qc childrens aspirin 81 mg chew tab</i> | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>qc enteric aspirin 325 mg tab dr</i>    | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |

| PRODUCT DESCRIPTION                                 | TIER | LIMITS & RESTRICTIONS  |
|---|------|--|
| <i>ra aspirin 325 mg tab</i>                        | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>ra aspirin adult low dose 81 mg chew tab</i>     | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>ra aspirin adult low strength 81 mg chew tab</i> | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>ra aspirin childrens 81 mg chew tab</i>          | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>ra aspirin ec 325 mg tab dr</i>                  | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>ra aspirin ec 81 mg tab dr</i>                   | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>ra aspirin ec adult low st 81 mg tab dr</i>      | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>ra pain relief aspirin 325 mg tab</i>            | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>sb aspirin 325 mg tab</i>                        | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>sb aspirin ec 325 mg tab dr</i>                  | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |

| PRODUCT DESCRIPTION                               | TIER | LIMITS & RESTRICTIONS  |
|---|------|--|
| <i>sb childrens aspirin 81 mg chew tab</i>        | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>sb low dose asa ec 81 mg tab dr</i>            | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>sm aspirin adult low strength 81 mg tab dr</i> | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>sm aspirin ec 325 mg tab dr</i>                | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>sm aspirin ec low strength 81 mg tab dr</i>    | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>sm aspirin low dose 81 mg chew tab</i>         | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>sm aspirin low dose 81 mg tab dr</i>           | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>sm childrens aspirin 81 mg chew tab</i>        | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>st joseph aspirin 81 mg tab dr</i>             | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>st joseph low dose 81 mg chew tab</i>          | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |

| PRODUCT DESCRIPTION                                 | TIER | LIMITS & RESTRICTIONS  |
|---|------|--|
| <i>st joseph low dose 81 mg tab dr</i>              | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>butalbital-aspirin-caffeine 50-325-40 mg cap</i> | 1    | QL 180 ea / 30 day(s)  |
| <i>celecoxib 100 mg cap</i>                         | 1    | QL 60 EA / 30 day(s)   |
| <i>celecoxib 200 mg cap</i>                         | 1    | QL 60 EA / 30 day(s)   |
| <i>celecoxib 400 mg cap</i>                         | 2    | QL 60 EA / 30 day(s)   |
| <i>celecoxib 50 mg cap</i>                          | 1    | QL 60 EA / 30 day(s)   |
| <i>diclofenac potassium 50 mg tab</i>               | 1    |  |
| <i>diclofenac sodium 25 mg tab dr</i>               | 1    |  |
| <i>diclofenac sodium 25 mg tab dr</i>               | 1    |  |
| <i>diclofenac sodium 50 mg tab dr</i>               | 1    | RX4L Rx4Less Program   |
| <i>diclofenac sodium 75 mg tab dr</i>               | 1    | RX4L Rx4Less Program   |
| <i>diclofenac sodium er 100 mg tab er 24h</i>       | 1    |  |
| <i>diclofenac sodium 1.5 % solution</i>             | 3    |  |
| <i>diclofenac sodium 1 % gel</i>                    | 1    | <ul style="list-style-type: none"> <li>QL 1000 GM / 30 day(s)</li> <li>OTC Over the Counter</li> </ul>                                 |
| <i>diclofenac-misoprostol 50-0.2 mg tab dr</i>      | 3    |  |
| <i>diclofenac-misoprostol 50-0.2 mg tab dr</i>      | 3    |  |
| <i>diclofenac-misoprostol 75-0.2 mg tab dr</i>      | 3    |  |
| <i>diclofenac-misoprostol 75-0.2 mg tab dr</i>      | 3    |  |
| <i>diflunisal 500 mg tab</i>                        | 1    |  |
| <i>etodolac 200 mg cap</i>                          | 1    |  |
| <i>etodolac 300 mg cap</i>                          | 1    |  |
| <i>etodolac 400 mg tab</i>                          | 1    |  |
| <i>etodolac 500 mg tab</i>                          | 1    |  |
| <i>etodolac er 400 mg tab er 24h</i>                | 1    |  |
| <i>etodolac er 500 mg tab er 24h</i>                | 1    |  |
| <i>etodolac er 600 mg tab er 24h</i>                | 1    |  |

| PRODUCT DESCRIPTION                     | TIER | LIMITS & RESTRICTIONS  |
|---|------|------------------------|
| <i>fenopfen calcium 400 mg cap</i>      | 3    |                        |
| FENOPROFEN CALCIUM 400 MG CAP           | 3    |                        |
| FENOPROFEN CALCIUM 600 MG TAB           | 1    |                        |
| <i>flurbiprofen 100 mg tab</i>          | 1    |                        |
| FLURBIPROFEN 100 MG TAB                 | 1    |                        |
| FLURBIPROFEN 50 MG TAB                  | 1    |                        |
| LURBIPR 100 MG TAB                      | 1    |                        |
| <i>ibu 400 mg tab</i>                   | 1    | RX4L Rx4Less Program   |
| <i>ibu 600 mg tab</i>                   | 1    | RX4L Rx4Less Program   |
| <i>ibu 800 mg tab</i>                   | 1    | RX4L Rx4Less Program   |
| <i>ibuprofen 100 mg/5ml suspension</i>  | 1    |                        |
| <i>ibuprofen 200 mg/10ml suspension</i> | 1    |                        |
| <i>ibuprofen 400 mg tab</i>             | 1    | RX4L Rx4Less Program   |
| <i>ibuprofen 600 mg tab</i>             | 1    | RX4L Rx4Less Program   |
| <i>ibuprofen 800 mg tab</i>             | 1    | RX4L Rx4Less Program   |
| <i>indomethacin 25 mg cap</i>           | 1    | RX4L Rx4Less Program   |
| <i>indomethacin 50 mg cap</i>           | 1    |                        |
| <i>indomethacin er 75 mg cap er</i>     | 1    |                        |
| KETOPROFEN ER 200 MG CAP ER 24H         | 1    |                        |
| <i>ketorolac tromethamine 10 mg tab</i> | 1    | QLC 20 EA / 365 day(s) |
| MECLOFENAMATE SODIUM 100 MG CAP         | 1    |                        |
| MECLOFENAMATE SODIUM 50 MG CAP          | 1    |                        |
| <i>mefenamic acid 250 mg cap</i>        | 2    |                        |
| <i>meloxicam 15 mg tab</i>              | 1    | RX4L Rx4Less Program   |
| <i>meloxicam 7.5 mg tab</i>             | 1    | RX4L Rx4Less Program   |
| <i>nabumetone 500 mg tab</i>            | 1    |                        |
| <i>nabumetone 750 mg tab</i>            | 1    |                        |
| <i>ec-naproxen 375 mg tab dr</i>        | 1    |                        |

| PRODUCT DESCRIPTION                      | TIER | LIMITS & RESTRICTIONS      |
|--|------|----------------------------|
| <i>ec-naproxen 500 mg tab dr</i>         | 1    |                            |
| <i>naproxen 125 mg/5ml suspension</i>    | 1    |                            |
| <i>naproxen 250 mg tab</i>               | 1    |                            |
| <i>naproxen 375 mg tab</i>               | 1    | RX4L Rx4Less Program       |
| <i>naproxen 375 mg tab dr</i>            | 1    |                            |
| <i>naproxen 500 mg tab</i>               | 1    | RX4L Rx4Less Program       |
| <i>naproxen 500 mg tab dr</i>            | 1    |                            |
| <i>naproxen dr 500 mg tab dr</i>         | 1    |                            |
| <i>naproxen sodium 275 mg tab</i>        | 1    |                            |
| <i>naproxen sodium 550 mg tab</i>        | 1    |                            |
| <i>oxaprozin 600 mg tab</i>              | 1    |                            |
| <i>piroxicam 10 mg cap</i>               | 1    |                            |
| <i>piroxicam 20 mg cap</i>               | 1    |                            |
| <i>salsalate 500 mg tab</i>              | 1    |                            |
| SALSALATE 500 MG TAB                     | 1    |                            |
| <i>salsalate 750 mg tab</i>              | 1    |                            |
| SALSALATE 750 MG TAB                     | 1    |                            |
| <i>sulindac 150 mg tab</i>               | 1    |                            |
| <i>sulindac 200 mg tab</i>               | 1    |                            |
| OPIOID ANALGESICS, LONG-ACTING           |      |                            |
| <i>buprenorphine 10 mcg/hr patch wk</i>  | 1    | QL 4 EA / 28 day(s)        |
| <i>buprenorphine 15 mcg/hr patch wk</i>  | 1    | QL 4 EA / 28 day(s)        |
| <i>buprenorphine 20 mcg/hr patch wk</i>  | 1    | QL 4 EA / 28 day(s)        |
| <i>buprenorphine 5 mcg/hr patch wk</i>   | 1    | QL 4 EA / 28 day(s)        |
| <i>buprenorphine 7.5 mcg/hr patch wk</i> | 1    | QL 4 EA / 28 day(s)        |
| <i>fentanyl 100 mcg/hr patch 72hr</i>    | 1    | QL 10 EA / 30 day(s)<br>PA |
| <i>fentanyl 100 mcg/hr patch 72hr</i>    | 1    | QL 10 EA / 30 day(s)<br>PA |

| PRODUCT DESCRIPTION                          | TIER | LIMITS & RESTRICTIONS      |
|--|------|----------------------------|
| <i>fentanyl 12 mcg/hr patch 72hr</i>         | 1    | QL 10 EA / 30 day(s)<br>PA |
| <i>fentanyl 12 mcg/hr patch 72hr</i>         | 1    | QL 10 EA / 30 day(s)<br>PA |
| <i>fentanyl 25 mcg/hr patch 72hr</i>         | 1    | QL 10 EA / 30 day(s)<br>PA |
| <i>fentanyl 25 mcg/hr patch 72hr</i>         | 1    | QL 10 EA / 30 day(s)<br>PA |
| <i>fentanyl 50 mcg/hr patch 72hr</i>         | 1    | QL 10 EA / 30 day(s)<br>PA |
| <i>fentanyl 50 mcg/hr patch 72hr</i>         | 1    | QL 10 EA / 30 day(s)<br>PA |
| <i>fentanyl 75 mcg/hr patch 72hr</i>         | 1    | QL 10 EA / 30 day(s)<br>PA |
| <i>fentanyl 75 mcg/hr patch 72hr</i>         | 1    | QL 10 EA / 30 day(s)<br>PA |
| <i>hydromorphone hcl er 12 mg tab er 24h</i> | 3    | QL 60 EA / 30 day(s)<br>PA |
| <i>hydromorphone hcl er 16 mg tab er 24h</i> | 3    | QL 60 EA / 30 day(s)<br>PA |
| <i>hydromorphone hcl er 32 mg tab er 24h</i> | 3    | QL 60 EA / 30 day(s)<br>PA |
| <i>hydromorphone hcl er 8 mg tab er 24h</i>  | 3    | QL 60 EA / 30 day(s)<br>PA |
| <i>methadone hcl 10 mg tab</i>               | 1    | QL 90 EA / 30 day(s)<br>PA |
| <i>methadone hcl 5 mg tab</i>                | 1    | QL 90 EA / 30 day(s)<br>PA |
| <i>morphine sulfate er 15 mg tab er</i>      | 1    | QL 90 EA / 30 day(s)<br>PA |

| PRODUCT DESCRIPTION                     | TIER | LIMITS & RESTRICTIONS      |
|---|------|----------------------------|
| <i>morphine sulfate er 30 mg tab er</i> | 1    | QL 90 EA / 30 day(s)<br>PA |
| <i>morphine sulfate er 60 mg tab er</i> | 1    | QL 60 EA / 30 day(s)<br>PA |
| XTAMPZA ER 13.5 MG CP12 DETER           | 3    | QL 2 EA / 1 DAYS<br>PA     |
| XTAMPZA ER 18 MG CP12 DETER             | 3    | QL 2 EA / 1 DAYS<br>PA     |
| XTAMPZA ER 27 MG CP12 DETER             | 3    | QL 2 EA / 1 DAYS<br>PA     |
| XTAMPZA ER 36 MG CP12 DETER             | 3    | QL 2 EA / 1 DAYS<br>PA     |
| XTAMPZA ER 9 MG CP12 DETER              | 3    | QL 2 EA / 1 DAYS<br>PA     |
| OXYCODONE HCL ER 10 MG TB12 DETER       | 3    | QL 90 EA / 30 day(s)<br>PA |
| OXYCODONE HCL ER 20 MG TB12 DETER       | 3    | QL 90 EA / 30 day(s)<br>PA |
| OXYCODONE HCL ER 40 MG TB12 DETER       | 3    | QL 90 EA / 30 day(s)<br>PA |
| OXYCONTIN 10 MG TB12 DETER              | 3    | QL 90 EA / 30 day(s)<br>PA |
| OXYCONTIN 15 MG TB12 DETER              | 3    | QL 90 EA / 30 day(s)<br>PA |
| OXYCONTIN 20 MG TB12 DETER              | 3    | QL 90 EA / 30 day(s)<br>PA |
| OXYCONTIN 40 MG TB12 DETER              | 3    | QL 90 EA / 30 day(s)<br>PA |
| OXYCONTIN 80 MG TB12 DETER              | 3    | QL 90 EA / 30 day(s)<br>PA |

| PRODUCT DESCRIPTION                  | TIER | LIMITS & RESTRICTIONS      |
|--------------------------------------|------|----------------------------|
| OXYMORPHONE HCL ER 10 MG TAB ER 12H  | 3    | QL 60 EA / 30 day(s)<br>PA |
| OXYMORPHONE HCL ER 15 MG TAB ER 12H  | 3    | QL 60 EA / 30 day(s)<br>PA |
| OXYMORPHONE HCL ER 20 MG TAB ER 12H  | 3    | QL 60 EA / 30 day(s)<br>PA |
| OXYMORPHONE HCL ER 30 MG TAB ER 12H  | 3    | QL 60 EA / 30 day(s)<br>PA |
| OXYMORPHONE HCL ER 40 MG TAB ER 12H  | 3    | QL 60 EA / 30 day(s)<br>PA |
| OXYMORPHONE HCL ER 5 MG TAB ER 12H   | 3    | QL 60 EA / 30 day(s)<br>PA |
| OXYMORPHONE HCL ER 7.5 MG TAB ER 12H | 3    | QL 60 EA / 30 day(s)<br>PA |
| NUCYNTA ER 100 MG TAB ER 12H         | 3    | QL 60 EA / 30 day(s)<br>PA |
| NUCYNTA ER 150 MG TAB ER 12H         | 3    | QL 60 EA / 30 day(s)<br>PA |
| NUCYNTA ER 200 MG TAB ER 12H         | 3    | QL 60 EA / 30 day(s)<br>PA |
| NUCYNTA ER 250 MG TAB ER 12H         | 3    | QL 60 EA / 30 day(s)<br>PA |
| NUCYNTA ER 50 MG TAB ER 12H          | 3    | QL 60 EA / 30 day(s)<br>PA |
| TAPENTADOL HCL ER 100 MG TAB ER 12H  | 3    | QL 60 / 30 DAY(S)<br>PA    |
| TAPENTADOL HCL ER 150 MG TAB ER 12H  | 3    | QL 60 / 30 DAY(S)<br>PA    |
| TAPENTADOL HCL ER 200 MG TAB ER 12H  | 3    | QL 60 / 30 DAY(S)<br>PA    |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS       |
|--|------|-----------------------------|
| TAPENTADOL HCL ER 250 MG TAB ER 12H                          | 3    | QL 60 / 30 DAY(S)<br>PA     |
| TAPENTADOL HCL ER 50 MG TAB ER 12H                           | 3    | QL 60 / 30 DAY(S)<br>PA     |
| <i>TraMADol HCl ER 100 MG TAB ER 24H (generic of RYZOLT)</i> | 1    | QL 30 EA / 30 day(s)        |
| <i>TraMADol HCl ER 100 MG TAB ER 24H (generic of RYZOLT)</i> | 1    | QL 30 EA / 30 day(s)        |
| <i>TraMADol HCl ER 200 MG TAB ER 24H (generic of RYZOLT)</i> | 1    | QL 30 EA / 30 day(s)        |
| <i>TraMADol HCl ER 200 MG TAB ER 24H (generic of RYZOLT)</i> | 1    | QL 30 EA / 30 day(s)        |
| <i>TraMADol HCl ER 300 MG TAB ER 24H (generic of RYZOLT)</i> | 1    | QL 30 EA / 30 day(s)        |
| <i>TraMADol HCl ER 300 MG TAB ER 24H (generic of RYZOLT)</i> | 1    | QL 30 EA / 30 day(s)        |
| OPIOID ANALGESICS, SHORT-ACTING                              |      |                             |
| ACETAMINOPHEN-CODEINE 120-12 MG/5ML SOLUTION                 | 1    | QL 3750 / 30 day(s)         |
| <i>acetaminophen-codeine 300-15 mg tab</i>                   | 1    | QL 300 EA / 30 day(s)       |
| ACETAMINOPHEN-CODEINE 300-30 MG/12.5ML SOLUTION              | 1    | QL 3750 / 30 day(s)         |
| <i>acetaminophen-codeine 300-30 mg tab</i>                   | 1    | QL 240 EA / 30 day(s)       |
| <i>acetaminophen-codeine 300-60 mg tab</i>                   | 1    | QL 240 EA / 30 day(s)       |
| BELLADONNA ALKALOIDS-OPIUM 16.2-30 MG SUPPOS                 | 1    |                             |
| BELLADONNA ALKALOIDS-OPIUM 16.2-60 MG SUPPOS                 | 1    |                             |
| <i>butalbital-apap-caff-cod 50-300-40-30 mg cap</i>          | 1    | QL 180 ea / 30 day(s)       |
| <i>butalbital-apap-caff-cod 50-325-40-30 mg cap</i>          | 1    | QL 180 EA / 30 day(s)       |
| <i>ascomp-codeine 50-325-40-30 mg cap</i>                    | 1    | QL 180 ea / 30 day(s)       |
| <i>butalbital-asa-caff-codeine 50-325-40-30 mg cap</i>       | 1    | QL 180 ea / 30 day(s)       |
| <i>butorphanol tartrate 10 mg/ml solution</i>                | 1    |                             |
| <i>fentanyl citrate 1200 mcg loz handle</i>                  | 1    | QL 120 EA / 30 day(s)<br>PA |
| FENTANYL CITRATE 1200 MCG LOZ HANDLE                         | 1    | QL 120 EA / 30 day(s)<br>PA |

| PRODUCT DESCRIPTION                                       | TIER | LIMITS & RESTRICTIONS       |
|---|------|-----------------------------|
| <i>fentanyl citrate 1600 mcg loz handle</i>               | 1    | QL 120 EA / 30 day(s)<br>PA |
| FENTANYL CITRATE 1600 MCG LOZ HANDLE                      | 1    | QL 120 EA / 30 day(s)<br>PA |
| <i>fentanyl citrate 200 mcg loz handle</i>                | 1    | QL 120 EA / 30 day(s)<br>PA |
| FENTANYL CITRATE 200 MCG LOZ HANDLE                       | 1    | QL 120 EA / 30 day(s)<br>PA |
| <i>fentanyl citrate 400 mcg loz handle</i>                | 1    | QL 120 EA / 30 day(s)<br>PA |
| FENTANYL CITRATE 400 MCG LOZ HANDLE                       | 1    | QL 120 EA / 30 day(s)<br>PA |
| <i>fentanyl citrate 600 mcg loz handle</i>                | 1    | QL 120 EA / 30 day(s)<br>PA |
| FENTANYL CITRATE 600 MCG LOZ HANDLE                       | 1    | QL 120 EA / 30 day(s)<br>PA |
| <i>fentanyl citrate 800 mcg loz handle</i>                | 1    | QL 120 EA / 30 day(s)<br>PA |
| FENTANYL CITRATE 800 MCG LOZ HANDLE                       | 1    | QL 120 EA / 30 day(s)<br>PA |
| <i>hydrocodone-acetaminophen 10-325 mg tab</i>            | 1    | QL 240 EA / 30 day(s)       |
| <i>hydrocodone-acetaminophen 10-325 mg tab</i>            | 1    | QL 240 EA / 30 day(s)       |
| <i>hydrocodone-acetaminophen 2.5-108 mg/5ml solution</i>  | 1    | QL 4500 ML / 30 day(s)      |
| <i>hydrocodone-acetaminophen 5-217 mg/10ml solution</i>   | 1    | QL 4500 ML / 30 day(s)      |
| <i>hydrocodone-acetaminophen 5-325 mg tab</i>             | 1    | QL 240 EA / 30 day(s)       |
| <i>hydrocodone-acetaminophen 5-325 mg tab</i>             | 1    | QL 240 EA / 30 day(s)       |
| <i>hydrocodone-acetaminophen 7.5-325 mg/15ml solution</i> | 1    | QL 4500 ML / 30 day(s)      |
| <i>hydrocodone-acetaminophen 7.5-325 mg/15ml solution</i> | 1    | QL 4500 ML / 30 day(s)      |

| PRODUCT DESCRIPTION                                       | TIER | LIMITS & RESTRICTIONS       |
|---|------|-----------------------------|
| <i>hydrocodone-acetaminophen 7.5-325 mg tab</i>           | 1    | QL 240 EA / 30 day(s)       |
| <i>hydrocodone-acetaminophen 7.5-325 mg tab</i>           | 1    | QL 240 EA / 30 day(s)       |
| HYDROCODONE-IBUPROFEN 10-200 MG TAB                       | 1    | QL 180 EA / 30 day(s)       |
| HYDROCODONE-IBUPROFEN 5-200 MG TAB                        | 1    | QL 180 EA / 30 day(s)       |
| <i>hydrocodone-ibuprofen 7.5-200 mg tab</i>               | 1    | QL 180 EA / 30 day(s)       |
| <i>hydromorphone hcl 1 mg/ml liquid</i>                   | 1    | QL 180 ML / 30 day(s)       |
| <i>hydromorphone hcl 2 mg tab</i>                         | 1    | QL 180 EA / 30 day(s)       |
| <i>hydromorphone hcl 4 mg tab</i>                         | 1    | QL 180 EA / 30 day(s)       |
| <i>hydromorphone hcl 8 mg tab</i>                         | 1    | QL 120 EA / 30 day(s)<br>PA |
| MEPERIDINE HCL 50 MG/5ML SOLUTION                         | 1    |                             |
| <i>morphine sulfate 10 mg/5ml solution</i>                | 1    | QL 900 ML / 30 day(s)       |
| MORPHINE SULFATE 10 MG/5ML SOLUTION                       | 1    | QL 900 ML / 30 day(s)       |
| MORPHINE SULFATE 10 MG SUPPOS                             | 1    | QL 180 EA / 30 day(s)       |
| <i>morphine sulfate 15 mg tab</i>                         | 1    | QL 180 EA / 30 day(s)       |
| MORPHINE SULFATE 15 MG TAB                                | 1    | QL 180 EA / 30 day(s)       |
| <i>morphine sulfate 20 mg/5ml solution</i>                | 1    | QL 900 ML / 30 day(s)       |
| MORPHINE SULFATE 20 MG/5ML SOLUTION                       | 1    | QL 900 ML / 30 day(s)       |
| MORPHINE SULFATE 20 MG SUPPOS                             | 1    | QL 180 EA / 30 day(s)       |
| MORPHINE SULFATE 30 MG SUPPOS                             | 1    | QL 180 EA / 30 day(s)       |
| <i>morphine sulfate 30 mg tab</i>                         | 1    | QL 120 EA / 30 day(s)<br>PA |
| MORPHINE SULFATE 30 MG TAB                                | 1    | QL 120 EA / 30 day(s)<br>PA |
| MORPHINE SULFATE 5 MG SUPPOS                              | 1    | QL 180 EA / 30 day(s)       |
| <i>morphine sulfate (concentrate) 100 mg/5ml solution</i> | 1    | QL 180 ML / 30 day(s)       |

| PRODUCT DESCRIPTION                                     | TIER | LIMITS & RESTRICTIONS       |
|---|------|-----------------------------|
| MORPHINE SULFATE (CONCENTRATE) 100 MG/5ML SOLUTION      | 1    | QL 180 ML / 30 day(s)       |
| <i>morphine sulfate (concentrate) 20 mg/ml solution</i> | 1    | QL 180 ML / 30 day(s)       |
| <i>oxycodone hcl 10 mg tab</i>                          | 1    | QL 240 EA / 30 day(s)       |
| <i>oxycodone hcl 10 mg tab</i>                          | 1    | QL 240 EA / 30 day(s)       |
| <i>oxycodone hcl 15 mg tab</i>                          | 1    | QL 120 EA / 30 day(s)<br>PA |
| <i>oxycodone hcl 15 mg tab</i>                          | 1    | QL 120 EA / 30 day(s)<br>PA |
| <i>oxycodone hcl 20 mg tab</i>                          | 1    | QL 120 EA / 30 day(s)<br>PA |
| <i>oxycodone hcl 20 mg tab</i>                          | 1    | QL 120 EA / 30 day(s)<br>PA |
| <i>oxycodone hcl 30 mg tab</i>                          | 1    | QL 60 EA / 30 day(s)<br>PA  |
| <i>oxycodone hcl 30 mg tab</i>                          | 1    | QL 60 EA / 30 day(s)<br>PA  |
| <i>oxycodone hcl 5 mg/5ml solution</i>                  | 1    | QL 900 ML / 30 day(s)       |
| <i>oxycodone hcl 5 mg/5ml solution</i>                  | 1    | QL 900 ML / 30 day(s)       |
| <i>oxycodone hcl 5 mg cap</i>                           | 1    | QL 180 EA / 30 day(s)       |
| <i>oxycodone hcl 5 mg tab</i>                           | 1    | QL 240 EA / 30 day(s)       |
| <i>oxycodone hcl 5 mg tab</i>                           | 1    | QL 240 EA / 30 day(s)       |
| <i>endocet 10-325 mg tab</i>                            | 1    | QL 180 EA / 30 day(s)       |
| <i>endocet 2.5-325 mg tab</i>                           | 1    | QL 240 EA / 30 day(s)       |
| <i>endocet 5-325 mg tab</i>                             | 1    | QL 240 EA / 30 day(s)       |
| <i>endocet 7.5-325 mg tab</i>                           | 1    | QL 240 EA / 30 day(s)       |
| <i>oxycodone-acetaminophen 10-325 mg tab</i>            | 1    | QL 180 EA / 30 day(s)       |
| <i>oxycodone-acetaminophen 10-325 mg tab</i>            | 1    | QL 180 EA / 30 day(s)       |

| PRODUCT DESCRIPTION                           | TIER | LIMITS & RESTRICTIONS       |
|---|------|-----------------------------|
| <i>oxycodone-acetaminophen 2.5-325 mg tab</i> | 1    | QL 240 EA / 30 day(s)       |
| <i>oxycodone-acetaminophen 2.5-325 mg tab</i> | 1    | QL 240 EA / 30 day(s)       |
| OXYCODONE-ACETAMINOPHEN 5-325 MG/5ML SOLUTION | 1    |                             |
| <i>oxycodone-acetaminophen 5-325 mg tab</i>   | 1    | QL 240 EA / 30 day(s)       |
| <i>oxycodone-acetaminophen 5-325 mg tab</i>   | 1    | QL 240 EA / 30 day(s)       |
| <i>oxycodone-acetaminophen 7.5-325 mg tab</i> | 1    | QL 240 EA / 30 day(s)       |
| <i>oxycodone-acetaminophen 7.5-325 mg tab</i> | 1    | QL 240 EA / 30 day(s)       |
| <i>oxymorphone hcl 10 mg tab</i>              | 1    | QL 120 EA / 30 day(s)<br>PA |
| <i>oxymorphone hcl 10 mg tab</i>              | 1    | QL 120 EA / 30 day(s)<br>PA |
| <i>oxymorphone hcl 5 mg tab</i>               | 1    | QL 120 EA / 30 day(s)<br>PA |
| <i>oxymorphone hcl 5 mg tab</i>               | 1    | QL 120 EA / 30 day(s)<br>PA |
| NUCYNTA 100 MG TAB                            | 2    | PA                          |
| NUCYNTA 50 MG TAB                             | 2    | PA                          |
| NUCYNTA 75 MG TAB                             | 2    | PA                          |
| <i>tapentadol hcl 100 mg tab</i>              | 2    | PA                          |
| <i>tapentadol hcl 50 mg tab</i>               | 2    | PA                          |
| <i>tapentadol hcl 75 mg tab</i>               | 2    | PA                          |
| <i>tramadol-acetaminophen 37.5-325 mg tab</i> | 1    | QL 240 EA / 30 day(s)       |
| <i>tramadol hcl 50 mg tab</i>                 | 1    | QL 240 EA / 30 day(s)       |
| <i>tramadol hcl 50 mg tab</i>                 | 1    | QL 240 EA / 30 day(s)       |

| PRODUCT DESCRIPTION                            | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| ANESTHETICS                                    |      |                       |
| LOCAL ANESTHETICS                              |      |                       |
| <i>lidocaine 5 % ointment</i>                  | 1    |                       |
| <i>lidocaine 5 % patch</i>                     | 2    | QL 90 EA / 30 day(s)  |
| <i>lidocan 5 % patch</i>                       | 2    | QL 90 EA / 30 day(s)  |
| PREMIUM LIDOCAINE 5 % OINTMENT                 | 1    |                       |
| <i>tridacaine ii 5 % patch</i>                 | 2    | QL 90 EA / 30 day(s)  |
| <i>tridacaine iii 5 % patch</i>                | 2    | QL 90 EA / 30 day(s)  |
| <i>glydo 2 % prsy</i>                          | 1    |                       |
| <i>lidocaine hcl 3 % cream</i>                 | 1    |                       |
| LIDOCAINE HCL 3 % CREAM                        | 1    |                       |
| LIDOCAINE HCL 3 % LOTION                       | 1    |                       |
| <i>lidocaine hcl 4 % solution</i>              | 1    |                       |
| <i>lidocaine hcl urethral/mucosal 2 % prsy</i> | 1    |                       |
| LIDOPIN 3 % CREAM                              | 1    |                       |
| LIDO-SORB 3 % LOTION                           | 1    |                       |
| PROXIVOL 2 % GEL                               | 1    |                       |
| ZIONODIL 100 3 % LOTION                        | 1    |                       |
| ZIONODIL 3 % LOTION                            | 1    |                       |
| <i>lidocaine viscous hcl 2 % solution</i>      | 1    |                       |
| AGONEAZE 2.5-2.5 % KIT                         | 1    |                       |
| <i>anodyne lpt 2.5-2.5 % kit</i>               | 1    |                       |
| LIDO BDK 2.5-2.5 % KIT                         | 1    |                       |
| <i>lidocaine-prilocaine 2.5-2.5 % cream</i>    | 1    |                       |
| <i>lidocaine-prilocaine 2.5-2.5 % kit</i>      | 1    |                       |
| LIVIXIL PAK 2.5-2.5 % KIT                      | 1    |                       |
| PRILOVIX 2.5-2.5 % KIT                         | 1    |                       |
| <i>prilovix lite 2.5-2.5 % kit</i>             | 1    |                       |
| <i>prilovix lite plus 2.5-2.5 % kit</i>        | 1    |                       |

| PRODUCT DESCRIPTION                             | TIER | LIMITS & RESTRICTIONS                |
|---|------|--------------------------------------|
| PRILOVIX PLUS 2.5-2.5 % KIT                     | 1    |                                      |
| <i>prilovix ultralite 2.5-2.5 % kit</i>         | 1    |                                      |
| <i>prilovix ultralite plus 2.5-2.5 % kit</i>    | 1    |                                      |
| <i>relador pak 2.5-2.5 % kit</i>                | 1    |                                      |
| <i>relador pak plus 2.5-2.5 % kit</i>           | 1    |                                      |
| NAYZILAM 5 MG/0.1ML SOLUTION                    | 3    | QL 4 EA / 30 day(s)                  |
| ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS |      |                                      |
| ALCOHOL DETERRENTS/ANTI-CRAVING                 |      |                                      |
| <i>acamprosate calcium 333 mg tab dr</i>        | 2    |                                      |
| <i>disulfiram 250 mg tab</i>                    | 2    |                                      |
| <i>disulfiram 500 mg tab</i>                    | 2    |                                      |
| VIVITROL 380 MG RECON SUSP                      | 2    |                                      |
| OPIOID DEPENDENCE                               |      |                                      |
| BRIXADI 128 MG/0.36ML SOLN PRSYR                | 3    | QL 0.36 mL / 28 days<br>SP Specialty |
| BRIXADI 64 MG/0.18ML SOLN PRSYR                 | 3    | QL 0.18 mL / 28 days<br>SP Specialty |
| BRIXADI 96 MG/0.27ML SOLN PRSYR                 | 3    | QL 0.27 mL / 28 days<br>SP Specialty |
| BRIXADI (WEEKLY) 16 MG/0.32ML SOLN PRSYR        | 3    | QL 0.32 mL / 7 days<br>SP Specialty  |
| BRIXADI (WEEKLY) 24 MG/0.48ML SOLN PRSYR        | 3    | QL 0.48 mL / 7 days<br>SP Specialty  |
| BRIXADI (WEEKLY) 32 MG/0.64ML SOLN PRSYR        | 3    | QL 0.64 ml / 7 days<br>SP Specialty  |
| BRIXADI (WEEKLY) 8 MG/0.16ML SOLN PRSYR         | 3    | QLC 0.32 mL / 7 days<br>SP Specialty |
| SUBLOCADE 100 MG/0.5ML SOLN PRSYR               | 3    | QL 0.5 mL / 28 days                  |
| SUBLOCADE 300 MG/1.5ML SOLN PRSYR               | 3    | QL 1.5 mL / 28 days                  |

| PRODUCT DESCRIPTION                                     | TIER | LIMITS & RESTRICTIONS   |
|---|------|---|
| <i>buprenorphine hcl 2 mg sl tab</i>                    | 1    | QL 90 EA / 30 day(s)  |
| <i>buprenorphine hcl 8 mg sl tab</i>                    | 1    | QL 90 EA / 30 day(s)  |
| <i>buprenorphine hcl-naloxone hcl 12-3 mg film</i>      | 2    | QL 60 EA / 30 day(s)  |
| <i>buprenorphine hcl-naloxone hcl 2-0.5 mg film</i>     | 2    | QL 90 EA / 30 day(s)  |
| <i>buprenorphine hcl-naloxone hcl 2-0.5 mg sl tab</i>   | 2    |   |
| <i>buprenorphine hcl-naloxone hcl 4-1 mg film</i>       | 2    | QL 90 EA / 30 day(s)  |
| <i>buprenorphine hcl-naloxone hcl 8-2 mg film</i>       | 2    | QL 90 EA / 30 day(s)  |
| <i>buprenorphine hcl-naloxone hcl 8-2 mg sl tab</i>     | 2    | QL 90 EA / 30 day(s)  |
| ZUBSOLV 0.7-0.18 MG SL TAB                              | 2    | QL 90 EA / 30 day(s)  |
| ZUBSOLV 11.4-2.9 MG SL TAB                              | 2    | QL 30 EA / 30 day(s)  |
| ZUBSOLV 1.4-0.36 MG SL TAB                              | 2    | QL 90 EA / 30 day(s)  |
| ZUBSOLV 2.9-0.71 MG SL TAB                              | 2    | QL 90 EA / 30 day(s)  |
| ZUBSOLV 5.7-1.4 MG SL TAB                               | 2    | QL 90 EA / 30 day(s)  |
| ZUBSOLV 8.6-2.1 MG SL TAB                               | 2    | QL 60 EA / 30 day(s)  |
| OPIOID REVERSAL AGENTS                                  |      |   |
| KLOXXADO 8 MG/0.1ML LIQUID                              | 3    |   |
| <i>naloxone hcl 2 mg/2ml soln prsyr</i>                 | 1    |   |
| <i>naloxone hcl 4 mg/0.1ml liquid</i>                   | 1    |   |
| NARCAN 4 MG/0.1ML LIQUID                                | 3    |   |
| REXTOVY 4 MG/0.25ML LIQUID                              | 2    |   |
| <i>naltrexone hcl 50 mg tab</i>                         | 1    |   |
| SMOKING CESSATION AGENTS                                |      |   |
| <i>bupropion hcl er (smoking det) 150 mg tab er 12h</i> | 1    | ACA Affordable Care Act<br>PD Preventive Drug                         |
| <i>bupropion hcl er (smoking det) 150 mg tab er 12h</i> | 1    | ACA Affordable Care Act<br>PD Preventive Drug                         |
| <i>cvs nicotine 14 mg/24hr patch 24hr</i>               | 1    | ACA Affordable Care Act<br>PD Preventive Drug<br>OTC Over the Counter |

| PRODUCT DESCRIPTION                            | TIER | LIMITS & RESTRICTIONS  |
|--|------|--|
| <i>cvs nicotine 21 mg/24hr patch 24hr</i>      | 1    | <p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p> |
| <i>cvs nicotine 7 mg/24hr patch 24hr</i>       | 1    | <p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p> |
| <i>eq nicotine 14 mg/24hr patch 24hr</i>       | 1    | <p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p> |
| <i>eq nicotine 21 mg/24hr patch 24hr</i>       | 1    | <p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p> |
| <i>eq nicotine step 3 7 mg/24hr patch 24hr</i> | 1    | <p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p> |
| <i>ft nicotine 14 mg/24hr patch 24hr</i>       | 1    | <p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p> |
| <i>ft nicotine 21 mg/24hr patch 24hr</i>       | 1    | <p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p> |
| <i>ft nicotine 7 mg/24hr patch 24hr</i>        | 1    | <p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p> |
| <i>gnp nicotine 14 mg/24hr patch 24hr</i>      | 1    | <p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p> |
| <i>gnp nicotine 21 mg/24hr patch 24hr</i>      | 1    | <p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p> |

| PRODUCT DESCRIPTION                          | TIER | LIMITS & RESTRICTIONS   |
|--|------|---|
| <i>gnp nicotine 7 mg/24hr patch 24hr</i>     | 1    | ACA Affordable Care Act<br>PD Preventive Drug<br>OTC Over the Counter |
| <i>habitrol 21 mg/24hr patch 24hr</i>        | 1    | ACA Affordable Care Act<br>PD Preventive Drug<br>OTC Over the Counter |
| <i>nicoderm cq 14 mg/24hr patch 24hr</i>     | 1    | ACA Affordable Care Act<br>PD Preventive Drug<br>OTC Over the Counter |
| <i>nicoderm cq 21 mg/24hr patch 24hr</i>     | 1    | ACA Affordable Care Act<br>PD Preventive Drug<br>OTC Over the Counter |
| <i>nicoderm cq 7 mg/24hr patch 24hr</i>      | 1    | ACA Affordable Care Act<br>PD Preventive Drug<br>OTC Over the Counter |
| <i>nicotine 14 mg/24hr patch 24hr</i>        | 1    | ACA Affordable Care Act<br>PD Preventive Drug<br>OTC Over the Counter |
| NICOTINE 21-14-7 MG/24HR KIT                 | 1    | ACA Affordable Care Act<br>PD Preventive Drug<br>OTC Over the Counter |
| <i>nicotine 21 mg/24hr patch 24hr</i>        | 1    | ACA Affordable Care Act<br>PD Preventive Drug<br>OTC Over the Counter |
| <i>nicotine 7 mg/24hr patch 24hr</i>         | 1    | ACA Affordable Care Act<br>PD Preventive Drug<br>OTC Over the Counter |
| <i>nicotine step 1 21 mg/24hr patch 24hr</i> | 1    | ACA Affordable Care Act<br>PD Preventive Drug<br>OTC Over the Counter |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS   |
|---|------|---|
| <i>nicotine step 2 14 mg/24hr patch 24hr</i>                | 1    | <p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>  |
| <i>nicotine step 3 7 mg/24hr patch 24hr</i>                 | 1    | <p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>  |
| NICOTROL 10 MG INHALER                                      | 3    | <p>QL 504 EA / 28 day(s)</p> <p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> |
| NICOTROL NS 10 MG/ML SOLUTION                               | 3    | <p>QL 120 ml / 30 day(s)</p> <p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> |
| <i>qc nicotine transdermal system 14 mg/24hr patch 24hr</i> | 1    | <p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>  |
| <i>qc nicotine transdermal system 21 mg/24hr patch 24hr</i> | 1    | <p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>  |
| <i>ra nicotine 14 mg/24hr patch 24hr</i>                    | 1    | <p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>  |
| <i>ra nicotine 21 mg/24hr patch 24hr</i>                    | 1    | <p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>  |
| <i>sm nicotine 14 mg/24hr patch 24hr</i>                    | 1    | <p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>  |
| <i>sm nicotine 21 mg/24hr patch 24hr</i>                    | 1    | <p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>  |

| PRODUCT DESCRIPTION                         | TIER | LIMITS & RESTRICTIONS  |
|---|------|--|
| <i>sm nicotine 7 mg/24hr patch 24hr</i>     | 1    | <p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p> |
| <i>cvb nicotine 2 mg gum</i>                | 1    | <p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p> |
| <i>cvb nicotine 2 mg lozenge</i>            | 1    | <p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p> |
| <i>cvb nicotine 4 mg gum</i>                | 1    | <p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p> |
| <i>cvb nicotine polacrilex 2 mg gum</i>     | 1    | <p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p> |
| <i>cvb nicotine polacrilex 2 mg lozenge</i> | 1    | <p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p> |
| <i>cvb nicotine polacrilex 4 mg gum</i>     | 1    | <p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p> |
| <i>cvb nicotine polacrilex 4 mg lozenge</i> | 1    | <p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p> |
| <i>eq nicotine 4 mg gum</i>                 | 1    | <p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p> |
| <i>eq nicotine 4 mg lozenge</i>             | 1    | <p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p> |

| PRODUCT DESCRIPTION                        | TIER | LIMITS & RESTRICTIONS  |
|--|------|--|
| <i>eq nicotine polacrilex 2 mg gum</i>     | 1    | <p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p> |
| <i>eq nicotine polacrilex 2 mg lozenge</i> | 1    | <p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p> |
| <i>eq nicotine polacrilex 4 mg gum</i>     | 1    | <p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p> |
| <i>eq nicotine polacrilex 4 mg lozenge</i> | 1    | <p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p> |
| <i>ft nicotine 2 mg gum</i>                | 1    | <p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p> |
| <i>ft nicotine 2 mg lozenge</i>            | 1    | <p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p> |
| <i>ft nicotine 4 mg lozenge</i>            | 1    | <p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p> |
| <i>ft nicotine mini 2 mg lozenge</i>       | 1    | <p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p> |
| <i>ft nicotine mini 4 mg lozenge</i>       | 1    | <p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p> |
| <i>gnp nicotine 2 mg gum</i>               | 1    | <p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p> |

| PRODUCT DESCRIPTION                         | TIER | LIMITS & RESTRICTIONS  |
|---|------|--|
| <i>gnp nicotine 4 mg gum</i>                | 1    | <p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p> |
| <i>gnp nicotine mini 2 mg lozenge</i>       | 1    | <p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p> |
| <i>gnp nicotine mini 4 mg lozenge</i>       | 1    | <p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p> |
| <i>gnp nicotine polacrilex 2 mg gum</i>     | 1    | <p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p> |
| <i>gnp nicotine polacrilex 2 mg lozenge</i> | 1    | <p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p> |
| <i>gnp nicotine polacrilex 4 mg gum</i>     | 1    | <p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p> |
| <i>gnp nicotine polacrilex 4 mg lozenge</i> | 1    | <p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p> |
| <i>goodsense nicotine 2 mg gum</i>          | 1    | <p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p> |
| <i>goodsense nicotine 2 mg lozenge</i>      | 1    | <p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p> |
| <i>goodsense nicotine 4 mg gum</i>          | 1    | <p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p> |

| PRODUCT DESCRIPTION                        | TIER | LIMITS & RESTRICTIONS  |
|--|------|--|
| <i>goodsense nicotine 4 mg lozenge</i>     | 1    | <p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p> |
| <i>hm nicotine polacrilex 2 mg gum</i>     | 1    | <p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p> |
| <i>hm nicotine polacrilex 2 mg lozenge</i> | 1    | <p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p> |
| <i>hm nicotine polacrilex 4 mg gum</i>     | 1    | <p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p> |
| <i>kls quit2 2 mg gum</i>                  | 1    | <p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p> |
| <i>kls quit2 2 mg lozenge</i>              | 1    | <p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p> |
| <i>kls quit4 4 mg gum</i>                  | 1    | <p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p> |
| <i>kls quit4 4 mg lozenge</i>              | 1    | <p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p> |
| <i>nicorette 2 mg gum</i>                  | 1    | <p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p> |
| <i>nicorette 2 mg lozenge</i>              | 1    | <p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p> |

| PRODUCT DESCRIPTION                     | TIER | LIMITS & RESTRICTIONS  |
|---|------|--|
| <i>nicorette 4 mg lozenge</i>           | 1    | <p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p> |
| <i>nicorette mini 2 mg lozenge</i>      | 1    | <p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p> |
| <i>nicorette mini 4 mg lozenge</i>      | 1    | <p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p> |
| <i>nicorette starter kit 2 mg gum</i>   | 1    | <p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p> |
| <i>nicotine mini 2 mg lozenge</i>       | 1    | <p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p> |
| <i>nicotine mini 4 mg lozenge</i>       | 1    | <p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p> |
| <i>nicotine polacrilex 2 mg gum</i>     | 1    | <p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p> |
| <i>nicotine polacrilex 2 mg lozenge</i> | 1    | <p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p> |
| <i>nicotine polacrilex 4 mg gum</i>     | 1    | <p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p> |
| <i>nicotine polacrilex 4 mg lozenge</i> | 1    | <p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p> |

| PRODUCT DESCRIPTION                          | TIER | LIMITS & RESTRICTIONS   |
|--|------|---|
| <i>nicotine polacrilex mini 2 mg lozenge</i> | 1    | ACA Affordable Care Act<br>PD Preventive Drug<br>OTC Over the Counter |
| <i>ra mini nicotine 2 mg lozenge</i>         | 1    | ACA Affordable Care Act<br>PD Preventive Drug<br>OTC Over the Counter |
| <i>ra mini nicotine 4 mg lozenge</i>         | 1    | ACA Affordable Care Act<br>PD Preventive Drug<br>OTC Over the Counter |
| <i>ra nicotine 2 mg gum</i>                  | 1    | ACA Affordable Care Act<br>PD Preventive Drug<br>OTC Over the Counter |
| <i>ra nicotine 4 mg gum</i>                  | 1    | ACA Affordable Care Act<br>PD Preventive Drug<br>OTC Over the Counter |
| <i>ra nicotine gum 2 mg gum</i>              | 1    | ACA Affordable Care Act<br>PD Preventive Drug<br>OTC Over the Counter |
| <i>ra nicotine gum 4 mg gum</i>              | 1    | ACA Affordable Care Act<br>PD Preventive Drug<br>OTC Over the Counter |
| <i>ra nicotine polacrilex 2 mg lozenge</i>   | 1    | ACA Affordable Care Act<br>PD Preventive Drug<br>OTC Over the Counter |
| <i>ra nicotine polacrilex 4 mg lozenge</i>   | 1    | ACA Affordable Care Act<br>PD Preventive Drug<br>OTC Over the Counter |
| <i>sm nicotine 2 mg lozenge</i>              | 1    | ACA Affordable Care Act<br>PD Preventive Drug<br>OTC Over the Counter |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS   |
|--|------|---|
| <i>sm nicotine 4 mg gum</i>  | 1    | ACA Affordable Care Act<br>PD Preventive Drug<br>OTC Over the Counter |
| <i>sm nicotine polacrilex 2 mg gum</i>                                     | 1    | ACA Affordable Care Act<br>PD Preventive Drug<br>OTC Over the Counter |
| <i>sm nicotine polacrilex 2 mg lozenge</i>                                 | 1    | ACA Affordable Care Act<br>PD Preventive Drug<br>OTC Over the Counter |
| <i>sm nicotine polacrilex 4 mg gum</i>                                     | 1    | ACA Affordable Care Act<br>PD Preventive Drug<br>OTC Over the Counter |
| <i>sm nicotine polacrilex 4 mg lozenge</i>                                 | 1    | ACA Affordable Care Act<br>PD Preventive Drug<br>OTC Over the Counter |
| <i>thrive 2 mg gum</i>   | 1    | ACA Affordable Care Act<br>PD Preventive Drug<br>OTC Over the Counter |
| CHANTIX 0.5 MG TAB   | 3    | PD Preventive Drug  |
| CHANTIX CONTINUING MONTH PAK 1 MG TAB                                      | 3    | PD Preventive Drug  |
| <i>varenicline tartrate 0.5 mg tab</i>                                     | 3    | ACA Affordable Care Act<br>PD Preventive Drug                         |
| <i>varenicline tartrate 1 mg tab</i>                                       | 3    | ACA Affordable Care Act<br>PD Preventive Drug                         |
| <i>varenicline tartrate(continue) 1 mg tab</i>                             | 3    | ACA Affordable Care Act<br>PD Preventive Drug                         |
| <i>varenicline tartrate (starter) 0.5 mg x 11 &amp; 1 mg x 42 tab thpk</i> | 3    | ACA Affordable Care Act<br>PD Preventive Drug                         |

| PRODUCT DESCRIPTION                                   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <b>ANTIBACTERIALS</b>                                 |      |                       |
| <b>AMINOGLYCOSIDES</b>                                |      |                       |
| <i>gentamicin sulfate 40 mg/ml solution</i>           | 1    | PA                    |
| <i>gentamicin sulfate 0.1 % cream</i>                 | 1    |                       |
| <i>gentamicin sulfate 0.1 % ointment</i>              | 1    |                       |
| <i>neomycin sulfate 500 mg tab</i>                    | 1    |                       |
| <b>ANTIBACTERIALS, OTHER</b>                          |      |                       |
| <i>acetic acid 2 % solution</i>                       | 1    |                       |
| <i>clindamycin hcl 150 mg cap</i>                     | 1    |                       |
| <i>clindamycin hcl 300 mg cap</i>                     | 1    |                       |
| <i>clindamycin hcl 75 mg cap</i>                      | 1    |                       |
| <i>clindamycin palmitate hcl 75 mg/5ml recon soln</i> | 1    |                       |
| <i>clindamycin phosphate 1 % swab</i>                 | 1    |                       |
| CLEOCIN 100 MG SUPPOS                                 | 2    |                       |
| <i>clindamycin phosphate 2 % cream</i>                | 1    |                       |
| <i>fosfomycin tromethamine 3 gm packet</i>            | 3    | QL 4 EA / 30 day(s)   |
| <i>linezolid 100 mg/5ml recon susp</i>                | 2    |                       |
| <i>linezolid 600 mg tab</i>                           | 2    |                       |
| <i>methenamine hippurate 1 gm tab</i>                 | 1    |                       |
| URELLE 81 MG TAB                                      | 3    |                       |
| <i>uribel 118 mg cap</i>                              | 3    |                       |
| URO-MP 118 MG CAP                                     | 3    |                       |
| VILAMIT MB 118 MG CAP                                 | 3    |                       |
| VILEVEV MB 81 MG TAB                                  | 3    |                       |
| METHENAMINE MANDELATE 0.5 GM TAB                      | 1    |                       |
| METHENAMINE MANDELATE 1 GM TAB                        | 1    |                       |
| <i>metronidazole 250 mg tab</i>                       | 1    |                       |
| <i>metronidazole 250 mg tab</i>                       | 1    |                       |
| <i>metronidazole 500 mg tab</i>                       | 1    |                       |
| <i>metronidazole 500 mg tab</i>                       | 1    |                       |

| PRODUCT DESCRIPTION                            | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>metronidazole 0.75 % cream</i>              | 1    |                       |
| <i>metronidazole 0.75 % cream</i>              | 1    |                       |
| <i>metronidazole 0.75 % gel</i>                | 1    |                       |
| <i>metronidazole 0.75 % gel</i>                | 1    |                       |
| <i>metronidazole 0.75 % lotion</i>             | 1    |                       |
| <i>metronidazole 0.75 % lotion</i>             | 1    |                       |
| <i>metronidazole 1 % gel</i>                   | 2    |                       |
| <i>metronidazole 1 % gel</i>                   | 2    |                       |
| <i>metronidazole vaginal gel 0.75%</i>         | 1    |                       |
| <i>metronidazole vaginal gel 0.75%</i>         | 1    |                       |
| <i>nitrofurantoin 25 mg/5ml suspension</i>     | 2    |                       |
| <i>nitrofurantoin 50 mg/10ml suspension</i>    | 2    |                       |
| NITROFURANTOIN 50 MG/5ML SUSPENSION            | 2    |                       |
| <i>nitrofurantoin macrocrystal 100 mg cap</i>  | 1    |                       |
| <i>nitrofurantoin macrocrystal 25 mg cap</i>   | 3    |                       |
| <i>nitrofurantoin macrocrystal 50 mg cap</i>   | 1    |                       |
| <i>nitrofurantoin monohyd macro 100 mg cap</i> | 1    |                       |
| XIFAXAN 200 MG TAB                             | 2    | QL 126 EA / 30 day(s) |
| XIFAXAN 550 MG TAB                             | 2    |                       |
| <i>tinidazole 250 mg tab</i>                   | 2    |                       |
| <i>tinidazole 500 mg tab</i>                   | 2    |                       |
| <i>trimethoprim 100 mg tab</i>                 | 1    |                       |
| TRIMETHOPRIM 100 MG TAB                        | 1    |                       |
| <i>vancomycin hcl 125 mg cap</i>               | 2    |                       |
| <i>vancomycin hcl 250 mg/5ml recon soln</i>    | 2    |                       |
| <i>vancomycin hcl 250 mg cap</i>               | 2    |                       |
| <i>vancomycin hcl 25 mg/ml recon soln</i>      | 2    |                       |
| <i>vancomycin hcl 50 mg/ml recon soln</i>      | 2    |                       |
| BETA-LACTAM, CEPHALOSPORINS                    |      |                       |
| CEFACLOR 250 MG/5ML RECON SUSP                 | 1    |                       |

| PRODUCT DESCRIPTION                        | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| CEFACLOR 250 MG CAP                        | 1    |                       |
| CEFACLOR 500 MG CAP                        | 1    |                       |
| CEFADROXIL 1 GM TAB                        | 1    |                       |
| <i>cefadroxil 250 mg/5ml recon susp</i>    | 1    |                       |
| <i>cefadroxil 500 mg/5ml recon susp</i>    | 1    |                       |
| <i>cefadroxil 500 mg cap</i>               | 1    |                       |
| <i>cefdinir 125 mg/5ml recon susp</i>      | 1    |                       |
| <i>cefdinir 250 mg/5ml recon susp</i>      | 1    |                       |
| <i>cefdinir 300 mg cap</i>                 | 1    |                       |
| <i>cefixime 100 mg/5ml recon susp</i>      | 2    |                       |
| CEFIXIME 100 MG/5ML RECON SUSP             | 2    |                       |
| <i>cefixime 200 mg/5ml recon susp</i>      | 2    |                       |
| <i>cefixime 400 mg cap</i>                 | 2    |                       |
| CEFPODOXIME PROXETIL 100 MG/5ML RECON SUSP | 1    |                       |
| <i>cefpodoxime proxetil 100 mg tab</i>     | 1    |                       |
| <i>cefpodoxime proxetil 200 mg tab</i>     | 1    |                       |
| CEFPODOXIME PROXETIL 50 MG/5ML RECON SUSP  | 1    |                       |
| <i>cefprozil 125 mg/5ml recon susp</i>     | 1    |                       |
| <i>cefprozil 250 mg/5ml recon susp</i>     | 1    |                       |
| <i>cefprozil 250 mg tab</i>                | 1    |                       |
| <i>cefprozil 500 mg tab</i>                | 1    |                       |
| <i>cefuroxime axetil 250 mg tab</i>        | 1    |                       |
| <i>cefuroxime axetil 500 mg tab</i>        | 1    |                       |
| <i>cephalexin 125 mg/5ml recon susp</i>    | 1    |                       |
| <i>cephalexin 250 mg/5ml recon susp</i>    | 1    |                       |
| <i>cephalexin 250 mg cap</i>               | 1    |                       |
| <i>cephalexin 250 mg tab</i>               | 1    |                       |
| <i>cephalexin 500 mg cap</i>               | 1    |                       |
| <i>cephalexin 500 mg tab</i>               | 1    |                       |
| <i>cephalexin 750 mg cap</i>               | 1    |                       |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| BETA-LACTAM, PENICILLINS                                      |      |                       |
| <i>amoxicillin 125 mg/5ml recon susp</i>                      | 1    |                       |
| AMOXICILLIN 125 MG CHEW TAB                                   | 2    |                       |
| <i>amoxicillin 200 mg/5ml recon susp</i>                      | 1    |                       |
| <i>amoxicillin 250 mg/5ml recon susp</i>                      | 1    |                       |
| <i>amoxicillin 250 mg cap</i>                                 | 1    |                       |
| AMOXICILLIN 250 MG CHEW TAB                                   | 1    |                       |
| <i>amoxicillin 400 mg/5ml recon susp</i>                      | 1    |                       |
| <i>amoxicillin 500 mg cap</i>                                 | 1    |                       |
| <i>amoxicillin 500 mg tab</i>                                 | 1    |                       |
| <i>amoxicillin 875 mg tab</i>                                 | 1    |                       |
| <i>amoxicillin-pot clavulanate 200-28.5 mg/5ml recon susp</i> | 1    |                       |
| AMOXICILLIN-POT CLAVULANATE 200-28.5 MG CHEW TAB              | 1    |                       |
| <i>amoxicillin-pot clavulanate 250-125 mg tab</i>             | 1    |                       |
| <i>amoxicillin-pot clavulanate 250-62.5 mg/5ml recon susp</i> | 1    |                       |
| <i>amoxicillin-pot clavulanate 400-57 mg/5ml recon susp</i>   | 1    |                       |
| AMOXICILLIN-POT CLAVULANATE 400-57 MG CHEW TAB                | 1    |                       |
| <i>amoxicillin-pot clavulanate 500-125 mg tab</i>             | 1    |                       |
| <i>amoxicillin-pot clavulanate 600-42.9 mg/5ml recon susp</i> | 1    |                       |
| <i>amoxicillin-pot clavulanate 875-125 mg tab</i>             | 1    |                       |
| <i>amoxicillin-pot clavulanate er 1000-62.5 mg tab er 12h</i> | 1    |                       |
| AUGMENTIN 125-31.25 MG/5ML RECON SUSP                         | 3    |                       |
| <i>ampicillin 500 mg cap</i>                                  | 1    |                       |
| <i>dicloxacillin sodium 250 mg cap</i>                        | 1    |                       |
| <i>dicloxacillin sodium 500 mg cap</i>                        | 1    |                       |
| PENICILLIN V POTASSIUM 125 MG/5ML RECON SOLN                  | 1    |                       |
| PENICILLIN V POTASSIUM 250 MG/5ML RECON SOLN                  | 1    |                       |
| <i>penicillin v potassium 250 mg tab</i>                      | 1    |                       |
| <i>penicillin v potassium 500 mg tab</i>                      | 1    |                       |

| PRODUCT DESCRIPTION                                      | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| MACROLIDES   |      |                       |
| <i>azithromycin 100 mg/5ml recon susp</i>                | 1    |                       |
| AZITHROMYCIN 1 GM PACKET                                 | 1    |                       |
| <i>azithromycin 200 mg/5ml recon susp</i>                | 1    |                       |
| <i>azithromycin 250 mg tab</i>                           | 1    |                       |
| <i>azithromycin 500 mg tab</i>                           | 1    |                       |
| <i>azithromycin 600 mg tab</i>                           | 1    |                       |
| CLARITHROMYCIN 125 MG/5ML RECON SUSP                     | 1    |                       |
| CLARITHROMYCIN 250 MG/5ML RECON SUSP                     | 1    |                       |
| <i>clarithromycin 250 mg tab</i>                         | 1    |                       |
| <i>clarithromycin 500 mg tab</i>                         | 1    |                       |
| <i>clarithromycin er 500 mg tab er 24h</i>               | 1    |                       |
| <i>ery-tab 250 mg tab dr</i>                             | 3    |                       |
| <i>ery-tab 333 mg tab dr</i>                             | 3    |                       |
| <i>ery-tab 500 mg tab dr</i>                             | 3    |                       |
| <i>erythromycin 250 mg tab dr</i>                        | 3    |                       |
| <i>erythromycin 333 mg tab dr</i>                        | 3    |                       |
| <i>erythromycin 500 mg tab dr</i>                        | 3    |                       |
| ERYTHROMYCIN BASE 250 MG CP DR PART                      | 1    |                       |
| <i>erythromycin base 250 mg tab</i>                      | 1    |                       |
| <i>erythromycin base 250 mg tab dr</i>                   | 3    |                       |
| <i>erythromycin base 333 mg tab dr</i>                   | 3    |                       |
| <i>erythromycin base 500 mg tab</i>                      | 1    |                       |
| <i>erythromycin base 500 mg tab dr</i>                   | 3    |                       |
| e.e.s. 400 400 mg tab                                    | 1    |                       |
| E.E.S. 400 400 MG TAB                                    | 1    |                       |
| <i>erythromycin ethylsuccinate 200 mg/5ml recon susp</i> | 3    |                       |
| <i>erythromycin ethylsuccinate 400 mg/5ml recon susp</i> | 3    |                       |
| <i>erythromycin ethylsuccinate 400 mg tab</i>            | 1    |                       |
| ERYTHROCIN STEARATE 250 MG TAB                           | 1    |                       |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| DIFICID 200 MG TAB  | 3    |                       |
| DIFICID 40 MG/ML RECON SUSP                                     | 3    | PA                    |
| <i>fidaxomicin 200 mg tab</i>                                   | 3    |                       |
| QUINOLONES  |      |                       |
| BESIVANCE 0.6 % SUSPENSION                                      | 2    |                       |
| <i>ciprofloxacin hcl 250 mg tab</i>                             | 1    |                       |
| <i>ciprofloxacin hcl 500 mg tab</i>                             | 1    |                       |
| <i>ciprofloxacin hcl 750 mg tab</i>                             | 1    |                       |
| CILOXAN 0.3 % OINTMENT  | 3    |                       |
| <i>ciprofloxacin hcl 0.3 % solution</i>                         | 1    |                       |
| <i>levofloxacin 250 mg tab</i>                                  | 1    |                       |
| <i>levofloxacin 250 mg tab</i>                                  | 1    |                       |
| <i>levofloxacin 25 mg/ml solution</i>                           | 1    |                       |
| <i>levofloxacin 25 mg/ml solution</i>                           | 1    |                       |
| <i>levofloxacin 500 mg tab</i>                                  | 1    |                       |
| <i>levofloxacin 500 mg tab</i>                                  | 1    |                       |
| <i>levofloxacin 750 mg tab</i>                                  | 1    |                       |
| <i>levofloxacin 750 mg tab</i>                                  | 1    |                       |
| <i>moxifloxacin hcl 400 mg tab</i>                              | 2    |                       |
| OFLOXACIN 400 MG TAB  | 1    |                       |
| SULFONAMIDES  |      |                       |
| <i>sulfacetamide sodium (acne) 10 % lotion</i>                  | 1    |                       |
| <i>sulfadiazine 500 mg tab</i>                                  | 3    |                       |
| <i>sulfamethoxazole-trimethoprim 200-40 mg/5ml suspension</i>   | 1    |                       |
| <i>sulfamethoxazole-trimethoprim 400-80 mg tab</i>              | 1    |                       |
| <i>sulfamethoxazole-trimethoprim 400-80 mg tab</i>              | 1    |                       |
| <i>sulfamethoxazole-trimethoprim 800-160 mg/20ml suspension</i> | 1    |                       |
| <i>sulfamethoxazole-trimethoprim 800-160 mg tab</i>             | 1    |                       |
| <i>sulfamethoxazole-trimethoprim 800-160 mg tab</i>             | 1    |                       |
| <i>sulfatrim pediatric 200-40 mg/5ml suspension</i>             | 1    |                       |

| PRODUCT DESCRIPTION                                 | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <b>TETRACYCLINES</b>                                |      |                       |
| <i>demeclocycline hcl 150 mg tab</i>                | 1    |                       |
| <i>demeclocycline hcl 300 mg tab</i>                | 1    |                       |
| <i>doxycycline hyclate 100 mg cap</i>               | 1    |                       |
| <i>doxycycline hyclate 100 mg tab</i>               | 1    |                       |
| <i>doxycycline hyclate 20 mg tab</i>                | 1    |                       |
| <i>doxycycline hyclate 50 mg cap</i>                | 1    |                       |
| <i>avidoxy 100 mg tab</i>                           | 1    |                       |
| <i>doxycycline monohydrate 100 mg cap</i>           | 1    |                       |
| <i>doxycycline monohydrate 100 mg tab</i>           | 1    |                       |
| <i>doxycycline monohydrate 150 mg cap</i>           | 1    |                       |
| <i>doxycycline monohydrate 150 mg tab</i>           | 1    |                       |
| <i>doxycycline monohydrate 25 mg/5ml recon susp</i> | 1    |                       |
| <i>doxycycline monohydrate 50 mg cap</i>            | 1    |                       |
| <i>doxycycline monohydrate 50 mg tab</i>            | 1    |                       |
| <i>doxycycline monohydrate 75 mg cap</i>            | 1    |                       |
| <i>doxycycline monohydrate 75 mg tab</i>            | 1    |                       |
| <i>mondoxyne nl 100 mg cap</i>                      | 1    |                       |
| <i>doxycycline 40 mg cap dr</i>                     | 2    |                       |
| <i>minocycline hcl 100 mg cap</i>                   | 1    |                       |
| <i>minocycline hcl 100 mg tab</i>                   | 1    |                       |
| <i>minocycline hcl 50 mg cap</i>                    | 1    |                       |
| <i>minocycline hcl 50 mg tab</i>                    | 1    |                       |
| <i>minocycline hcl 75 mg cap</i>                    | 1    |                       |
| <i>minocycline hcl 75 mg tab</i>                    | 1    |                       |
| <i>tetracycline hcl 250 mg cap</i>                  | 1    |                       |
| <i>tetracycline hcl 500 mg cap</i>                  | 1    |                       |

| PRODUCT DESCRIPTION                              | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| ANTICONVULSANTS                                  |      |                       |
| ANTICONVULSANTS, OTHER                           |      |                       |
| XCOPRI 100 MG TAB                                | 3    | PD Preventive Drug    |
| XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK        | 3    | PD Preventive Drug    |
| XCOPRI 14 X 150 MG & 14 X200 MG TAB THPK         | 3    | PD Preventive Drug    |
| XCOPRI 14 X 50 MG & 14 X100 MG TAB THPK          | 3    | PD Preventive Drug    |
| XCOPRI 150 MG TAB                                | 3    | PD Preventive Drug    |
| XCOPRI 200 MG TAB                                | 3    | PD Preventive Drug    |
| XCOPRI (250 MG DAILY DOSE) 100 & 150 MG TAB THPK | 3    |                       |
| XCOPRI 25 MG TAB                                 | 3    | PD Preventive Drug    |
| XCOPRI (350 MG DAILY DOSE) 150 & 200 MG TAB THPK | 3    | PD Preventive Drug    |
| XCOPRI 50 MG TAB                                 | 3    | PD Preventive Drug    |
| <i>divalproex sodium 125 mg cap dr</i>           | 1    | PD Preventive Drug    |
| <i>divalproex sodium 125 mg tab dr</i>           | 1    | PD Preventive Drug    |
| <i>divalproex sodium 250 mg tab dr</i>           | 1    | PD Preventive Drug    |
| <i>divalproex sodium 500 mg tab dr</i>           | 1    | PD Preventive Drug    |
| <i>divalproex sodium er 250 mg tab er 24h</i>    | 1    | PD Preventive Drug    |
| <i>divalproex sodium er 500 mg tab er 24h</i>    | 1    | PD Preventive Drug    |
| <i>felbamate 400 mg tab</i>                      | 3    | PD Preventive Drug    |
| <i>felbamate 600 mg/5ml suspension</i>           | 1    | PD Preventive Drug    |
| <i>felbamate 600 mg tab</i>                      | 3    | PD Preventive Drug    |
| FINTEPLA 2.2 MG/ML SOLUTION                      | 3    | PA<br>SP Specialty    |
| ZTALMY 50 MG/ML SUSPENSION                       | 3    | PA<br>SP Specialty    |
| <i>lamotrigine 100 mg tab</i>                    | 1    | PD Preventive Drug    |

| PRODUCT DESCRIPTION                     | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>lamotrigine 100 mg tab</i>           | 1    | PD Preventive Drug    |
| <i>lamotrigine 100 mg tab disp</i>      | 2    | PD Preventive Drug    |
| <i>lamotrigine 100 mg tab disp</i>      | 2    | PD Preventive Drug    |
| <i>lamotrigine 150 mg tab</i>           | 1    | PD Preventive Drug    |
| <i>lamotrigine 150 mg tab</i>           | 1    | PD Preventive Drug    |
| <i>lamotrigine 200 mg tab</i>           | 1    | PD Preventive Drug    |
| <i>lamotrigine 200 mg tab</i>           | 1    | PD Preventive Drug    |
| <i>lamotrigine 200 mg tab disp</i>      | 2    | PD Preventive Drug    |
| <i>lamotrigine 200 mg tab disp</i>      | 2    | PD Preventive Drug    |
| <i>lamotrigine 25 mg chew tab</i>       | 1    | PD Preventive Drug    |
| <i>lamotrigine 25 mg chew tab</i>       | 1    | PD Preventive Drug    |
| <i>lamotrigine 25 mg tab</i>            | 1    | PD Preventive Drug    |
| <i>lamotrigine 25 mg tab</i>            | 1    | PD Preventive Drug    |
| <i>lamotrigine 25 mg tab disp</i>       | 2    | PD Preventive Drug    |
| <i>lamotrigine 25 mg tab disp</i>       | 2    | PD Preventive Drug    |
| <i>lamotrigine 50 mg tab disp</i>       | 2    | PD Preventive Drug    |
| <i>lamotrigine 50 mg tab disp</i>       | 2    | PD Preventive Drug    |
| <i>lamotrigine 5 mg chew tab</i>        | 1    | PD Preventive Drug    |
| <i>lamotrigine 5 mg chew tab</i>        | 1    | PD Preventive Drug    |
| <i>lamotrigine er 100 mg tab er 24h</i> | 2    | PD Preventive Drug    |
| <i>lamotrigine er 100 mg tab er 24h</i> | 2    | PD Preventive Drug    |
| <i>lamotrigine er 200 mg tab er 24h</i> | 2    | PD Preventive Drug    |
| <i>lamotrigine er 200 mg tab er 24h</i> | 2    | PD Preventive Drug    |
| <i>lamotrigine er 250 mg tab er 24h</i> | 2    | PD Preventive Drug    |
| <i>lamotrigine er 250 mg tab er 24h</i> | 2    | PD Preventive Drug    |

| PRODUCT DESCRIPTION                       | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>lamotrigine er 25 mg tab er 24h</i>    | 2    | PD Preventive Drug    |
| <i>lamotrigine er 25 mg tab er 24h</i>    | 2    | PD Preventive Drug    |
| <i>lamotrigine er 300 mg tab er 24h</i>   | 2    | PD Preventive Drug    |
| <i>lamotrigine er 300 mg tab er 24h</i>   | 2    | PD Preventive Drug    |
| <i>lamotrigine er 50 mg tab er 24h</i>    | 2    | PD Preventive Drug    |
| <i>lamotrigine er 50 mg tab er 24h</i>    | 2    | PD Preventive Drug    |
| <i>subvenite 100 mg tab</i>               | 1    | PD Preventive Drug    |
| <i>subvenite 150 mg tab</i>               | 1    | PD Preventive Drug    |
| <i>subvenite 200 mg tab</i>               | 1    | PD Preventive Drug    |
| <i>subvenite 25 mg tab</i>                | 1    | PD Preventive Drug    |
| <i>levetiracetam 1000 mg tab</i>          | 1    | PD Preventive Drug    |
| <i>levetiracetam 1000 mg tab</i>          | 1    | PD Preventive Drug    |
| <i>levetiracetam 100 mg/ml solution</i>   | 1    | PD Preventive Drug    |
| <i>levetiracetam 100 mg/ml solution</i>   | 1    | PD Preventive Drug    |
| <i>levetiracetam 250 mg tab</i>           | 1    | PD Preventive Drug    |
| <i>levetiracetam 250 mg tab</i>           | 1    | PD Preventive Drug    |
| <i>levetiracetam 500 mg/5ml solution</i>  | 1    | PD Preventive Drug    |
| <i>levetiracetam 500 mg tab</i>           | 1    | PD Preventive Drug    |
| <i>levetiracetam 500 mg tab</i>           | 1    | PD Preventive Drug    |
| <i>levetiracetam 500 mg tab</i>           | 1    | PD Preventive Drug    |
| <i>levetiracetam 750 mg tab</i>           | 1    | PD Preventive Drug    |
| <i>levetiracetam 750 mg tab</i>           | 1    | PD Preventive Drug    |
| <i>levetiracetam er 500 mg tab er 24h</i> | 1    | PD Preventive Drug    |
| <i>levetiracetam er 500 mg tab er 24h</i> | 1    | PD Preventive Drug    |
| <i>levetiracetam er 750 mg tab er 24h</i> | 1    | PD Preventive Drug    |
| <i>levetiracetam er 750 mg tab er 24h</i> | 1    | PD Preventive Drug    |

| PRODUCT DESCRIPTION                              | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>roweepra 500 mg tab</i>                       | 1    | PD Preventive Drug    |
| <i>topiramate 100 mg tab</i>                     | 1    | PD Preventive Drug    |
| <i>topiramate 15 mg cap sprink</i>               | 1    | PD Preventive Drug    |
| <i>topiramate 200 mg tab</i>                     | 1    | PD Preventive Drug    |
| <i>topiramate 25 mg cap sprink</i>               | 1    | PD Preventive Drug    |
| <i>topiramate 25 mg tab</i>                      | 1    | PD Preventive Drug    |
| <i>topiramate 50 mg tab</i>                      | 1    | PD Preventive Drug    |
| <i>valproic acid 250 mg/5ml solution</i>         | 1    | PD Preventive Drug    |
| <i>valproic acid 500 mg/10ml solution</i>        | 1    | PD Preventive Drug    |
| <i>valproic acid 250 mg cap</i>                  | 1    | PD Preventive Drug    |
| CALCIUM CHANNEL MODIFYING AGENTS                 |      |                       |
| <i>ethosuximide 250 mg/5ml solution</i>          | 1    | PD Preventive Drug    |
| <i>ethosuximide 250 mg cap</i>                   | 1    | PD Preventive Drug    |
| GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS |      |                       |
| <i>clobazam 10 mg tab</i>                        | 3    | PD Preventive Drug    |
| <i>clobazam 10 mg tab</i>                        | 3    | PD Preventive Drug    |
| <i>clobazam 20 mg tab</i>                        | 3    | PD Preventive Drug    |
| <i>clobazam 20 mg tab</i>                        | 3    | PD Preventive Drug    |
| <i>clobazam 2.5 mg/ml suspension</i>             | 3    | PD Preventive Drug    |
| <i>clobazam 2.5 mg/ml suspension</i>             | 3    | PD Preventive Drug    |
| <i>diazepam 10 mg gel</i>                        | 2    |                       |
| <i>diazepam 10 mg gel</i>                        | 2    |                       |
| <i>diazepam 20 mg gel</i>                        | 2    |                       |
| <i>diazepam 20 mg gel</i>                        | 2    |                       |
| <i>diazepam 2.5 mg gel</i>                       | 2    |                       |
| <i>diazepam 2.5 mg gel</i>                       | 2    |                       |
| VALTOCO 10 MG DOSE 10 MG/0.1ML LIQUID            | 3    | QLC 10 EA / 22 days   |

| PRODUCT DESCRIPTION                           | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| VALTOCO 15 MG DOSE 2 X 7.5 MG/0.1ML LIQD THPK | 3    | QLC 10 EA / 22 days   |
| VALTOCO 20 MG DOSE 2 X 10 MG/0.1ML LIQD THPK  | 3    | QLC 10 EA / 22 days   |
| VALTOCO 5 MG DOSE 5 MG/0.1ML LIQUID           | 3    | QLC 10 EA / 22 days   |
| <i>gabapentin 100 mg cap</i>                  | 1    |                       |
| <i>gabapentin 250 mg/5ml solution</i>         | 1    |                       |
| <i>gabapentin 300 mg/6ml solution</i>         | 1    |                       |
| <i>gabapentin 300 mg cap</i>                  | 1    |                       |
| <i>gabapentin 400 mg cap</i>                  | 1    |                       |
| <i>gabapentin 600 mg tab</i>                  | 1    |                       |
| <i>gabapentin 800 mg tab</i>                  | 1    |                       |
| <i>relgaabi 300 mg cap</i>                    | 1    |                       |
| <i>relgaabi 400 mg cap</i>                    | 1    |                       |
| <i>phenobarbital 100 mg tab</i>               | 1    | PD Preventive Drug    |
| PHENOBARBITAL 100 MG TAB                      | 1    | PD Preventive Drug    |
| <i>phenobarbital 15 mg tab</i>                | 1    | PD Preventive Drug    |
| PHENOBARBITAL 15 MG TAB                       | 1    | PD Preventive Drug    |
| <i>phenobarbital 16.2 mg tab</i>              | 1    | PD Preventive Drug    |
| PHENOBARBITAL 16.2 MG TAB                     | 1    | PD Preventive Drug    |
| <i>phenobarbital 20 mg/5ml elixir</i>         | 1    | PD Preventive Drug    |
| PHENOBARBITAL 20 MG/5ML ELIXIR                | 1    | PD Preventive Drug    |
| PHENOBARBITAL 30 MG/7.5ML ELIXIR              | 1    | PD Preventive Drug    |
| <i>phenobarbital 30 mg tab</i>                | 1    | PD Preventive Drug    |
| PHENOBARBITAL 30 MG TAB                       | 1    | PD Preventive Drug    |
| <i>phenobarbital 32.4 mg tab</i>              | 1    | PD Preventive Drug    |
| PHENOBARBITAL 32.4 MG TAB                     | 1    | PD Preventive Drug    |
| PHENOBARBITAL 60 MG/15ML ELIXIR               | 1    | PD Preventive Drug    |
| <i>phenobarbital 60 mg tab</i>                | 1    | PD Preventive Drug    |

| PRODUCT DESCRIPTION              | TIER | LIMITS & RESTRICTIONS                    |
|----------------------------------|------|--|
| PHENOBARBITAL 60 MG TAB          | 1    | PD Preventive Drug                       |
| <i>phenobarbital 64.8 mg tab</i> | 1    | PD Preventive Drug                       |
| PHENOBARBITAL 64.8 MG TAB        | 1    | PD Preventive Drug                       |
| <i>phenobarbital 97.2 mg tab</i> | 1    | PD Preventive Drug                       |
| PHENOBARBITAL 97.2 MG TAB        | 1    | PD Preventive Drug                       |
| PRIMIDONE 125 MG TAB             | 1    | PD Preventive Drug                       |
| <i>primidone 250 mg tab</i>      | 1    | PD Preventive Drug                       |
| <i>primidone 50 mg tab</i>       | 1    | PD Preventive Drug                       |
| TIAGABINE HCL 12 MG TAB          | 2    | PD Preventive Drug                       |
| <i>tiagabine hcl 12 mg tab</i>   | 2    | PD Preventive Drug                       |
| TIAGABINE HCL 16 MG TAB          | 2    | PD Preventive Drug                       |
| <i>tiagabine hcl 16 mg tab</i>   | 2    | PD Preventive Drug                       |
| <i>tiagabine hcl 2 mg tab</i>    | 2    | PD Preventive Drug                       |
| <i>tiagabine hcl 2 mg tab</i>    | 2    | PD Preventive Drug                       |
| <i>tiagabine hcl 4 mg tab</i>    | 2    | PD Preventive Drug                       |
| <i>tiagabine hcl 4 mg tab</i>    | 2    | PD Preventive Drug                       |
| <i>vigabatrin 500 mg packet</i>  | 3    | PA<br>PD Preventive Drug<br>SP Specialty |
| <i>vigabatrin 500 mg tab</i>     | 3    | PA<br>PD Preventive Drug<br>SP Specialty |
| <i>vigadrone 500 mg packet</i>   | 3    | PA<br>PD Preventive Drug<br>SP Specialty |
| <i>vigadrone 500 mg tab</i>      | 3    | PA<br>PD Preventive Drug<br>SP Specialty |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS                    |
|--|------|--|
| <i>vigpoder 500 mg packet</i>                                      | 3    | PA<br>PD Preventive Drug<br>SP Specialty |
| <b>SODIUM CHANNEL AGENTS</b>                                       |      |  |
| <i>carBAMazepine 100 MG/5ML SUSPENSION (generic of TEGRETOL)</i>   | 1    | PD Preventive Drug                       |
| <i>carBAMazepine 100 MG/5ML SUSPENSION (generic of TEGRETOL)</i>   | 1    | PD Preventive Drug                       |
| <i>carbamazepine 100 mg chew tab</i>                               | 1    | PD Preventive Drug                       |
| <i>carBAMazepine 100 MG/5ML SUSPENSION (generic of TEGRETOL)</i>   | 1    | PD Preventive Drug                       |
| <i>carbamazepine 200 mg tab</i>                                    | 1    | PD Preventive Drug                       |
| <i>carbamazepine 200 mg tab</i>                                    | 1    | PD Preventive Drug                       |
| <i>carbamazepine er 100 mg cap er 12h</i>                          | 2    | PD Preventive Drug                       |
| <i>CarBAMazepine ER 100 MG CAP ER 12H (generic of CARBATROL)</i>   | 2    | PD Preventive Drug                       |
| <i>CarBAMazepine ER 100 MG TAB ER 12H (generic of TEGRETOL-XR)</i> | 2    | PD Preventive Drug                       |
| <i>carbamazepine er 100 mg tab er 12h</i>                          | 2    | PD Preventive Drug                       |
| <i>CarBAMazepine ER 100 MG TAB ER 12H (generic of TEGRETOL-XR)</i> | 2    | PD Preventive Drug                       |
| <i>carBAMazepine ER 200 MG CAP ER 12H (generic of CARBATROL)</i>   | 2    | PD Preventive Drug                       |
| <i>carbamazepine er 200 mg cap er 12h</i>                          | 2    | PD Preventive Drug                       |
| <i>carBAMazepine ER 200 MG CAP ER 12H (generic of CARBATROL)</i>   | 2    | PD Preventive Drug                       |
| <i>CarBAMazepine ER 200 MG TAB ER 12H (generic of TEGRETOL-XR)</i> | 2    | PD Preventive Drug                       |
| <i>carbamazepine er 200 mg tab er 12h</i>                          | 2    | PD Preventive Drug                       |
| <i>CarBAMazepine ER 200 MG TAB ER 12H (generic of TEGRETOL-XR)</i> | 2    | PD Preventive Drug                       |
| <i>carbamazepine er 300 mg cap er 12h</i>                          | 2    | PD Preventive Drug                       |
| <i>CarBAMazepine ER 300 MG CAP ER 12H (generic of CARBATROL)</i>   | 2    | PD Preventive Drug                       |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>CarBAMazepine ER 400 MG TAB ER 12H (generic of TEGRETOL-XR)</i> | 2    | PD Preventive Drug    |
| <i>carbamazepine er 400 mg tab er 12h</i>                          | 2    | PD Preventive Drug    |
| <i>CarBAMazepine ER 400 MG TAB ER 12H (generic of TEGRETOL-XR)</i> | 2    | PD Preventive Drug    |
| <i>epitol 200 mg tab</i>   | 1    | PD Preventive Drug    |
| <i>lacosamide 100 mg/10ml solution</i>                             | 2    | PD Preventive Drug    |
| <i>lacosamide 100 mg tab</i>                                       | 2    | PD Preventive Drug    |
| <i>lacosamide 10 mg/ml solution</i>                                | 2    | PD Preventive Drug    |
| <i>lacosamide 150 mg tab</i>                                       | 2    | PD Preventive Drug    |
| <i>lacosamide 200 mg tab</i>                                       | 2    | PD Preventive Drug    |
| <i>lacosamide 50 mg/5ml solution</i>                               | 2    | PD Preventive Drug    |
| <i>lacosamide 50 mg tab</i>  | 2    | PD Preventive Drug    |
| <i>oxcarbazepine 150 mg tab</i>                                    | 1    | PD Preventive Drug    |
| <i>oxcarbazepine 300 mg/5ml suspension</i>                         | 1    | PD Preventive Drug    |
| <i>oxcarbazepine 300 mg tab</i>                                    | 1    | PD Preventive Drug    |
| <i>oxcarbazepine 600 mg tab</i>                                    | 1    | PD Preventive Drug    |
| DILANTIN-125 125 MG/5ML SUSPENSION                                 | 2    | PD Preventive Drug    |
| DILANTIN 125 MG/5ML SUSPENSION                                     | 2    | PD Preventive Drug    |
| DILANTIN INFATABS 50 MG CHEW TAB                                   | 2    | PD Preventive Drug    |
| <i>phenytoin 125 mg/5ml suspension</i>                             | 1    | PD Preventive Drug    |
| <i>phenytoin 50 mg chew tab</i>                                    | 1    | PD Preventive Drug    |
| <i>phenytoin infatabs 50 mg chew tab</i>                           | 1    | PD Preventive Drug    |
| DILANTIN 100 MG CAP  | 2    | PD Preventive Drug    |
| DILANTIN 30 MG CAP   | 2    | PD Preventive Drug    |
| <i>phenytek 200 mg cap</i>   | 2    | PD Preventive Drug    |
| <i>phenytek 300 mg cap</i>   | 2    | PD Preventive Drug    |

| PRODUCT DESCRIPTION                            | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>phenytoin sodium extended 100 mg cap</i>    | 1    | PD Preventive Drug    |
| <i>phenytoin sodium extended 200 mg cap</i>    | 1    | PD Preventive Drug    |
| <i>phenytoin sodium extended 300 mg cap</i>    | 1    | PD Preventive Drug    |
| <i>rufinamide 200 mg tab</i>                   | 3    | PD Preventive Drug    |
| <i>rufinamide 400 mg tab</i>                   | 3    | PD Preventive Drug    |
| <i>rufinamide 40 mg/ml suspension</i>          | 3    | PD Preventive Drug    |
| <i>zonisamide 100 mg cap</i>                   | 1    | PD Preventive Drug    |
| <i>zonisamide 25 mg cap</i>                    | 1    | PD Preventive Drug    |
| <i>zonisamide 50 mg cap</i>                    | 1    | PD Preventive Drug    |
| ANTIDEPRESSANTS                                |      |                       |
| ANTIDEPRESSANTS, OTHER                         |      |                       |
| <i>bupropion hcl 100 mg tab</i>                | 1    |                       |
| <i>bupropion hcl 100 mg tab</i>                | 1    |                       |
| <i>bupropion hcl 75 mg tab</i>                 | 1    |                       |
| <i>bupropion hcl 75 mg tab</i>                 | 1    |                       |
| <i>bupropion hcl er (sr) 100 mg tab er 12h</i> | 1    |                       |
| <i>bupropion hcl er (sr) 100 mg tab er 12h</i> | 1    |                       |
| <i>bupropion hcl er (sr) 150 mg tab er 12h</i> | 1    |                       |
| <i>bupropion hcl er (sr) 150 mg tab er 12h</i> | 1    |                       |
| <i>bupropion hcl er (sr) 200 mg tab er 12h</i> | 1    |                       |
| <i>bupropion hcl er (sr) 200 mg tab er 12h</i> | 1    |                       |
| <i>bupropion hcl er (xl) 150 mg tab er 24h</i> | 1    |                       |
| <i>bupropion hcl er (xl) 150 mg tab er 24h</i> | 1    |                       |
| <i>bupropion hcl er (xl) 300 mg tab er 24h</i> | 1    |                       |
| <i>bupropion hcl er (xl) 300 mg tab er 24h</i> | 1    |                       |
| CHLORDIAZEPOXIDE-AMITRIPTYLINE 10-25 MG TAB    | 1    |                       |
| CHLORDIAZEPOXIDE-AMITRIPTYLINE 5-12.5 MG TAB   | 1    |                       |
| AUVELITY 45-105 MG TAB ER                      | 3    | PA                    |

| PRODUCT DESCRIPTION                          | TIER | LIMITS & RESTRICTIONS      |
|--|------|----------------------------|
| SPRAVATO (56 MG DOSE) 28 MG/DEVICE SOLN THPK | 3    | PA<br>SP Specialty         |
| SPRAVATO (84 MG DOSE) 28 MG/DEVICE SOLN THPK | 3    | PA<br>SP Specialty         |
| <i>mirtazapine 15 mg tab</i>                 | 1    |                            |
| <i>mirtazapine 15 mg tab disp</i>            | 1    |                            |
| <i>mirtazapine 30 mg tab</i>                 | 1    |                            |
| <i>mirtazapine 30 mg tab disp</i>            | 1    |                            |
| <i>mirtazapine 45 mg tab</i>                 | 1    |                            |
| <i>mirtazapine 45 mg tab disp</i>            | 1    |                            |
| <i>mirtazapine 7.5 mg tab</i>                | 1    |                            |
| LYBALVI 10-10 MG TAB                         | 3    | PA                         |
| LYBALVI 15-10 MG TAB                         | 3    | PA                         |
| LYBALVI 20-10 MG TAB                         | 3    | PA                         |
| LYBALVI 5-10 MG TAB                          | 3    | PA                         |
| PERPHENAZINE-AMITRIPTYLINE 2-10 MG TAB       | 1    |                            |
| PERPHENAZINE-AMITRIPTYLINE 2-25 MG TAB       | 1    |                            |
| PERPHENAZINE-AMITRIPTYLINE 4-10 MG TAB       | 1    |                            |
| PERPHENAZINE-AMITRIPTYLINE 4-25 MG TAB       | 1    |                            |
| PERPHENAZINE-AMITRIPTYLINE 4-50 MG TAB       | 1    |                            |
| ZURZUVAE 20 MG CAP                           | 3    | PA<br>QLC 28 EA / 180 days |
| ZURZUVAE 25 MG CAP                           | 3    | PA<br>QLC 28 EA / 180 days |
| ZURZUVAE 30 MG CAP                           | 3    | PA<br>QLC 14 EA / 180 days |
| MONOAMINE OXIDASE INHIBITORS                 |      |                            |
| PHENELZINE SULFATE 15 MG TAB                 | 2    |                            |
| EMSAM 12 MG/24HR PATCH 24HR                  | 3    |                            |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS                      |
|--|------|--|
| EMSAM 6 MG/24HR PATCH 24HR   | 3    |  |
| EMSAM 9 MG/24HR PATCH 24HR   | 3    |  |
| <i>tranylcypromine sulfate 10 mg tab</i>   | 1    |  |
| SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR) |      |  |
| <i>citalopram hydrobromide 10 mg/5ml solution</i>  | 1    | PD Preventive Drug                         |
| <i>citalopram hydrobromide 10 mg tab</i>   | 1    | PD Preventive Drug                         |
| <i>citalopram hydrobromide 20 mg/10ml solution</i>   | 1    | PD Preventive Drug                         |
| <i>citalopram hydrobromide 20 mg tab</i>   | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>citalopram hydrobromide 40 mg tab</i>   | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>desvenlafaxine succinate er 100 mg tab er 24h</i>   | 1    |  |
| <i>desvenlafaxine succinate er 25 mg tab er 24h</i>  | 1    |  |
| <i>desvenlafaxine succinate er 50 mg tab er 24h</i>  | 1    |  |
| <i>escitalopram oxalate 10 mg/10ml solution</i>  | 1    | PD Preventive Drug                         |
| <i>escitalopram oxalate 10 mg tab</i>  | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>escitalopram oxalate 20 mg tab</i>  | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>escitalopram oxalate 5 mg/5ml solution</i>  | 1    | PD Preventive Drug                         |
| <i>escitalopram oxalate 5 mg tab</i>   | 1    | PD Preventive Drug                         |
| <i>fluoxetine hcl 10 mg cap</i>  | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>fluoxetine hcl 10 mg tab</i>  | 2    | PD Preventive Drug                         |
| <i>fluoxetine hcl 20 mg/5ml solution</i>   | 1    | PD Preventive Drug                         |
| <i>fluoxetine hcl 20 mg cap</i>  | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>fluoxetine hcl 20 mg tab</i>  | 2    | PD Preventive Drug                         |

| PRODUCT DESCRIPTION                             | TIER | LIMITS & RESTRICTIONS                      |
|---|------|--|
| <i>fluoxetine hcl 40 mg cap</i>                 | 1    | PD Preventive Drug                         |
| <i>fluoxetine hcl 60 mg tab</i>                 | 2    | PD Preventive Drug                         |
| FLUOXETINE HCL 90 MG CAP DR                     | 1    | PD Preventive Drug                         |
| FLUOXETINE HCL (PMDD) 10 MG TAB                 | 1    |  |
| FLUOXETINE HCL (PMDD) 20 MG TAB                 | 1    |  |
| <i>fluvoxamine maleate 100 mg tab</i>           | 1    | PD Preventive Drug                         |
| <i>fluvoxamine maleate 100 mg tab</i>           | 1    | PD Preventive Drug                         |
| <i>fluvoxamine maleate 25 mg tab</i>            | 1    | PD Preventive Drug                         |
| <i>fluvoxamine maleate 25 mg tab</i>            | 1    | PD Preventive Drug                         |
| <i>fluvoxamine maleate 50 mg tab</i>            | 1    | PD Preventive Drug                         |
| <i>fluvoxamine maleate 50 mg tab</i>            | 1    | PD Preventive Drug                         |
| <i>fluvoxamine maleate er 100 mg cap er 24h</i> | 3    | PD Preventive Drug                         |
| <i>fluvoxamine maleate er 100 mg cap er 24h</i> | 3    | PD Preventive Drug                         |
| <i>fluvoxamine maleate er 150 mg cap er 24h</i> | 3    | PD Preventive Drug                         |
| <i>fluvoxamine maleate er 150 mg cap er 24h</i> | 3    | PD Preventive Drug                         |
| NEFAZODONE HCL 100 MG TAB                       | 1    |  |
| NEFAZODONE HCL 150 MG TAB                       | 1    |  |
| NEFAZODONE HCL 200 MG TAB                       | 1    |  |
| NEFAZODONE HCL 250 MG TAB                       | 1    |  |
| NEFAZODONE HCL 50 MG TAB                        | 1    |  |
| <i>paroxetine hcl 10 mg tab</i>                 | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>paroxetine hcl 20 mg tab</i>                 | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>paroxetine hcl 30 mg tab</i>                 | 1    | PD Preventive Drug                         |
| <i>paroxetine hcl 40 mg tab</i>                 | 1    | PD Preventive Drug                         |
| <i>paroxetine hcl er 12.5 mg tab er 24h</i>     | 2    | PD Preventive Drug                         |

| PRODUCT DESCRIPTION                          | TIER | LIMITS & RESTRICTIONS                      |
|--|------|--|
| <i>paroxetine hcl er 25 mg tab er 24h</i>    | 2    | PD Preventive Drug                         |
| <i>paroxetine hcl er 37.5 mg tab er 24h</i>  | 2    | PD Preventive Drug                         |
| <i>sertraline hcl 100 mg tab</i>             | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>sertraline hcl 20 mg/ml conc</i>          | 1    | PD Preventive Drug                         |
| <i>sertraline hcl 25 mg tab</i>              | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>sertraline hcl 50 mg tab</i>              | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>trazodone hcl 100 mg tab</i>              | 1    | RX4L Rx4Less Program                       |
| <i>trazodone hcl 100 mg tab</i>              | 1    | RX4L Rx4Less Program                       |
| <i>trazodone hcl 150 mg tab</i>              | 1    | RX4L Rx4Less Program                       |
| <i>trazodone hcl 150 mg tab</i>              | 1    | RX4L Rx4Less Program                       |
| <i>trazodone hcl 300 mg tab</i>              | 1    |  |
| <i>trazodone hcl 300 mg tab</i>              | 1    |  |
| <i>trazodone hcl 50 mg tab</i>               | 1    | RX4L Rx4Less Program                       |
| <i>trazodone hcl 50 mg tab</i>               | 1    | RX4L Rx4Less Program                       |
| <i>venlafaxine hcl 100 mg tab</i>            | 1    |  |
| <i>venlafaxine hcl 25 mg tab</i>             | 1    |  |
| <i>venlafaxine hcl 37.5 mg tab</i>           | 1    |  |
| <i>venlafaxine hcl 50 mg tab</i>             | 1    |  |
| <i>venlafaxine hcl 75 mg tab</i>             | 1    |  |
| <i>venlafaxine hcl er 150 mg cap er 24h</i>  | 1    | RX4L Rx4Less Program                       |
| <i>venlafaxine hcl er 37.5 mg cap er 24h</i> | 1    | RX4L Rx4Less Program                       |
| <i>venlafaxine hcl er 75 mg cap er 24h</i>   | 1    | RX4L Rx4Less Program                       |
| <i>vilazodone hcl 10 mg tab</i>              | 1    |  |
| <i>vilazodone hcl 20 mg tab</i>              | 1    |  |
| <i>vilazodone hcl 40 mg tab</i>              | 1    |  |

| PRODUCT DESCRIPTION                 | TIER | LIMITS & RESTRICTIONS |
|-------------------------------------|------|-----------------------|
| TRINTELLIX 10 MG TAB                | 2    | ST                    |
| TRINTELLIX 20 MG TAB                | 2    | ST                    |
| TRINTELLIX 5 MG TAB                 | 2    | ST                    |
| TRICYCLICS                          |      |                       |
| <i>amitriptyline hcl 100 mg tab</i> | 1    |                       |
| <i>amitriptyline hcl 10 mg tab</i>  | 1    |                       |
| <i>amitriptyline hcl 150 mg tab</i> | 1    |                       |
| <i>amitriptyline hcl 25 mg tab</i>  | 1    |                       |
| <i>amitriptyline hcl 50 mg tab</i>  | 1    |                       |
| <i>amitriptyline hcl 75 mg tab</i>  | 1    |                       |
| <i>clomipramine hcl 25 mg cap</i>   | 1    |                       |
| <i>clomipramine hcl 25 mg cap</i>   | 1    |                       |
| <i>clomipramine hcl 25 mg cap</i>   | 1    |                       |
| <i>clomipramine hcl 50 mg cap</i>   | 1    |                       |
| <i>clomipramine hcl 50 mg cap</i>   | 1    |                       |
| <i>clomipramine hcl 50 mg cap</i>   | 1    |                       |
| <i>clomipramine hcl 75 mg cap</i>   | 1    |                       |
| <i>clomipramine hcl 75 mg cap</i>   | 1    |                       |
| <i>clomipramine hcl 75 mg cap</i>   | 1    |                       |
| <i>desipramine hcl 100 mg tab</i>   | 1    |                       |
| <i>desipramine hcl 10 mg tab</i>    | 1    |                       |
| <i>desipramine hcl 150 mg tab</i>   | 1    |                       |
| <i>desipramine hcl 25 mg tab</i>    | 1    |                       |
| <i>desipramine hcl 50 mg tab</i>    | 1    |                       |
| <i>desipramine hcl 75 mg tab</i>    | 1    |                       |
| <i>doxepin hcl 100 mg cap</i>       | 1    |                       |
| <i>doxepin hcl 10 mg cap</i>        | 1    |                       |
| <i>doxepin hcl 10 mg/ml conc</i>    | 1    |                       |
| DOXEPIN HCL 10 MG/ML CONC           | 1    |                       |
| <i>doxepin hcl 150 mg cap</i>       | 1    |                       |

| PRODUCT DESCRIPTION                          | TIER | LIMITS & RESTRICTIONS   |
|--|------|-------------------------|
| <i>doxepin hcl 25 mg cap</i>                 | 1    |                         |
| <i>doxepin hcl 50 mg cap</i>                 | 1    |                         |
| <i>doxepin hcl 75 mg cap</i>                 | 1    |                         |
| <i>imipramine hcl 10 mg tab</i>              | 1    |                         |
| <i>imipramine hcl 25 mg tab</i>              | 1    |                         |
| <i>imipramine hcl 50 mg tab</i>              | 1    |                         |
| <i>nortriptyline hcl 10 mg/5ml solution</i>  | 1    |                         |
| <i>nortriptyline hcl 10 mg cap</i>           | 1    | RX4L Rx4Less Program    |
| <i>nortriptyline hcl 25 mg cap</i>           | 1    | RX4L Rx4Less Program    |
| <i>nortriptyline hcl 50 mg cap</i>           | 1    |                         |
| <i>nortriptyline hcl 75 mg cap</i>           | 1    |                         |
| <i>protriptyline hcl 10 mg tab</i>           | 1    |                         |
| <i>protriptyline hcl 5 mg tab</i>            | 1    |                         |
| <i>trimipramine maleate 100 mg cap</i>       | 3    |                         |
| <i>trimipramine maleate 25 mg cap</i>        | 3    |                         |
| <i>trimipramine maleate 50 mg cap</i>        | 3    |                         |
| ANTIEMETICS                                  |      |                         |
| ANTIEMETICS, OTHER                           |      |                         |
| BONJESTA 20-20 MG TAB ER                     | 2    | QLC 180 EA / 365 day(s) |
| <i>doxylamine-pyridoxine 10-10 mg tab dr</i> | 2    | QLC 360 EA / 365 day(s) |
| <i>cvs motion sickness ii 25 mg tab</i>      | 1    | OTC Over the Counter    |
| <i>dramamine less drowsy 25 mg tab</i>       | 1    | OTC Over the Counter    |
| <i>eql motion sickness relief 25 mg tab</i>  | 1    | OTC Over the Counter    |
| <i>gnp motion sickness relief 25 mg tab</i>  | 1    | OTC Over the Counter    |
| <i>meclizine hcl 12.5 mg tab</i>             | 1    |                         |
| <i>meclizine hcl 25 mg tab</i>               | 1    | OTC Over the Counter    |
| <i>motion sickness relief 25 mg tab</i>      | 1    | OTC Over the Counter    |
| <i>sm motion sickness 25 mg tab</i>          | 1    | OTC Over the Counter    |

| PRODUCT DESCRIPTION                           | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>metoclopramide hcl 10 mg/10ml solution</i> | 1    |                       |
| <i>metoclopramide hcl 10 mg tab</i>           | 1    |                       |
| <i>metoclopramide hcl 5 mg/5ml solution</i>   | 1    |                       |
| <i>metoclopramide hcl 5 mg tab</i>            | 1    |                       |
| METOCLOPRAMIDE HCL 5 MG TAB DISP              | 3    |                       |
| <i>perphenazine 16 mg tab</i>                 | 1    |                       |
| <i>perphenazine 2 mg tab</i>                  | 1    |                       |
| <i>perphenazine 4 mg tab</i>                  | 1    |                       |
| <i>perphenazine 8 mg tab</i>                  | 1    |                       |
| <i>compro 25 mg suppos</i>                    | 1    |                       |
| <i>prochlorperazine 25 mg suppos</i>          | 1    |                       |
| <i>prochlorperazine maleate 10 mg tab</i>     | 1    |                       |
| <i>prochlorperazine maleate 5 mg tab</i>      | 1    |                       |
| <i>promethazine hcl 12.5 mg suppos</i>        | 1    |                       |
| <i>promethazine hcl 12.5 mg tab</i>           | 1    |                       |
| <i>promethazine hcl 25 mg suppos</i>          | 1    |                       |
| <i>promethazine hcl 25 mg tab</i>             | 1    |                       |
| <i>promethazine hcl 50 mg tab</i>             | 1    |                       |
| <i>promethegan 12.5 mg suppos</i>             | 1    |                       |
| <i>promethegan 25 mg suppos</i>               | 1    |                       |
| PROMETHEGAN 50 MG SUPPOS                      | 1    |                       |
| <i>scopolamine 1 mg/3days patch 72hr</i>      | 2    |                       |
| <i>trimethobenzamide hcl 300 mg cap</i>       | 1    |                       |
| EMETOGENIC THERAPY ADJUNCTS                   |      |                       |
| <i>aprepitant 125 mg cap</i>                  | 2    | QL 2 EA / 30 day(s)   |
| <i>aprepitant 40 mg cap</i>                   | 2    | QL 2 EA / 30 day(s)   |
| <i>aprepitant 80 &amp; 125 mg cap thpk</i>    | 2    | QL 6 EA / 30 day(s)   |
| <i>aprepitant 80 mg cap</i>                   | 2    | QL 4 EA / 30 day(s)   |
| EMEND 125 MG/5ML RECON SUSP                   | 2    | QL 3 EA / 15 day(s)   |

| PRODUCT DESCRIPTION                                 | TIER | LIMITS & RESTRICTIONS     |
|---|------|---------------------------|
| <i>dronabinol 10 mg cap</i>                         | 1    |                           |
| <i>dronabinol 2.5 mg cap</i>                        | 1    |                           |
| <i>dronabinol 5 mg cap</i>                          | 1    |                           |
| SANCUSO 3.1 MG/24HR PATCH                           | 3    | QL 2 EA / 30 day(s)       |
| <i>granisetron hcl 1 mg tab</i>                     | 1    |                           |
| <i>ondansetron 4 mg tab disp</i>                    | 1    |                           |
| <i>ondansetron 8 mg tab disp</i>                    | 1    |                           |
| ONDANSETRON HCL 24 MG TAB                           | 1    |                           |
| <i>ondansetron hcl 4 mg/5ml solution</i>            | 1    |                           |
| <i>ondansetron hcl 4 mg tab</i>                     | 1    |                           |
| <i>ondansetron hcl 8 mg tab</i>                     | 1    |                           |
| VARUBI (180 MG DOSE) 2 X 90 MG TAB THPK             | 2    | QL 4 EA / 28 day(s)<br>PA |
| <b>ANTIFUNGALS</b>                                  |      |                           |
| GYNAZOLE-1 2 % CREAM                                | 3    |                           |
| <i>ciclopirox olamine 0.77 % cream</i>              | 1    |                           |
| <i>ciclopirox olamine 0.77 % suspension</i>         | 1    |                           |
| <i>clotrimazole 10 mg troche</i>                    | 1    |                           |
| <i>clotrimazole 1 % cream</i>                       | 1    |                           |
| <i>clotrimazole 1 % solution</i>                    | 1    |                           |
| <i>econazole nitrate 1 % cream</i>                  | 1    |                           |
| <i>fluconazole 100 mg tab</i>                       | 1    |                           |
| <i>fluconazole 10 mg/ml recon susp</i>              | 1    |                           |
| <i>fluconazole 150 mg tab</i>                       | 1    |                           |
| <i>fluconazole 200 mg tab</i>                       | 1    |                           |
| <i>fluconazole 40 mg/ml recon susp</i>              | 1    |                           |
| <i>fluconazole 50 mg tab</i>                        | 1    |                           |
| <i>flucytosine 250 mg cap</i>                       | 3    |                           |
| <i>flucytosine 500 mg cap</i>                       | 3    |                           |
| <i>griseofulvin microsize 125 mg/5ml suspension</i> | 1    |                           |

| PRODUCT DESCRIPTION                                     | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>griseofulvin microsize 500 mg tab</i>                | 3    |                       |
| <i>griseofulvin ultramicrosize 125 mg tab</i>           | 3    |                       |
| <i>griseofulvin ultramicrosize 250 mg tab</i>           | 3    |                       |
| <i>itraconazole 100 mg cap</i>                          | 1    |                       |
| <i>itraconazole 10 mg/ml solution</i>                   | 3    |                       |
| <i>ketoconazole 200 mg tab</i>                          | 1    |                       |
| <i>ketoconazole 2 % cream</i>                           | 1    |                       |
| <i>ketoconazole 2 % foam</i>                            | 3    |                       |
| <i>ketoconazole 2 % shampoo</i>                         | 1    |                       |
| <i>ketodan 2 % foam</i>                                 | 3    |                       |
| MICONAZOLE 3 200 MG SUPPOS                              | 1    |                       |
| MICONAZOLE-ZINC OXIDE-PETROLAT 0.25-15-81.35 % OINTMENT | 3    |                       |
| NAFTIFINE HCL 1 % CREAM                                 | 3    |                       |
| <i>naftifine hcl 2 % cream</i>                          | 3    |                       |
| <i>naftifine hcl 2 % gel</i>                            | 3    |                       |
| NAFTIN 1 % GEL  | 3    |                       |
| <i>nystatin 500000 unit tab</i>                         | 1    |                       |
| <i>nystatin 100000 unit/ml suspension</i>               | 1    |                       |
| <i>klayesta 100000 unit/gm powder</i>                   | 1    |                       |
| <i>nyamyc 100000 unit/gm powder</i>                     | 1    |                       |
| <i>nystatin 100000 unit/gm cream</i>                    | 1    |                       |
| <i>nystatin 100000 unit/gm ointment</i>                 | 1    |                       |
| <i>nystatin 100000 unit/gm powder</i>                   | 1    |                       |
| <i>nystop 100000 unit/gm powder</i>                     | 1    |                       |
| <i>oxiconazole nitrate 1 % cream</i>                    | 3    |                       |
| OXISTAT 1 % LOTION                                      | 3    |                       |
| NOXAFIL 40 MG/ML SUSPENSION                             | 3    |                       |
| <i>posaconazole 100 mg tab dr</i>                       | 3    |                       |
| <i>posaconazole 40 mg/ml suspension</i>                 | 3    |                       |
| ERTACZO 2 % CREAM                                       | 3    |                       |

| PRODUCT DESCRIPTION                         | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| SULCONAZOLE NITRATE 1 % CREAM               | 3    |                       |
| SULCONAZOLE NITRATE 1 % SOLUTION            | 3    |                       |
| <i>tavaborole 5 % solution</i>              | 2    |                       |
| <i>terbinafine hcl 250 mg tab</i>           | 1    |                       |
| <i>terconazole 0.4 % cream</i>              | 1    |                       |
| <i>terconazole 0.8 % cream</i>              | 1    |                       |
| <i>terconazole 80 mg suppos</i>             | 1    |                       |
| <i>voriconazole 200 mg tab</i>              | 2    |                       |
| <i>voriconazole 40 mg/ml recon susp</i>     | 2    |                       |
| <i>voriconazole 50 mg tab</i>               | 2    |                       |
| <b>ANTIGOUT AGENTS</b>                      |      |                       |
| <i>allopurinol 100 mg tab</i>               | 1    | RX4L Rx4Less Program  |
| <i>allopurinol 300 mg tab</i>               | 1    | RX4L Rx4Less Program  |
| <i>colchicine 0.6 mg cap</i>                | 2    |                       |
| <i>colchicine 0.6 mg tab</i>                | 1    |                       |
| <i>colchicine-probenecid 0.5-500 mg tab</i> | 1    |                       |
| <i>febuxostat 40 mg tab</i>                 | 1    |                       |
| <i>febuxostat 80 mg tab</i>                 | 1    |                       |
| <i>probenecid 500 mg tab</i>                | 1    |                       |
| <b>ANTIMYCOBACTERIALS</b>                   |      |                       |
| <b>ANTIMYCOBACTERIALS, OTHER</b>            |      |                       |
| <i>dapsone 100 mg tab</i>                   | 1    |                       |
| <i>dapsone 25 mg tab</i>                    | 1    |                       |
| <i>rifabutin 150 mg cap</i>                 | 2    |                       |
| <b>ANTITUBERCULARS</b>                      |      |                       |
| SIRTURO 100 MG TAB                          | 3    | PA                    |
| SIRTURO 20 MG TAB                           | 3    | PA                    |
| <i>ethambutol hcl 100 mg tab</i>            | 1    |                       |
| <i>ethambutol hcl 400 mg tab</i>            | 1    |                       |

| PRODUCT DESCRIPTION               | TIER | LIMITS & RESTRICTIONS |
|-----------------------------------|------|-----------------------|
| <i>isoniazid 100 mg tab</i>       | 1    |                       |
| <i>isoniazid 300 mg tab</i>       | 1    |                       |
| <i>isoniazid 50 mg/5ml syrup</i>  | 1    |                       |
| PRETOMANID 200 MG TAB             | 3    | PA                    |
| <i>pyrazinamide 500 mg tab</i>    | 1    |                       |
| <i>rifampin 150 mg cap</i>        | 1    |                       |
| <i>rifampin 150 mg cap</i>        | 1    |                       |
| <i>rifampin 300 mg cap</i>        | 1    |                       |
| <i>rifampin 300 mg cap</i>        | 1    |                       |
| PRIFTIN 150 MG TAB                | 2    |                       |
| ANTINEOPLASTICS                   |      |                       |
| ALKYLATING AGENTS                 |      |                       |
| MYLERAN 2 MG TAB                  | 2    |                       |
| LEUKERAN 2 MG TAB                 | 2    |                       |
| <i>cyclophosphamide 25 mg cap</i> | 2    |                       |
| CYCLOPHOSPHAMIDE 25 MG CAP        | 2    |                       |
| <i>cyclophosphamide 50 mg cap</i> | 2    |                       |
| CYCLOPHOSPHAMIDE 50 MG CAP        | 2    |                       |
| VALCHLOR 0.016 % GEL              | 3    | PA                    |
| MELPHALAN 2 MG TAB                | 2    |                       |
| MATULANE 50 MG CAP                | 2    | SP Specialty          |
| <i>temozolomide 100 mg cap</i>    | 2    | PA<br>SP Specialty    |
| <i>temozolomide 140 mg cap</i>    | 2    | PA<br>SP Specialty    |
| <i>temozolomide 180 mg cap</i>    | 2    | PA<br>SP Specialty    |
| <i>temozolomide 20 mg cap</i>     | 2    | PA<br>SP Specialty    |

| PRODUCT DESCRIPTION                   | TIER | LIMITS & RESTRICTIONS                 |
|---------------------------------------|------|---------------------------------------|
| <i>temozolomide 250 mg cap</i>        | 2    | PA<br>SP Specialty                    |
| <i>temozolomide 5 mg cap</i>          | 2    | PA<br>SP Specialty                    |
| <b>ANTIANDROGENS</b>                  |      |                                       |
| <i>abiraterone acetate 250 mg tab</i> | 2    | QL 120 ea / 30 day(s)<br>SP Specialty |
| <i>abiraterone acetate 500 mg tab</i> | 2    | PA<br>SP Specialty                    |
| <i>abirtega 250 mg tab</i>            | 2    | QL 120 ea / 30 day(s)<br>SP Specialty |
| ERLEADA 240 MG TAB                    | 2    | PA<br>SP Specialty                    |
| ERLEADA 60 MG TAB                     | 2    | PA<br>SP Specialty                    |
| <i>bicalutamide 50 mg tab</i>         | 1    |                                       |
| NUBEQA 300 MG TAB                     | 2    | PA<br>SP Specialty                    |
| ORSERDU 345 MG TAB                    | 3    | PA<br>SP Specialty                    |
| ORSERDU 86 MG TAB                     | 3    | PA<br>SP Specialty                    |
| XTANDI 40 MG CAP                      | 2    | PA<br>SP Specialty                    |
| XTANDI 40 MG TAB                      | 2    | PA<br>SP Specialty                    |
| XTANDI 80 MG TAB                      | 2    | PA<br>SP Specialty                    |
| <i>nilutamide 150 mg tab</i>          | 2    | SP Specialty                          |

| PRODUCT DESCRIPTION                 | TIER | LIMITS & RESTRICTIONS   |
|-------------------------------------|------|-------------------------|
| NILUTAMIDE 150 MG TAB               | 2    | SP Specialty            |
| ANTIANGIOGENIC AGENTS               |      |                         |
| <i>lenalidomide 10 mg cap</i>       | 3    | PA<br>SP Specialty      |
| <i>lenalidomide 15 mg cap</i>       | 3    | PA<br>SP Specialty      |
| <i>lenalidomide 20 mg cap</i>       | 3    | PA<br>SP Specialty      |
| <i>lenalidomide 2.5 mg cap</i>      | 3    | PA<br>SP Specialty      |
| <i>lenalidomide 25 mg cap</i>       | 3    | PA<br>SP Specialty      |
| <i>lenalidomide 5 mg cap</i>        | 3    | PA<br>SP Specialty      |
| THALOMID 100 MG CAP                 | 2    | PA<br>SP Specialty      |
| THALOMID 50 MG CAP                  | 2    | PA<br>SP Specialty      |
| ANTIESTROGENS/MODIFIERS             |      |                         |
| EMCYT 140 MG CAP                    | 2    | SP Specialty            |
| SOLTAMOX 10 MG/5ML SOLUTION         | 1    |                         |
| <i>tamoxifen citrate 10 mg tab</i>  | 1    | ACA Affordable Care Act |
| <i>tamoxifen citrate 20 mg tab</i>  | 1    | ACA Affordable Care Act |
| <i>toremifene citrate 60 mg tab</i> | 2    |                         |
| ANTIMETABOLITES                     |      |                         |
| <i>capecitabine 150 mg tab</i>      | 2    | SP Specialty            |
| <i>capecitabine 500 mg tab</i>      | 2    | SP Specialty            |
| <i>hydroxyurea 500 mg cap</i>       | 1    |                         |

| PRODUCT DESCRIPTION              | TIER | LIMITS & RESTRICTIONS      |
|----------------------------------|------|----------------------------|
| SIKLOS 1000 MG TAB               | 3    | PA<br>SP Specialty         |
| DROXIA 200 MG CAP                | 2    |                            |
| DROXIA 300 MG CAP                | 2    |                            |
| DROXIA 400 MG CAP                | 2    |                            |
| <i>mercaptopurine 50 mg tab</i>  | 1    |                            |
| PURIXAN 2000 MG/100ML SUSPENSION | 2    | SP Specialty               |
| TABLOID 40 MG TAB                | 2    | SP Specialty               |
| ANTINEOPLASTICS, OTHER           |      |                            |
| KRAZATI 200 MG TAB               | 3    | PA<br>SP Specialty         |
| VIJOICE 125 MG TAB THPK          | 3    | PA<br>SP Specialty         |
| VIJOICE 200 & 50 MG TAB THPK     | 3    | PA<br>SP Specialty         |
| VIJOICE 50 MG TAB THPK           | 3    | PA<br>SP Specialty         |
| AYVAKIT 100 MG TAB               | 3    | QL 30 EA / 30 day(s)<br>PA |
| AYVAKIT 200 MG TAB               | 3    | QL 30 EA / 30 day(s)<br>PA |
| AYVAKIT 25 MG TAB                | 3    | QL 30 EA / 30 day(s)<br>PA |
| AYVAKIT 300 MG TAB               | 3    | QL 30 EA / 30 day(s)<br>PA |
| AYVAKIT 50 MG TAB                | 3    | QL 30 EA / 30 day(s)<br>PA |
| TABRECTA 150 MG TAB              | 3    | PA<br>SP Specialty         |

| PRODUCT DESCRIPTION                 | TIER | LIMITS & RESTRICTIONS                      |
|-------------------------------------|------|--|
| TABRECTA 200 MG TAB                 | 3    | PA<br>SP Specialty                         |
| ROZLYTREK 100 MG CAP                | 3    | PA<br>SP Specialty                         |
| ROZLYTREK 200 MG CAP                | 3    | PA<br>SP Specialty                         |
| ROZLYTREK 50 MG PACKET              | 3    | PA<br>SP Specialty                         |
| ONIVYDE 43 MG/10ML SUSPENSION       | 3    | SP Specialty                               |
| NINLARO 2.3 MG CAP                  | 3    | PA<br>SP Specialty                         |
| NINLARO 3 MG CAP                    | 3    | PA<br>SP Specialty                         |
| NINLARO 4 MG CAP                    | 3    | PA<br>SP Specialty                         |
| LEDERLE LEUCOVORIN 5 MG TAB         | 1    | QL 4 / 28 days                             |
| <i>leucovorin calcium 10 mg tab</i> | 1    | QL 4 EA / 28 days                          |
| <i>leucovorin calcium 15 mg tab</i> | 1    | QL 4 EA / 28 days                          |
| <i>leucovorin calcium 25 mg tab</i> | 1    | QL 4 EA / 28 days                          |
| <i>leucovorin calcium 5 mg tab</i>  | 1    | QL 4 EA / 28 days                          |
| MESNEX 400 MG TAB                   | 2    | SP Specialty                               |
| LYSODREN 500 MG TAB                 | 2    | SP Specialty                               |
| OGSIVEO 100 MG TAB                  | 3    | QL 60 EA / 30 day(s)<br>PA<br>SP Specialty |
| OGSIVEO 150 MG TAB                  | 3    | QL 60 ea / 30 day(s)<br>PA<br>SP Specialty |

| PRODUCT DESCRIPTION                                | TIER | LIMITS & RESTRICTIONS   |
|--|------|---|
| OGSIVEO 50 MG TAB                                  | 3    | <ul style="list-style-type: none"> <li>QL 180 EA / 30 days</li> <li>PA</li> <li>SP Specialty</li> </ul> |
| VONJO 100 MG CAP                                   | 3    | <ul style="list-style-type: none"> <li>PA</li> </ul>  |
| VANFLYTA 17.7 MG TAB                               | 3    | <ul style="list-style-type: none"> <li>QL 60 EA / 30 days</li> <li>PA</li> <li>SP Specialty</li> </ul>  |
| VANFLYTA 26.5 MG TAB                               | 3    | <ul style="list-style-type: none"> <li>QL 60 EA / 30 days</li> <li>PA</li> <li>SP Specialty</li> </ul>  |
| AUGTYRO 160 MG CAP                                 | 3    | <ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>                              |
| AUGTYRO 40 MG CAP                                  | 3    | <ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>                              |
| KISQALI FEMARA (200 MG DOSE) 200 & 2.5 MG TAB THPK | 3    | <ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>                              |
| KISQALI FEMARA (400 MG DOSE) 200 & 2.5 MG TAB THPK | 3    | <ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>                              |
| KISQALI FEMARA (600 MG DOSE) 200 & 2.5 MG TAB THPK | 3    | <ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>                              |
| XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK         | 3    | <ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>                              |
| XPOVIO (40 MG ONCE WEEKLY) 10 MG TAB THPK          | 3    | <ul style="list-style-type: none"> <li>QL 16 EA / 28 DAYS</li> <li>PA</li> <li>SP Specialty</li> </ul>  |
| XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK          | 3    | <ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>                              |
| XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK         | 3    | <ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>                              |

| PRODUCT DESCRIPTION                        | TIER | LIMITS & RESTRICTIONS                |
|--|------|--------------------------------------|
| XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK  | 3    | PA<br>SP Specialty                   |
| XPOVIO (60 MG TWICE WEEKLY) 20 MG TAB THPK | 3    | PA<br>SP Specialty                   |
| XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK  | 3    | PA<br>SP Specialty                   |
| XPOVIO (80 MG ONCE WEEKLY) 80 MG TAB THPK  | 3    | QL 8 / 28 days<br>PA<br>SP Specialty |
| XPOVIO (80 MG TWICE WEEKLY) 20 MG TAB THPK | 3    | PA<br>SP Specialty                   |
| RETEVMO 40 MG CAP                          | 3    | PA<br>SP Specialty                   |
| RETEVMO 80 MG CAP                          | 3    | PA<br>SP Specialty                   |
| LUMAKRAS 120 MG TAB                        | 3    | PA<br>SP Specialty                   |
| LUMAKRAS 240 MG TAB                        | 3    | PA<br>SP Specialty                   |
| LUMAKRAS 320 MG TAB                        | 3    | PA<br>SP Specialty                   |
| TAZVERIK 200 MG TAB                        | 3    | PA<br>SP Specialty                   |
| LONSURF 15-6.14 MG TAB                     | 3    | PA<br>SP Specialty                   |
| LONSURF 20-8.19 MG TAB                     | 3    | PA<br>SP Specialty                   |
| ZOLINZA 100 MG CAP                         | 2    | PA<br>SP Specialty                   |

| PRODUCT DESCRIPTION                  | TIER | LIMITS & RESTRICTIONS                    |
|--------------------------------------|------|--|
| BRUKINSA 80 MG CAP                   | 3    | PA<br>SP Specialty                       |
| AROMATASE INHIBITORS, 3RD GENERATION |      |  |
| <i>anastrozole 1 mg tab</i>          | 1    |  |
| <i>exemestane 25 mg tab</i>          | 2    |  |
| <i>letrozole 2.5 mg tab</i>          | 1    |  |
| ENZYME INHIBITORS                    |      |  |
| TRUQAP 160 MG TAB                    | 3    | QL 64 EA / 28 days<br>PA<br>SP Specialty |
| TRUQAP 200 MG TAB                    | 3    | QL 64 EA / 28 days<br>PA<br>SP Specialty |
| ETOPOSIDE 50 MG CAP                  | 1    |  |
| HYCAMTIN 0.25 MG CAP                 | 2    | PA<br>SP Specialty                       |
| HYCAMTIN 1 MG CAP                    | 2    | PA<br>SP Specialty                       |
| MOLECULAR TARGET INHIBITORS          |      |  |
| VERZENIO 100 MG TAB                  | 2    | PA<br>SP Specialty                       |
| VERZENIO 150 MG TAB                  | 2    | PA<br>SP Specialty                       |
| VERZENIO 200 MG TAB                  | 2    | PA<br>SP Specialty                       |
| VERZENIO 50 MG TAB                   | 2    | PA<br>SP Specialty                       |
| CALQUENCE 100 MG TAB                 | 2    | PA<br>SP Specialty                       |

| PRODUCT DESCRIPTION                             | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| GILOTRIF 20 MG TAB                              | 3    | PA<br>SP Specialty    |
| GILOTRIF 30 MG TAB                              | 3    | PA<br>SP Specialty    |
| GILOTRIF 40 MG TAB                              | 3    | PA<br>SP Specialty    |
| ALECENSA 150 MG CAP                             | 3    | PA<br>SP Specialty    |
| PIQRAY (200 MG DAILY DOSE) 200 MG TAB THPK      | 3    | PA<br>SP Specialty    |
| PIQRAY (250 MG DAILY DOSE) 200 & 50 MG TAB THPK | 3    | PA<br>SP Specialty    |
| PIQRAY (300 MG DAILY DOSE) 2 X 150 MG TAB THPK  | 3    | PA<br>SP Specialty    |
| INLYTA 1 MG TAB                                 | 3    | PA<br>SP Specialty    |
| INLYTA 5 MG TAB                                 | 3    | PA<br>SP Specialty    |
| BOSULIF 100 MG TAB                              | 3    | PA<br>SP Specialty    |
| BOSULIF 400 MG TAB                              | 3    | PA<br>SP Specialty    |
| BOSULIF 500 MG TAB                              | 3    | PA<br>SP Specialty    |
| CABOMETYX 20 MG TAB                             | 2    | PA<br>SP Specialty    |
| CABOMETYX 40 MG TAB                             | 2    | PA<br>SP Specialty    |
| CABOMETYX 60 MG TAB                             | 2    | PA<br>SP Specialty    |

| PRODUCT DESCRIPTION                                | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| COMETRIQ (100 MG DAILY DOSE) 80 & 20 MG KIT        | 3    | PA<br>SP Specialty    |
| COMETRIQ (140 MG DAILY DOSE) 3 X 20 MG & 80 MG KIT | 3    | PA<br>SP Specialty    |
| COMETRIQ (60 MG DAILY DOSE) 20 MG KIT              | 3    | PA<br>SP Specialty    |
| ZYKADIA 150 MG TAB                                 | 3    | PA<br>SP Specialty    |
| COTELLIC 20 MG TAB                                 | 3    | PA<br>SP Specialty    |
| XALKORI 150 MG CAP SPRINK                          | 3    | PA<br>SP Specialty    |
| XALKORI 200 MG CAP                                 | 3    | PA<br>SP Specialty    |
| XALKORI 20 MG CAP SPRINK                           | 3    | PA<br>SP Specialty    |
| XALKORI 250 MG CAP                                 | 3    | PA<br>SP Specialty    |
| XALKORI 50 MG CAP SPRINK                           | 3    | PA<br>SP Specialty    |
| TAFINLAR 10 MG TAB SOL                             | 3    | PA<br>SP Specialty    |
| TAFINLAR 50 MG CAP                                 | 3    | PA<br>SP Specialty    |
| TAFINLAR 75 MG CAP                                 | 3    | PA<br>SP Specialty    |
| VIZIMPRO 15 MG TAB                                 | 3    | PA<br>SP Specialty    |
| VIZIMPRO 30 MG TAB                                 | 3    | PA<br>SP Specialty    |

| PRODUCT DESCRIPTION         | TIER | LIMITS & RESTRICTIONS |
|-----------------------------|------|-----------------------|
| VIZIMPRO 45 MG TAB          | 3    | PA<br>SP Specialty    |
| <i>dasatinib 100 mg tab</i> | 2    | PA<br>SP Specialty    |
| <i>dasatinib 140 mg tab</i> | 2    | PA<br>SP Specialty    |
| <i>dasatinib 20 mg tab</i>  | 2    | PA<br>SP Specialty    |
| <i>dasatinib 50 mg tab</i>  | 2    | PA<br>SP Specialty    |
| <i>dasatinib 70 mg tab</i>  | 2    | PA<br>SP Specialty    |
| <i>dasatinib 80 mg tab</i>  | 2    | PA<br>SP Specialty    |
| PHYRAGO 100 MG TAB          | 2    | PA<br>SP Specialty    |
| PHYRAGO 140 MG TAB          | 2    | PA<br>SP Specialty    |
| PHYRAGO 20 MG TAB           | 2    | PA<br>SP Specialty    |
| PHYRAGO 50 MG TAB           | 2    | PA<br>SP Specialty    |
| PHYRAGO 70 MG TAB           | 2    | PA<br>SP Specialty    |
| PHYRAGO 80 MG TAB           | 2    | PA<br>SP Specialty    |
| BALVERSA 3 MG TAB           | 3    | PA<br>SP Specialty    |
| BALVERSA 4 MG TAB           | 3    | PA<br>SP Specialty    |

| PRODUCT DESCRIPTION             | TIER | LIMITS & RESTRICTIONS |
|---------------------------------|------|-----------------------|
| BALVERSA 5 MG TAB               | 3    | PA<br>SP Specialty    |
| <i>erlotinib hcl 100 mg tab</i> | 2    | PA<br>SP Specialty    |
| <i>erlotinib hcl 150 mg tab</i> | 2    | PA<br>SP Specialty    |
| <i>erlotinib hcl 25 mg tab</i>  | 2    | PA<br>SP Specialty    |
| <i>everolimus 10 mg tab</i>     | 3    | PA<br>SP Specialty    |
| <i>everolimus 2.5 mg tab</i>    | 3    | PA<br>SP Specialty    |
| <i>everolimus 2 mg tab sol</i>  | 3    | PA<br>SP Specialty    |
| <i>everolimus 3 mg tab sol</i>  | 3    | PA<br>SP Specialty    |
| <i>everolimus 5 mg tab</i>      | 3    | PA<br>SP Specialty    |
| <i>everolimus 5 mg tab sol</i>  | 3    | PA<br>SP Specialty    |
| <i>everolimus 7.5 mg tab</i>    | 3    | PA<br>SP Specialty    |
| <i>torpenz 10 mg tab</i>        | 3    | PA<br>SP Specialty    |
| <i>torpenz 2.5 mg tab</i>       | 3    | PA<br>SP Specialty    |
| <i>torpenz 5 mg tab</i>         | 3    | PA<br>SP Specialty    |
| <i>torpenz 7.5 mg tab</i>       | 3    | PA<br>SP Specialty    |

| PRODUCT DESCRIPTION                      | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| LYTGOBI (12 MG DAILY DOSE) 4 MG TAB THPK | 3    | PA<br>SP Specialty    |
| LYTGOBI (16 MG DAILY DOSE) 4 MG TAB THPK | 3    | PA<br>SP Specialty    |
| LYTGOBI (20 MG DAILY DOSE) 4 MG TAB THPK | 3    | PA<br>SP Specialty    |
| XOSPATA 40 MG TAB                        | 3    | PA<br>SP Specialty    |
| IMBRUVICA 140 MG CAP                     | 2    | PA<br>SP Specialty    |
| IMBRUVICA 140 MG TAB                     | 2    | PA<br>SP Specialty    |
| IMBRUVICA 280 MG TAB                     | 2    | PA<br>SP Specialty    |
| IMBRUVICA 420 MG TAB                     | 2    | PA<br>SP Specialty    |
| IMBRUVICA 70 MG CAP                      | 2    | PA<br>SP Specialty    |
| IMBRUVICA 70 MG/ML SUSPENSION            | 2    | PA<br>SP Specialty    |
| ZYDELIG 100 MG TAB                       | 3    | PA<br>SP Specialty    |
| ZYDELIG 150 MG TAB                       | 3    | PA<br>SP Specialty    |
| <i>imatinib mesylate 100 mg tab</i>      | 2    | PA<br>SP Specialty    |
| <i>imatinib mesylate 400 mg tab</i>      | 2    | PA<br>SP Specialty    |
| <i>lapatinib ditosylate 250 mg tab</i>   | 2    | PA<br>SP Specialty    |

| PRODUCT DESCRIPTION                                  | TIER | LIMITS & RESTRICTIONS                     |
|--|------|---|
| LENVIMA (10 MG DAILY DOSE) 10 MG CAP THPK            | 3    | PA<br>SP Specialty                        |
| LENVIMA (12 MG DAILY DOSE) 3 X 4 MG CAP THPK         | 3    | PA<br>SP Specialty                        |
| LENVIMA (14 MG DAILY DOSE) 10 & 4 MG CAP THPK        | 3    | PA<br>SP Specialty                        |
| LENVIMA (18 MG DAILY DOSE) 10 MG & 2 X 4 MG CAP THPK | 3    | PA<br>SP Specialty                        |
| LENVIMA (20 MG DAILY DOSE) 2 X 10 MG CAP THPK        | 3    | PA<br>SP Specialty                        |
| LENVIMA (24 MG DAILY DOSE) 2 X 10 MG & 4 MG CAP THPK | 3    | PA<br>SP Specialty                        |
| LENVIMA (4 MG DAILY DOSE) 4 MG CAP THPK              | 3    | PA<br>SP Specialty                        |
| LENVIMA (8 MG DAILY DOSE) 2 X 4 MG CAP THPK          | 3    | PA<br>SP Specialty                        |
| RYDAPT 25 MG CAP                                     | 3    | PA<br>SP Specialty                        |
| <i>nilotinib hcl 150 mg cap</i>                      | 2    | QL 112 EA / 28 days<br>PA<br>SP Specialty |
| <i>nilotinib hcl 200 mg cap</i>                      | 2    | QL 112 EA / 28 days<br>PA<br>SP Specialty |
| <i>nilotinib hcl 50 mg cap</i>                       | 2    | QL 120 EA / 30 days<br>PA<br>SP Specialty |
| TASIGNA 150 MG CAP                                   | 2    | PA<br>SP Specialty                        |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS                      |
|----------------------|------|--|
| TASIGNA 200 MG CAP   | 2    | PA<br>SP Specialty                         |
| TASIGNA 50 MG CAP    | 2    | PA<br>SP Specialty                         |
| ZEJULA 100 MG TAB    | 2    | QL 30 EA / 30 day(s)<br>PA<br>SP Specialty |
| ZEJULA 200 MG TAB    | 2    | QL 30 EA / 30 day(s)<br>PA<br>SP Specialty |
| ZEJULA 300 MG TAB    | 2    | QL 30 EA / 30 day(s)<br>PA<br>SP Specialty |
| LYNPARZA 100 MG TAB  | 2    | PA<br>SP Specialty                         |
| LYNPARZA 150 MG TAB  | 2    | PA<br>SP Specialty                         |
| REZLIDHIA 150 MG CAP | 3    | PA<br>SP Specialty                         |
| TAGRISSO 40 MG TAB   | 3    | PA<br>SP Specialty                         |
| TAGRISSO 80 MG TAB   | 3    | PA<br>SP Specialty                         |
| IBRANCE 100 MG CAP   | 2    | PA<br>SP Specialty                         |
| IBRANCE 100 MG TAB   | 2    | PA<br>SP Specialty                         |
| IBRANCE 125 MG CAP   | 2    | PA<br>SP Specialty                         |

| PRODUCT DESCRIPTION                   | TIER | LIMITS & RESTRICTIONS                   |
|---------------------------------------|------|---|
| IBRANCE 125 MG TAB                    | 2    | PA<br>SP Specialty                      |
| IBRANCE 75 MG CAP                     | 2    | PA<br>SP Specialty                      |
| IBRANCE 75 MG TAB                     | 2    | PA<br>SP Specialty                      |
| <i>pazopanib hcl 200 mg tab</i>       | 3    | PA<br>SP Specialty                      |
| PAZOPANIB HCL 400 MG TAB              | 3    | QL 60 / 30 day(s)<br>PA<br>SP Specialty |
| ICLUSIG 10 MG TAB                     | 3    | PA<br>SP Specialty                      |
| ICLUSIG 15 MG TAB                     | 3    | PA<br>SP Specialty                      |
| ICLUSIG 30 MG TAB                     | 3    | PA<br>SP Specialty                      |
| ICLUSIG 45 MG TAB                     | 3    | PA<br>SP Specialty                      |
| GAVRETO 100 MG CAP                    | 3    | PA<br>SP Specialty                      |
| STIVARGA 40 MG TAB                    | 3    | PA<br>SP Specialty                      |
| KISQALI (200 MG DOSE) 200 MG TAB THPK | 3    | PA<br>SP Specialty                      |
| KISQALI (400 MG DOSE) 200 MG TAB THPK | 3    | PA<br>SP Specialty                      |
| KISQALI (600 MG DOSE) 200 MG TAB THPK | 3    | PA<br>SP Specialty                      |

| PRODUCT DESCRIPTION                  | TIER | LIMITS & RESTRICTIONS                      |
|--------------------------------------|------|--|
| RUBRACA 200 MG TAB                   | 2    | PA<br>SP Specialty                         |
| RUBRACA 250 MG TAB                   | 2    | PA<br>SP Specialty                         |
| RUBRACA 300 MG TAB                   | 2    | PA<br>SP Specialty                         |
| JAKAFI 10 MG TAB                     | 3    | QL 60 EA / 30 day(s)<br>PA<br>SP Specialty |
| JAKAFI 15 MG TAB                     | 3    | QL 60 EA / 30 day(s)<br>PA<br>SP Specialty |
| JAKAFI 20 MG TAB                     | 3    | QL 60 EA / 30 day(s)<br>PA<br>SP Specialty |
| JAKAFI 25 MG TAB                     | 3    | QL 60 EA / 30 day(s)<br>PA<br>SP Specialty |
| JAKAFI 5 MG TAB                      | 3    | QL 60 EA / 30 day(s)<br>PA<br>SP Specialty |
| ODOMZO 200 MG CAP                    | 3    | PA<br>SP Specialty                         |
| <i>sorafenib tosylate 200 mg tab</i> | 2    | PA<br>SP Specialty                         |
| <i>sunitinib malate 12.5 mg cap</i>  | 2    | PA<br>SP Specialty                         |
| <i>sunitinib malate 25 mg cap</i>    | 2    | PA<br>SP Specialty                         |
| <i>sunitinib malate 37.5 mg cap</i>  | 2    | PA<br>SP Specialty                         |

| PRODUCT DESCRIPTION                               | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>sunitinib malate 50 mg cap</i>                 | 2    | PA<br>SP Specialty    |
| MEKINIST 0.05 MG/ML RECON SOLN                    | 3    | PA<br>SP Specialty    |
| MEKINIST 0.5 MG TAB                               | 3    | PA<br>SP Specialty    |
| MEKINIST 2 MG TAB                                 | 3    | PA<br>SP Specialty    |
| CAPRELSA 100 MG TAB                               | 3    | PA<br>SP Specialty    |
| CAPRELSA 300 MG TAB                               | 3    | PA<br>SP Specialty    |
| ZELBORAF 240 MG TAB                               | 3    | PA<br>SP Specialty    |
| VENCLEXTA 100 MG TAB                              | 3    | PA<br>SP Specialty    |
| VENCLEXTA 10 MG TAB                               | 3    | PA<br>SP Specialty    |
| VENCLEXTA 50 MG TAB                               | 3    | PA<br>SP Specialty    |
| VENCLEXTA STARTING PACK 10 & 50 & 100 MG TAB THPK | 3    | PA<br>SP Specialty    |
| ERIVEDGE 150 MG CAP                               | 3    | PA<br>SP Specialty    |
| RETINOIDS   |      |                       |
| <i>bexarotene 75 mg cap</i>                       | 2    | PA<br>SP Specialty    |
| <i>tretinoin 10 mg cap</i>                        | 1    |                       |

| PRODUCT DESCRIPTION                               | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| ANTIPARASITICS                                    |      |                       |
| ANTHELMINTHICS                                    |      |                       |
| <i>albendazole 200 mg tab</i>                     | 3    |                       |
| <i>ivermectin 3 mg tab</i>                        | 3    |                       |
| <i>praziquantel 600 mg tab</i>                    | 3    |                       |
| ANTIPROTOZOALS                                    |      |                       |
| COARTEM 20-120 MG TAB                             | 3    |                       |
| <i>atovaquone 750 mg/5ml suspension</i>           | 2    |                       |
| <i>atovaquone-proguanil hcl 250-100 mg tab</i>    | 2    |                       |
| <i>atovaquone-proguanil hcl 250-100 mg tab</i>    | 2    |                       |
| <i>atovaquone-proguanil hcl 62.5-25 mg tab</i>    | 2    |                       |
| <i>chloroquine phosphate 250 mg tab</i>           | 1    |                       |
| CHLOROQUINE PHOSPHATE 250 MG TAB                  | 1    |                       |
| <i>chloroquine phosphate 500 mg tab</i>           | 1    |                       |
| <i>hydroxychloroquine sulfate 200 mg tab</i>      | 1    |                       |
| PLAQUENIL 200 MG TAB                              | 3    |                       |
| <i>mefloquine hcl 250 mg tab</i>                  | 1    |                       |
| ALINIA 100 MG/5ML RECON SUSP                      | 2    |                       |
| <i>nitazoxanide 500 mg tab</i>                    | 2    |                       |
| <i>pentamidine isethionate 300 mg recon soln</i>  | 2    |                       |
| <i>primaquine phosphate 26.3 (15 base) mg tab</i> | 3    |                       |
| <i>pyrimethamine 25 mg tab</i>                    | 3    | PA<br>SP Specialty    |
| <i>quinine sulfate 324 mg cap</i>                 | 3    |                       |
| ANTIPARKINSON AGENTS                              |      |                       |
| ANTICHOLINERGICS                                  |      |                       |
| <i>benztropine mesylate 0.5 mg tab</i>            | 1    |                       |
| <i>benztropine mesylate 1 mg tab</i>              | 1    |                       |
| <i>benztropine mesylate 2 mg tab</i>              | 1    |                       |
| TRIHEXYPHENIDYL HCL 0.4 MG/ML SOLUTION            | 1    |                       |

| PRODUCT DESCRIPTION                                       | TIER | LIMITS & RESTRICTIONS  |
|---|------|--|
| <i>trihexyphenidyl hcl 2 mg tab</i>                       | 1    |  |
| <i>trihexyphenidyl hcl 5 mg tab</i>                       | 1    |  |
| ANTIPARKINSON AGENTS, OTHER                               |      |  |
| <i>amantadine hcl 100 mg/10ml solution</i>                | 1    |  |
| <i>amantadine hcl 100 mg cap</i>                          | 1    |  |
| <i>amantadine hcl 100 mg tab</i>                          | 1    |  |
| <i>amantadine hcl 50 mg/5ml solution</i>                  | 1    |  |
| <i>carbidopa-levodopa-entacapone 12.5-50-200 mg tab</i>   | 2    |  |
| <i>carbidopa-levodopa-entacapone 18.75-75-200 mg tab</i>  | 2    |  |
| <i>carbidopa-levodopa-entacapone 25-100-200 mg tab</i>    | 2    |  |
| <i>carbidopa-levodopa-entacapone 31.25-125-200 mg tab</i> | 2    |  |
| <i>carbidopa-levodopa-entacapone 37.5-150-200 mg tab</i>  | 2    |  |
| <i>carbidopa-levodopa-entacapone 50-200-200 mg tab</i>    | 2    |  |
| <i>entacapone 200 mg tab</i>                              | 2    |  |
| <i>tolcapone 100 mg tab</i>                               | 3    |  |
| DOPAMINE AGONISTS   |      |  |
| ONAPGO 98 MG/20ML SOLN CART                               | 3    | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">PA</div> <div style="margin-right: 10px;">QLC 600 mL / 30 days</div> <div>SP Specialty</div> </div> |
| <i>bromocriptine mesylate 2.5 mg tab</i>                  | 1    |  |
| <i>bromocriptine mesylate 5 mg cap</i>                    | 1    |  |
| <i>pramipexole dihydrochloride 0.125 mg tab</i>           | 1    |  |
| <i>pramipexole dihydrochloride 0.25 mg tab</i>            | 1    |  |
| <i>pramipexole dihydrochloride 0.5 mg tab</i>             | 1    |  |
| <i>pramipexole dihydrochloride 0.75 mg tab</i>            | 1    |  |
| <i>pramipexole dihydrochloride 1.5 mg tab</i>             | 1    |  |
| <i>pramipexole dihydrochloride 1 mg tab</i>               | 1    |  |
| <i>pramipexole dihydrochloride er 0.375 mg tab er 24h</i> | 3    |  |
| <i>pramipexole dihydrochloride er 0.75 mg tab er 24h</i>  | 3    |  |
| <i>pramipexole dihydrochloride er 1.5 mg tab er 24h</i>   | 3    |  |

| PRODUCT DESCRIPTION                                      | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>pramipexole dihydrochloride er 2.25 mg tab er 24h</i> | 3    |                       |
| <i>pramipexole dihydrochloride er 3.75 mg tab er 24h</i> | 3    |                       |
| <i>pramipexole dihydrochloride er 3 mg tab er 24h</i>    | 3    |                       |
| <i>pramipexole dihydrochloride er 4.5 mg tab er 24h</i>  | 3    |                       |
| <i>ropinirole hcl 0.25 mg tab</i>                        | 1    |                       |
| <i>ropinirole hcl 0.25 mg tab</i>                        | 1    |                       |
| <i>ropinirole hcl 0.5 mg tab</i>                         | 1    |                       |
| <i>ropinirole hcl 0.5 mg tab</i>                         | 1    |                       |
| <i>ropinirole hcl 1 mg tab</i>                           | 1    |                       |
| <i>ropinirole hcl 1 mg tab</i>                           | 1    |                       |
| <i>ropinirole hcl 2 mg tab</i>                           | 1    |                       |
| <i>ropinirole hcl 2 mg tab</i>                           | 1    |                       |
| <i>ropinirole hcl 3 mg tab</i>                           | 1    |                       |
| <i>ropinirole hcl 3 mg tab</i>                           | 1    |                       |
| <i>ropinirole hcl 4 mg tab</i>                           | 1    |                       |
| <i>ropinirole hcl 4 mg tab</i>                           | 1    |                       |
| <i>ropinirole hcl 5 mg tab</i>                           | 1    |                       |
| <i>ropinirole hcl 5 mg tab</i>                           | 1    |                       |
| <i>ropinirole hcl er 12 mg tab er 24h</i>                | 3    |                       |
| <i>ropinirole hcl er 12 mg tab er 24h</i>                | 3    |                       |
| <i>ropinirole hcl er 2 mg tab er 24h</i>                 | 2    |                       |
| <i>ropinirole hcl er 2 mg tab er 24h</i>                 | 2    |                       |
| <i>ropinirole hcl er 4 mg tab er 24h</i>                 | 3    |                       |
| <i>ropinirole hcl er 4 mg tab er 24h</i>                 | 3    |                       |
| <i>ropinirole hcl er 6 mg tab er 24h</i>                 | 3    |                       |
| <i>ropinirole hcl er 6 mg tab er 24h</i>                 | 3    |                       |
| <i>ropinirole hcl er 8 mg tab er 24h</i>                 | 3    |                       |
| <i>ropinirole hcl er 8 mg tab er 24h</i>                 | 3    |                       |
| NEUPRO 1 MG/24HR PATCH 24HR                              | 2    |                       |
| NEUPRO 2 MG/24HR PATCH 24HR                              | 2    |                       |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| NEUPRO 3 MG/24HR PATCH 24HR                                      | 2    |                       |
| NEUPRO 4 MG/24HR PATCH 24HR                                      | 2    |                       |
| NEUPRO 6 MG/24HR PATCH 24HR                                      | 2    |                       |
| NEUPRO 8 MG/24HR PATCH 24HR                                      | 2    |                       |
| DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS |      |                       |
| <i>carbidopa-levodopa 10-100 mg tab</i>                          | 1    |                       |
| <i>carbidopa-levodopa 10-100 mg tab disp</i>                     | 2    |                       |
| <i>carbidopa-levodopa 25-100 mg tab</i>                          | 1    |                       |
| <i>carbidopa-levodopa 25-100 mg tab disp</i>                     | 1    |                       |
| <i>carbidopa-levodopa 25-100 mg tab disp</i>                     | 2    |                       |
| <i>carbidopa-levodopa 25-250 mg tab</i>                          | 1    |                       |
| <i>carbidopa-levodopa 25-250 mg tab disp</i>                     | 2    |                       |
| <i>carbidopa-levodopa er 25-100 mg tab er</i>                    | 1    |                       |
| <i>carbidopa-levodopa er 50-200 mg tab er</i>                    | 1    |                       |
| DUOPA 4.63-20 MG/ML SUSPENSION                                   | 3    | PA                    |
| INBRIJA 42 MG CAP  | 3    | PA                    |
| MONOAMINE OXIDASE B (MAO-B) INHIBITORS                           |      |                       |
| <i>rasagiline mesylate 0.5 mg tab</i>                            | 2    |                       |
| <i>rasagiline mesylate 1 mg tab</i>                              | 2    |                       |
| <i>selegiline hcl 5 mg cap</i>                                   | 1    |                       |
| <i>selegiline hcl 5 mg tab</i>                                   | 1    |                       |
| ZELAPAR 1.25 MG TAB DISP   | 3    |                       |
| ANTISPASTICITY AGENTS  |      |                       |
| <i>baclofen 10 mg tab</i>  | 1    |                       |
| <i>baclofen 20 mg tab</i>  | 1    |                       |
| <i>baclofen 5 mg tab</i>   | 1    |                       |
| <i>dantrolene sodium 100 mg cap</i>                              | 1    |                       |
| <i>dantrolene sodium 25 mg cap</i>                               | 1    |                       |
| <i>dantrolene sodium 50 mg cap</i>                               | 1    |                       |
| <i>tizanidine hcl 2 mg cap</i>                                   | 1    |                       |

| PRODUCT DESCRIPTION                           | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>tizanidine hcl 2 mg cap</i>                | 1    |                       |
| <i>tizanidine hcl 2 mg tab</i>                | 1    |                       |
| <i>tizanidine hcl 2 mg tab</i>                | 1    |                       |
| <i>tizanidine hcl 4 mg cap</i>                | 1    |                       |
| <i>tizanidine hcl 4 mg cap</i>                | 1    |                       |
| <i>tizanidine hcl 4 mg tab</i>                | 1    |                       |
| <i>tizanidine hcl 4 mg tab</i>                | 1    |                       |
| <i>tizanidine hcl 6 mg cap</i>                | 1    |                       |
| <i>tizanidine hcl 6 mg cap</i>                | 1    |                       |
| ANTIVIRALS                                    |      |                       |
| ANTI-CYTOMEGALOVIRUS (CMV) AGENTS             |      |                       |
| ZIRGAN 0.15 % GEL                             | 3    |                       |
| PREVYMIS 240 MG TAB                           | 3    | PA                    |
| PREVYMIS 480 MG TAB                           | 3    | PA                    |
| LIVTENCITY 200 MG TAB                         | 3    | PA                    |
| <i>valganciclovir hcl 450 mg tab</i>          | 2    |                       |
| <i>valganciclovir hcl 450 mg tab</i>          | 2    |                       |
| <i>valganciclovir hcl 50 mg/ml recon soln</i> | 2    |                       |
| <i>valganciclovir hcl 50 mg/ml recon soln</i> | 2    |                       |
| ANTI-HEPATITIS B (HBV) AGENTS                 |      |                       |
| <i>adefovir dipivoxil 10 mg tab</i>           | 2    |                       |
| BARACLUDE 0.05 MG/ML SOLUTION                 | 2    |                       |
| <i>entecavir 0.5 mg tab</i>                   | 2    |                       |
| <i>entecavir 1 mg tab</i>                     | 2    |                       |
| <i>lamivudine 100 mg tab</i>                  | 2    |                       |
| ANTI-HEPATITIS C (HCV) AGENTS                 |      |                       |
| MAVYRET 100-40 MG TAB                         | 3    | PA<br>SP Specialty    |
| MAVYRET 50-20 MG PACKET                       | 3    | PA<br>SP Specialty    |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS   |
|--|------|---|
| RIBAVIRIN 200 MG CAP   | 1    | PA<br>SP Specialty  |
| RIBAVIRIN 200 MG TAB   | 1    | PA<br>SP Specialty  |
| ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)                            |      |   |
| BIKTARVY 30-120-15 MG TAB  | 2    |   |
| BIKTARVY 50-200-25 MG TAB  | 2    |   |
| APRETUDE 600 MG/3ML SUSP   | 3    | QLC 27 ML / 365 days<br>ACA Affordable Care Act<br>SP Specialty |
| TIVICAY 50 MG TAB  | 2    |   |
| TIVICAY PD 5 MG TAB SOL  | 2    |   |
| DOVATO 50-300 MG TAB   | 2    |   |
| JULUCA 50-25 MG TAB  | 2    |   |
| GENVOYA 150-150-200-10 MG TAB  | 2    |   |
| STRIBILD 150-150-200-300 MG TAB  | 2    |   |
| ISENTRESS 100 MG CHEW TAB  | 2    |   |
| ISENTRESS 100 MG PACKET  | 2    |   |
| ISENTRESS 25 MG CHEW TAB   | 2    |   |
| ISENTRESS 400 MG TAB   | 2    |   |
| ISENTRESS HD 600 MG TAB  | 2    |   |
| ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI) |      |   |
| PIFELTRO 100 MG TAB  | 2    |   |
| DELSTRIGO 100-300-300 MG TAB   | 2    |   |
| EFAVIRENZ 200 MG CAP   | 2    |   |
| EFAVIRENZ 50 MG CAP  | 2    |   |
| <i>efavirenz 600 mg tab</i>  | 2    |   |
| <i>efavirenz-emtricitab-tenofo df 600-200-300 mg tab</i>                 | 2    |   |
| EFAVIRENZ-LAMIVUDINE-TENOFOVIR 400-300-300 MG TAB                        | 2    |   |
| <i>efavirenz-lamivudine-tenofovir 600-300-300 mg tab</i>                 | 2    |   |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS   |
|--|------|-------------------------|
| ODEFSEY 200-25-25 MG TAB   | 2    |                         |
| COMPLERA 200-25-300 MG TAB   | 2    |                         |
| <i>emtricitab-rilpivir-tenofof df 200-25-300 mg tab</i>                            | 2    |                         |
| <i>etravirine 100 mg tab</i>   | 2    |                         |
| <i>etravirine 200 mg tab</i>   | 2    |                         |
| INTELENCE 25 MG TAB  | 2    |                         |
| <i>nevirapine 200 mg tab</i>   | 1    |                         |
| NEVIRAPINE 50 MG/5ML SUSPENSION  | 1    |                         |
| <i>nevirapine er 400 mg tab er 24h</i>   | 2    |                         |
| EDURANT 25 MG TAB  | 2    |                         |
| <i>rilpivirine hcl 25 mg tab</i>   | 2    |                         |
| ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI) |      |                         |
| TRIUMEQ 600-50-300 MG TAB  | 2    |                         |
| TRIUMEQ PD 60-5-30 MG TAB SOL  | 2    |                         |
| <i>abacavir sulfate 20 mg/ml solution</i>  | 2    |                         |
| <i>abacavir sulfate 300 mg tab</i>   | 2    |                         |
| <i>abacavir sulfate-lamivudine 600-300 mg tab</i>                                  | 2    |                         |
| <i>abacavir sulfate-lamivudine 600-300 mg tab</i>                                  | 2    |                         |
| <i>emtricitabine 200 mg cap</i>  | 2    |                         |
| EMTRIVA 10 MG/ML SOLUTION  | 2    |                         |
| DESCOVY 120-15 MG TAB  | 2    |                         |
| DESCOVY 200-25 MG TAB  | 2    | ACA Affordable Care Act |
| <i>emtricitabine-tenofovir df 100-150 mg tab</i>                                   | 2    |                         |
| <i>emtricitabine-tenofovir df 133-200 mg tab</i>                                   | 2    |                         |
| <i>emtricitabine-tenofovir df 167-250 mg tab</i>                                   | 2    |                         |
| <i>emtricitabine-tenofovir df 200-300 mg tab</i>                                   | 2    | ACA Affordable Care Act |
| <i>lamivudine 10 mg/ml solution</i>  | 1    |                         |
| <i>lamivudine 10 mg/ml solution</i>  | 1    |                         |
| <i>lamivudine 150 mg tab</i>   | 2    |                         |
| <i>lamivudine 150 mg tab</i>   | 2    |                         |

| PRODUCT DESCRIPTION                             | TIER | LIMITS & RESTRICTIONS   |
|---|------|---|
| <i>lamivudine 300 mg/30ml solution</i>          | 1    |   |
| <i>lamivudine 300 mg tab</i>                    | 2    |   |
| <i>lamivudine 300 mg tab</i>                    | 2    |   |
| CIMDUO 300-300 MG TAB                           | 2    |   |
| <i>lamivudine-zidovudine 150-300 mg tab</i>     | 2    |   |
| <i>lamivudine-zidovudine 150-300 mg tab</i>     | 2    |   |
| <i>tenofovir disoproxil fumarate 300 mg tab</i> | 2    | ACA Affordable Care Act   |
| VIREAD 150 MG TAB                               | 2    | ACA Affordable Care Act   |
| VIREAD 200 MG TAB                               | 2    | ACA Affordable Care Act   |
| VIREAD 250 MG TAB                               | 2    | ACA Affordable Care Act   |
| VIREAD 40 MG/GM POWDER                          | 2    | ACA Affordable Care Act   |
| <i>zidovudine 100 mg cap</i>                    | 1    |   |
| <i>zidovudine 300 mg tab</i>                    | 1    |   |
| <i>zidovudine 50 mg/5ml syrup</i>               | 1    |   |
| ANTI-HIV AGENTS, OTHER                          |      |   |
| TYBOST 150 MG TAB                               | 2    |   |
| FUZEON 90 MG RECON SOLN                         | 2    |   |
| RUKOBIA 600 MG TAB ER 12H                       | 2    |   |
| YEZTUGO 463.5 MG/1.5ML SOLUTION                 | 3    | QL 3 ML / 168 day(s)<br>ACA Affordable Care Act<br>SP Specialty |
| <i>maraviroc 150 mg tab</i>                     | 2    |   |
| <i>maraviroc 300 mg tab</i>                     | 2    |   |
| SELZENTRY 20 MG/ML SOLUTION                     | 2    |   |
| ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)       |      |   |
| <i>atazanavir sulfate 150 mg cap</i>            | 2    |   |
| <i>atazanavir sulfate 200 mg cap</i>            | 2    |   |
| <i>atazanavir sulfate 300 mg cap</i>            | 2    |   |
| REYATAZ 50 MG PACKET                            | 2    |   |

| PRODUCT DESCRIPTION                                | TIER | LIMITS & RESTRICTIONS   |
|--|------|-------------------------|
| EVOTAZ 300-150 MG TAB                              | 2    |                         |
| <i>darunavir 600 mg tab</i>                        | 2    |                         |
| <i>darunavir 800 mg tab</i>                        | 2    |                         |
| PREZISTA 150 MG TAB                                | 2    |                         |
| PREZISTA 75 MG TAB                                 | 2    |                         |
| PREZCOBIX 800-150 MG TAB                           | 2    |                         |
| SYMTUZA 800-150-200-10 MG TAB                      | 2    |                         |
| PREZISTA 100 MG/ML SUSPENSION                      | 2    |                         |
| <i>fosamprenavir calcium 700 mg tab</i>            | 2    |                         |
| <i>lopinavir-ritonavir 100-25 mg tab</i>           | 2    |                         |
| <i>lopinavir-ritonavir 200-50 mg tab</i>           | 2    |                         |
| <i>lopinavir-ritonavir 400-100 mg/5ml solution</i> | 2    |                         |
| VIRACEPT 250 MG TAB                                | 2    |                         |
| VIRACEPT 625 MG TAB                                | 2    |                         |
| <i>ritonavir 100 mg tab</i>                        | 2    |                         |
| APTIVUS 250 MG CAP                                 | 2    |                         |
| ANTI-INFLUENZA AGENTS                              |      |                         |
| XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK            | 2    | QLC 1 EA / 180 days     |
| XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK            | 2    | QLC 1 EA / 180 day(s)   |
| <i>oseltamivir phosphate 30 mg cap</i>             | 1    | QLC 14 EA / 180 days    |
| <i>oseltamivir phosphate 45 mg cap</i>             | 1    | QLC 14 EA / 180 days    |
| <i>oseltamivir phosphate 6 mg/ml recon susp</i>    | 2    | QLC 180 ML / 180 day(s) |
| <i>oseltamivir phosphate 75 mg cap</i>             | 1    | QLC 14 EA / 180 days    |
| RELENZA DISKHALER 5 MG/ACT AER POW BA              | 2    | QLC 1 EA / 180 days     |
| ANTIHERPETIC AGENTS                                |      |                         |
| <i>acyclovir 200 mg/5ml suspension</i>             | 1    |                         |
| <i>acyclovir 200 mg cap</i>                        | 1    |                         |
| <i>acyclovir 400 mg tab</i>                        | 1    |                         |
| <i>acyclovir 800 mg/20ml suspension</i>            | 1    |                         |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS                 |
|--|------|---------------------------------------|
| <i>acyclovir 800 mg tab</i>                                | 1    |                                       |
| <i>famciclovir 125 mg tab</i>                              | 1    |                                       |
| <i>famciclovir 250 mg tab</i>                              | 1    |                                       |
| <i>famciclovir 500 mg tab</i>                              | 1    |                                       |
| TRIFLURIDINE 1 % SOLUTION                                  | 1    |                                       |
| <i>valacyclovir hcl 1 gm tab</i>                           | 1    |                                       |
| <i>valacyclovir hcl 1 gm tab</i>                           | 1    |                                       |
| <i>valacyclovir hcl 500 mg tab</i>                         | 1    |                                       |
| <i>valacyclovir hcl 500 mg tab</i>                         | 1    |                                       |
| BLOOD GLUCOSE REGULATORS                                   |      |                                       |
| ANTIDIABETIC AGENTS  |      |                                       |
| <i>acarbose 100 mg tab</i>                                 | 1    | PD Preventive Drug                    |
| <i>acarbose 25 mg tab</i>                                  | 1    | PD Preventive Drug                    |
| <i>acarbose 50 mg tab</i>                                  | 1    | PD Preventive Drug                    |
| CYCLOSET 0.8 MG TAB  | 3    | PD Preventive Drug                    |
| <i>dapagliflozin 10 mg tab</i>                             | 1    | QL 30 / 30 days<br>PD Preventive Drug |
| <i>dapagliflozin 5 mg tab</i>                              | 1    | QL 30 / 30 days<br>PD Preventive Drug |
| FARXIGA 10 MG TAB  | 2    | PD Preventive Drug                    |
| FARXIGA 5 MG TAB   | 2    | PD Preventive Drug                    |
| <i>dapaglifloz base-metformin er 10-1000 mg tab er 24h</i> | 1    | QL 30 / 30 days<br>PD Preventive Drug |
| <i>dapaglifloz base-metformin er 10-500 mg tab er 24h</i>  | 1    | QL 30 / 30 days<br>PD Preventive Drug |
| <i>dapaglifloz base-metformin er 5-1000 mg tab er 24h</i>  | 1    | QL 60 / 30 days<br>PD Preventive Drug |
| <i>dapaglifloz base-metformin er 5-500 mg tab er 24h</i>   | 1    | QL 30 / 30 days<br>PD Preventive Drug |

| PRODUCT DESCRIPTION                     | TIER | LIMITS & RESTRICTIONS                         |
|---|------|---|
| XIGDUO XR 10-1000 MG TAB ER 24H         | 2    | PD Preventive Drug                            |
| XIGDUO XR 10-500 MG TAB ER 24H          | 2    | PD Preventive Drug                            |
| XIGDUO XR 2.5-1000 MG TAB ER 24H        | 2    | PD Preventive Drug                            |
| XIGDUO XR 5-1000 MG TAB ER 24H          | 2    | PD Preventive Drug                            |
| XIGDUO XR 5-500 MG TAB ER 24H           | 2    | PD Preventive Drug                            |
| TRULICITY 0.75 MG/0.5ML SOLN A-INJ      | 2    | QL 0.08 / 1 DAYS<br>DUR<br>PD Preventive Drug |
| TRULICITY 1.5 MG/0.5ML SOLN A-INJ       | 2    | QL 0.08 / 1 DAYS<br>DUR<br>PD Preventive Drug |
| TRULICITY 3 MG/0.5ML SOLN A-INJ         | 2    | QL 0.08 / 1 DAYS<br>DUR<br>PD Preventive Drug |
| TRULICITY 4.5 MG/0.5ML SOLN A-INJ       | 2    | QL 0.08 / 1 DAYS<br>DUR<br>PD Preventive Drug |
| JARDIANCE 10 MG TAB                     | 2    | PD Preventive Drug                            |
| JARDIANCE 25 MG TAB                     | 2    | PD Preventive Drug                            |
| GLYXAMBI 10-5 MG TAB                    | 2    | QL 30 EA / 30 day(s)<br>PD Preventive Drug    |
| GLYXAMBI 25-5 MG TAB                    | 2    | QL 30 EA / 30 day(s)<br>PD Preventive Drug    |
| TRIJARDY XR 10-5-1000 MG TAB ER 24H     | 2    | PD Preventive Drug                            |
| TRIJARDY XR 12.5-2.5-1000 MG TAB ER 24H | 2    | PD Preventive Drug                            |
| TRIJARDY XR 25-5-1000 MG TAB ER 24H     | 2    | PD Preventive Drug                            |
| TRIJARDY XR 5-2.5-1000 MG TAB ER 24H    | 2    | PD Preventive Drug                            |
| SYNJARDY 12.5-1000 MG TAB               | 2    | PD Preventive Drug                            |

| PRODUCT DESCRIPTION                  | TIER | LIMITS & RESTRICTIONS                      |
|--------------------------------------|------|--|
| SYNJARDY 12.5-500 MG TAB             | 2    | PD Preventive Drug                         |
| SYNJARDY 5-1000 MG TAB               | 2    | PD Preventive Drug                         |
| SYNJARDY 5-500 MG TAB                | 2    | PD Preventive Drug                         |
| SYNJARDY XR 10-1000 MG TAB ER 24H    | 2    | PD Preventive Drug                         |
| SYNJARDY XR 12.5-1000 MG TAB ER 24H  | 2    | PD Preventive Drug                         |
| SYNJARDY XR 25-1000 MG TAB ER 24H    | 2    | PD Preventive Drug                         |
| SYNJARDY XR 5-1000 MG TAB ER 24H     | 2    | PD Preventive Drug                         |
| KERENDIA 10 MG TAB                   | 3    | PA   |
| KERENDIA 20 MG TAB                   | 3    | PA   |
| KERENDIA 40 MG TAB                   | 3    | PA   |
| <i>glimepiride 1 mg tab</i>          | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>glimepiride 2 mg tab</i>          | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>glimepiride 4 mg tab</i>          | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>glipizide 10 mg tab</i>           | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>glipizide 10 mg tab</i>           | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| GLIPIZIDE 2.5 MG TAB                 | 1    |  |
| <i>glipizide 5 mg tab</i>            | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>glipizide 5 mg tab</i>            | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>glipizide er 10 mg tab er 24h</i> | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>glipizide er 10 mg tab er 24h</i> | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |

| PRODUCT DESCRIPTION                           | TIER | LIMITS & RESTRICTIONS                      |
|---|------|--|
| <i>glipizide er 2.5 mg tab er 24h</i>         | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>glipizide er 2.5 mg tab er 24h</i>         | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>glipizide er 5 mg tab er 24h</i>           | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>glipizide er 5 mg tab er 24h</i>           | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>glipizide xl 10 mg tab er 24h</i>          | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>glipizide xl 2.5 mg tab er 24h</i>         | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>glipizide xl 5 mg tab er 24h</i>           | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>glipizide-metformin hcl 2.5-250 mg tab</i> | 1    | PD Preventive Drug                         |
| <i>glipizide-metformin hcl 2.5-250 mg tab</i> | 1    | PD Preventive Drug                         |
| <i>glipizide-metformin hcl 2.5-500 mg tab</i> | 1    | PD Preventive Drug                         |
| <i>glipizide-metformin hcl 2.5-500 mg tab</i> | 1    | PD Preventive Drug                         |
| <i>glipizide-metformin hcl 5-500 mg tab</i>   | 1    | PD Preventive Drug                         |
| <i>glipizide-metformin hcl 5-500 mg tab</i>   | 1    | PD Preventive Drug                         |
| <i>glyburide 1.25 mg tab</i>                  | 1    | PD Preventive Drug                         |
| <i>glyburide 1.25 mg tab</i>                  | 1    | PD Preventive Drug                         |
| <i>glyburide 2.5 mg tab</i>                   | 1    | PD Preventive Drug                         |
| <i>glyburide 2.5 mg tab</i>                   | 1    | PD Preventive Drug                         |
| <i>glyburide 5 mg tab</i>                     | 1    | PD Preventive Drug                         |
| <i>glyburide 5 mg tab</i>                     | 1    | PD Preventive Drug                         |
| <i>glyburide-metformin 1.25-250 mg tab</i>    | 1    | PD Preventive Drug                         |

| PRODUCT DESCRIPTION                       | TIER | LIMITS & RESTRICTIONS                            |
|---|------|--|
| <i>glyburide-metformin 2.5-500 mg tab</i> | 1    | PD Preventive Drug                               |
| <i>glyburide-metformin 5-500 mg tab</i>   | 1    | PD Preventive Drug                               |
| GLYBURIDE MICRONIZED 1.5 MG TAB           | 1    | PD Preventive Drug                               |
| GLYBURIDE MICRONIZED 3 MG TAB             | 1    | PD Preventive Drug                               |
| GLYBURIDE MICRONIZED 6 MG TAB             | 1    | PD Preventive Drug                               |
| XULTOPHY 100-3.6 UNIT-MG/ML SOLN PEN      | 2    | PD Preventive Drug                               |
| SOLIQUA 100-33 UNT-MCG/ML SOLN PEN        | 2    | PD Preventive Drug                               |
| TRADJENTA 5 MG TAB                        | 2    | QL 30 EA / 30 day(s)<br>PD Preventive Drug       |
| JENTADUETO 2.5-1000 MG TAB                | 2    | QL 60 EA / 30 day(s)<br>PD Preventive Drug       |
| JENTADUETO 2.5-500 MG TAB                 | 2    | QL 60 EA / 30 day(s)<br>PD Preventive Drug       |
| JENTADUETO 2.5-850 MG TAB                 | 2    | QL 60 EA / 30 day(s)<br>PD Preventive Drug       |
| JENTADUETO XR 2.5-1000 MG TAB ER 24H      | 2    | QL 60 EA / 30 day(s)<br>PD Preventive Drug       |
| JENTADUETO XR 5-1000 MG TAB ER 24H        | 2    | QL 30 EA / 30 day(s)<br>PD Preventive Drug       |
| <i>liraglutide 18 mg/3ml soln pen</i>     | 2    | QL 0.3 / 1 DAYS<br>DUR<br>PD Preventive Drug     |
| VICTOZA 18 MG/3ML SOLN PEN                | 2    | QL 9 ML / 30 day(s)<br>DUR<br>PD Preventive Drug |
| <i>metformin hcl 1000 mg tab</i>          | 1    | RX4L Rx4Less Program<br>PD Preventive Drug       |
| <i>metformin hcl 1000 mg tab</i>          | 1    | RX4L Rx4Less Program<br>PD Preventive Drug       |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS   |
|---|------|---|
| <i>metformin hcl 500 mg tab</i>                               | 1    | RX4L Rx4Less Program<br>PD Preventive Drug                            |
| <i>metformin hcl 500 mg tab</i>                               | 1    | RX4L Rx4Less Program<br>PD Preventive Drug                            |
| <i>metformin hcl 850 mg tab</i>                               | 1    | ACA Affordable Care Act<br>RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>metformin hcl 850 mg tab</i>                               | 1    | ACA Affordable Care Act<br>RX4L Rx4Less Program<br>PD Preventive Drug |
| METFORMIN HCL ER 500 MG TAB ER 24H (GENERIC OF GLUCOPHAGE XR) | 1    | RX4L Rx4Less Program<br>PD Preventive Drug                            |
| <i>metformin hcl er 500 mg tab er 24h</i>                     | 1    | RX4L Rx4Less Program<br>PD Preventive Drug                            |
| METFORMIN HCL ER 500 MG TAB ER 24H (GENERIC OF GLUCOPHAGE XR) | 1    | RX4L Rx4Less Program<br>PD Preventive Drug                            |
| METFORMIN HCL ER 750 MG TAB ER 24H (GENERIC OF GLUCOPHAGE XR) | 1    | RX4L Rx4Less Program<br>PD Preventive Drug                            |
| <i>metformin hcl er 750 mg tab er 24h</i>                     | 1    | RX4L Rx4Less Program<br>PD Preventive Drug                            |
| METFORMIN HCL ER 750 MG TAB ER 24H (GENERIC OF GLUCOPHAGE XR) | 1    | RX4L Rx4Less Program<br>PD Preventive Drug                            |
| RIOMET 500 MG/5ML SOLUTION                                    | 3    | PD Preventive Drug  |
| MIGLITOL 100 MG TAB   | 3    | PD Preventive Drug  |
| MIGLITOL 25 MG TAB  | 3    | PD Preventive Drug  |
| MIGLITOL 50 MG TAB  | 3    | PD Preventive Drug  |
| <i>nateglinide 120 mg tab</i>                                 | 1    | PD Preventive Drug  |
| <i>nateglinide 60 mg tab</i>                                  | 1    | PD Preventive Drug  |

| PRODUCT DESCRIPTION                                 | TIER | LIMITS & RESTRICTIONS  |
|---|------|--|
| <i>pioglitazone hcl 15 mg tab</i>                   | 1    | PD Preventive Drug   |
| <i>pioglitazone hcl 30 mg tab</i>                   | 1    | PD Preventive Drug   |
| <i>pioglitazone hcl 45 mg tab</i>                   | 1    | PD Preventive Drug   |
| <i>pioglitazone hcl-glimepiride 30-2 mg tab</i>     | 2    | PD Preventive Drug   |
| <i>pioglitazone hcl-glimepiride 30-4 mg tab</i>     | 2    | PD Preventive Drug   |
| <i>pioglitazone hcl-metformin hcl 15-500 mg tab</i> | 2    | PD Preventive Drug   |
| <i>pioglitazone hcl-metformin hcl 15-850 mg tab</i> | 2    | PD Preventive Drug   |
| SYMLINPEN 120 2700 MCG/2.7ML SOLN PEN               | 2    | PD Preventive Drug   |
| SYMLINPEN 60 1500 MCG/1.5ML SOLN PEN                | 2    | PD Preventive Drug   |
| <i>repaglinide 0.5 mg tab</i>                       | 1    | PD Preventive Drug   |
| <i>repaglinide 1 mg tab</i>                         | 1    | PD Preventive Drug   |
| <i>repaglinide 2 mg tab</i>                         | 1    | PD Preventive Drug   |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN     | 2    | QL 0.11 / 1 DAYS<br>DUR<br>PD Preventive Drug                        |
| OZEMPIC 1.5 MG TAB                                  | 2    | QL 30 EA / 30 DAYS<br>DUR<br>QLC 30 / 274 days<br>PD Preventive Drug |
| OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN               | 2    | QL 0.11 / 1 DAYS<br>DUR<br>PD Preventive Drug                        |
| OZEMPIC (2 MG/DOSE) 8 MG/3ML SOLN PEN               | 2    | QL 0.11 / 1 DAYS<br>DUR<br>PD Preventive Drug                        |
| OZEMPIC 4 MG TAB                                    | 2    | QL 30 / 30 days<br>DUR<br>PD Preventive Drug                         |

| PRODUCT DESCRIPTION               | TIER | LIMITS & RESTRICTIONS  |
|-----------------------------------|------|--|
| OZEMPIC 9 MG TAB                  | 2    | <ul style="list-style-type: none"> <li>QL 30 / 30 days</li> <li>DUR</li> <li>PD Preventive Drug</li> </ul>                               |
| RYBELSUS 14 MG TAB                | 2    | <ul style="list-style-type: none"> <li>QL 1 / 1 DAYS</li> <li>DUR</li> <li>PD Preventive Drug</li> </ul>                                 |
| RYBELSUS 3 MG TAB                 | 2    | <ul style="list-style-type: none"> <li>QL 1 / 1 DAYS</li> <li>DUR</li> <li>QLC 30 EA / 180 day(s)</li> <li>PD Preventive Drug</li> </ul> |
| RYBELSUS 7 MG TAB                 | 2    | <ul style="list-style-type: none"> <li>QL 1 / 1 DAYS</li> <li>DUR</li> <li>PD Preventive Drug</li> </ul>                                 |
| MOUNJARO 10 MG/0.5ML SOLN A-INJ   | 2    | <ul style="list-style-type: none"> <li>QL 0.08 / 1 DAYS</li> <li>DUR</li> <li>PD Preventive Drug</li> </ul>                              |
| MOUNJARO 12.5 MG/0.5ML SOLN A-INJ | 2    | <ul style="list-style-type: none"> <li>QL 0.08 / 1 DAYS</li> <li>DUR</li> <li>PD Preventive Drug</li> </ul>                              |
| MOUNJARO 15 MG/0.5ML SOLN A-INJ   | 2    | <ul style="list-style-type: none"> <li>QL 0.08 / 1 DAYS</li> <li>DUR</li> <li>PD Preventive Drug</li> </ul>                              |
| MOUNJARO 2.5 MG/0.5ML SOLN A-INJ  | 2    | <ul style="list-style-type: none"> <li>QL 0.08 / 1 DAYS</li> <li>DUR</li> <li>PD Preventive Drug</li> </ul>                              |
| MOUNJARO 5 MG/0.5ML SOLN A-INJ    | 2    | <ul style="list-style-type: none"> <li>QL 0.08 / 1 DAYS</li> <li>DUR</li> <li>PD Preventive Drug</li> </ul>                              |
| MOUNJARO 7.5 MG/0.5ML SOLN A-INJ  | 2    | <ul style="list-style-type: none"> <li>QL 0.08 / 1 DAYS</li> <li>DUR</li> <li>PD Preventive Drug</li> </ul>                              |

| PRODUCT DESCRIPTION                         | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <b>GLYCEMIC AGENTS</b>                      |      |                       |
| BD GLUCOSE 5 GM CHEW TAB                    | 3    | OTC Over the Counter  |
| <i>cvs glucose 15 gm/38gm gel</i>           | 1    | OTC Over the Counter  |
| <i>cvs glucose 40 % gel</i>                 | 1    | OTC Over the Counter  |
| CVS GLUCOSE BITS 1 GM CHEW TAB              | 3    | OTC Over the Counter  |
| <i>cvs glucose shot 15 gm/59ml liquid</i>   | 1    | OTC Over the Counter  |
| GLUCOSE 15 GM/59ML LIQUID                   | 1    | OTC Over the Counter  |
| <i>glucose 40 % gel</i>                     | 1    | OTC Over the Counter  |
| <i>glucose 4 gm chew tab</i>                | 3    | OTC Over the Counter  |
| <i>glucose gummies 2 gm chew tab</i>        | 3    | OTC Over the Counter  |
| <i>gluco to go 15 40 % gel</i>              | 1    | OTC Over the Counter  |
| <i>glutose 15 40 % gel</i>                  | 1    | OTC Over the Counter  |
| <i>glutose 45 40 % gel</i>                  | 1    | OTC Over the Counter  |
| <i>glutose 5 40 % gel</i>                   | 1    | OTC Over the Counter  |
| <i>gnp glucose gummies 2 gm chew tab</i>    | 3    | OTC Over the Counter  |
| <i>relion glucose 15 gm/38gm gel</i>        | 1    | OTC Over the Counter  |
| <i>sweet cheeks 40 % gel</i>                | 1    | OTC Over the Counter  |
| <i>value plus glucose 40 % gel</i>          | 1    | OTC Over the Counter  |
| <i>walgreens glucose 4 gm chew tab</i>      | 3    | OTC Over the Counter  |
| <i>yumvs glucose gummies 2 gm chew tab</i>  | 3    | OTC Over the Counter  |
| <i>diazoxide 50 mg/ml suspension</i>        | 3    | PD Preventive Drug    |
| BAQSIMI ONE PACK 3 MG/DOSE POWDER           | 2    | PD Preventive Drug    |
| BAQSIMI TWO PACK 3 MG/DOSE POWDER           | 2    | PD Preventive Drug    |
| <i>glucagon emergency 1 mg recon soln</i>   | 2    | PD Preventive Drug    |
| GVOKE HYOPEN 1-PACK 0.5 MG/0.1ML SOLN A-INJ | 2    | PD Preventive Drug    |
| GVOKE HYOPEN 1-PACK 1 MG/0.2ML SOLN A-INJ   | 2    | PD Preventive Drug    |

| PRODUCT DESCRIPTION                          | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| GVOKE HYPOPEN 2-PACK 0.5 MG/0.1ML SOLN A-INJ | 2    | PD Preventive Drug    |
| GVOKE HYPOPEN 2-PACK 1 MG/0.2ML SOLN A-INJ   | 2    | PD Preventive Drug    |
| GVOKE KIT 1 MG/0.2ML SOLUTION                | 2    |                       |
| GVOKE PFS 1 MG/0.2ML SOLN PRSYR              | 2    | PD Preventive Drug    |
| GLUCAGEN HYPOKIT 1 MG RECON SOLN             | 2    | PD Preventive Drug    |
| GLUCAGON EMERGENCY 1 MG/ML RECON SOLN        | 2    | PD Preventive Drug    |
| <i>glucose 4-6 gm-mg chew tab</i>            | 3    | OTC Over the Counter  |
| GLUCOSE 4-6 GM-MG CHEW TAB                   | 3    | OTC Over the Counter  |
| GLUCOSE INSTANT ENERGY 4-6 GM-MG CHEW TAB    | 3    | OTC Over the Counter  |
| GLUCOSE INSTANT ENERGY 6-4 MG-GM CHEW TAB    | 3    | OTC Over the Counter  |
| GOODSENSE GLUCOSE 4-6 GM-MG CHEW TAB         | 3    | OTC Over the Counter  |
| <i>hy-vee glucose 4-6 gm-mg chew tab</i>     | 3    | OTC Over the Counter  |
| KROGER GLUCOSE 4-6 GM-MG CHEW TAB            | 3    | OTC Over the Counter  |
| LEADER GLUCOSE 4-6 GM-MG CHEW TAB            | 3    | OTC Over the Counter  |
| LONGS GLUCOSE 4-6 GM-MG CHEW TAB             | 3    | OTC Over the Counter  |
| <i>meijer glucose 4-6 gm-mg chew tab</i>     | 3    | OTC Over the Counter  |
| MEIJER GLUCOSE 4-6 GM-MG CHEW TAB            | 3    | OTC Over the Counter  |
| PREFERRED PLUS GLUCOSE 4-6 GM-MG CHEW TAB    | 3    | OTC Over the Counter  |
| <i>relion glucose 4-6 gm-mg chew tab</i>     | 3    | OTC Over the Counter  |
| SMART SENSE GLUCOSE 4-6 GM-MG CHEW TAB       | 3    | OTC Over the Counter  |
| UP & UP GLUCOSE 4-6 GM-MG CHEW TAB           | 3    | OTC Over the Counter  |
| WALGREENS GLUCOSE 4-6 GM-MG CHEW TAB         | 3    | OTC Over the Counter  |
| <b>INSULINS</b>                              |      |                       |
| INSULIN ASPART 100 UNIT/ML SOLUTION          | 2    | PD Preventive Drug    |
| INSULIN ASPART FLEXPEN 100 UNIT/ML SOLN PEN  | 2    | PD Preventive Drug    |
| INSULIN ASPART PENFILL 100 UNIT/ML SOLN CART | 2    | PD Preventive Drug    |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS                      |
|---|------|--|
| NOVOLOG 100 UNIT/ML SOLUTION                                | 2    | PD Preventive Drug                         |
| NOVOLOG FLEXPEN 100 UNIT/ML SOLN PEN                        | 2    | PD Preventive Drug                         |
| NOVOLOG FLEXPEN RELION 100 UNIT/ML SOLN PEN                 | 2    | PD Preventive Drug                         |
| NOVOLOG PENFILL 100 UNIT/ML SOLN CART                       | 2    | PD Preventive Drug                         |
| NOVOLOG RELION 100 UNIT/ML SOLUTION                         | 2    | PD Preventive Drug                         |
| INSULIN ASPART PROT & ASPART (70-30) 100 UNIT/ML SUSPENSION | 2    | PD Preventive Drug                         |
| INSULIN ASP PROT & ASP FLEXPEN (70-30) 100 UNIT/ML SUSP PEN | 2    | PD Preventive Drug                         |
| NOVOLOG 70/30 FLEXPEN RELION (70-30) 100 UNIT/ML SUSP PEN   | 2    | PD Preventive Drug                         |
| NOVOLOG MIX 70/30 (70-30) 100 UNIT/ML SUSPENSION            | 2    | PD Preventive Drug                         |
| NOVOLOG MIX 70/30 FLEXPEN (70-30) 100 UNIT/ML SUSP PEN      | 2    | PD Preventive Drug                         |
| NOVOLOG MIX 70/30 RELION (70-30) 100 UNIT/ML SUSPENSION     | 2    | PD Preventive Drug                         |
| FIASP 100 UNIT/ML SOLUTION                                  | 2    | PD Preventive Drug                         |
| FIASP FLEXTOUCH 100 UNIT/ML SOLN PEN                        | 2    | PD Preventive Drug                         |
| FIASP PENFILL 100 UNIT/ML SOLN CART                         | 2    | PD Preventive Drug                         |
| FIASP PUMPCART 100 UNIT/ML SOLN CART                        | 2    | PD Preventive Drug                         |
| BASAGLAR KWIKPEN 100 UNIT/ML SOLN PEN                       | 2    | PD Preventive Drug                         |
| BASAGLAR TEMPO PEN 100 UNIT/ML SOLN PEN                     | 2    | PD Preventive Drug                         |
| NOVOLIN N 100 UNIT/ML SUSPENSION                            | 2    | PD Preventive Drug<br>OTC Over the Counter |
| NOVOLIN N FLEXPEN 100 UNIT/ML SUSP PEN                      | 2    | PD Preventive Drug<br>OTC Over the Counter |
| NOVOLIN N FLEXPEN RELION 100 UNIT/ML SUSP PEN               | 2    | PD Preventive Drug<br>OTC Over the Counter |
| NOVOLIN N RELION 100 UNIT/ML SUSPENSION                     | 2    | PD Preventive Drug<br>OTC Over the Counter |

| PRODUCT DESCRIPTION                                       | TIER | LIMITS & RESTRICTIONS   |
|---|------|---|
| NOVOLIN 70/30 (70-30) 100 UNIT/ML SUSPENSION              | 2    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> <div>Over the Counter</div> </div> |
| NOVOLIN 70/30 FLEXPEN (70-30) 100 UNIT/ML SUSP PEN        | 2    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> <div>Over the Counter</div> </div> |
| NOVOLIN 70/30 FLEXPEN RELION (70-30) 100 UNIT/ML SUSP PEN | 2    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> <div>Over the Counter</div> </div> |
| NOVOLIN 70/30 RELION (70-30) 100 UNIT/ML SUSPENSION       | 2    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> <div>Over the Counter</div> </div> |
| HUMULIN R U-500 (CONCENTRATED) 500 UNIT/ML SOLUTION       | 2    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> </div>   |
| HUMULIN R U-500 KWIKPEN 500 UNIT/ML SOLN PEN              | 2    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>18 ML / 30 day(s)</div> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> </div> |
| NOVOLIN R 100 UNIT/ML SOLUTION                            | 2    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> <div>Over the Counter</div> </div> |
| NOVOLIN R FLEXPEN 100 UNIT/ML SOLN PEN                    | 2    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> <div>Over the Counter</div> </div> |
| NOVOLIN R FLEXPEN RELION 100 UNIT/ML SOLN PEN             | 2    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> <div>Over the Counter</div> </div> |
| NOVOLIN R RELION 100 UNIT/ML SOLUTION                     | 2    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> <div>Over the Counter</div> </div> |
| <b>BLOOD PRODUCTS AND MODIFIERS</b>                       |      |   |
| <b>ANTICOAGULANTS</b>                                     |      |   |
| ELIQUIS 2.5 MG TAB  | 2    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> </div>   |
| ELIQUIS 5 MG TAB  | 2    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> </div>   |
| ELIQUIS DVT/PE STARTER PACK 5 MG TAB THPK                 | 2    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> </div>   |
| <i>argatroban 250 mg/2.5ml solution</i>                   | 1    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>  |
| ARGATROBAN 50 MG/50ML SOLUTION                            | 3    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>  |
| ANGIOMAX 250 MG RECON SOLN                                | 3    |   |
| <i>bivalirudin trifluoroacetate 250 mg recon soln</i>     | 1    |   |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| FRAGMIN 10000 UNIT/ML SOLN PRSYR                              | 3    |                       |
| FRAGMIN 12500 UNIT/0.5ML SOLN PRSYR                           | 3    |                       |
| FRAGMIN 15000 UNIT/0.6ML SOLN PRSYR                           | 3    |                       |
| FRAGMIN 18000 UNT/0.72ML SOLN PRSYR                           | 3    |                       |
| FRAGMIN 2500 UNIT/0.2ML SOLN PRSYR                            | 3    |                       |
| FRAGMIN 5000 UNIT/0.2ML SOLN PRSYR                            | 3    |                       |
| FRAGMIN 7500 UNIT/0.3ML SOLN PRSYR                            | 3    |                       |
| FRAGMIN 95000 UNIT/3.8ML SOLUTION                             | 3    |                       |
| <i>enoxaparin sodium 100 mg/ml soln prsy</i>                  | 1    |                       |
| <i>enoxaparin sodium 120 mg/0.8ml soln prsy</i>               | 1    |                       |
| <i>enoxaparin sodium 150 mg/ml soln prsy</i>                  | 1    |                       |
| <i>enoxaparin sodium 300 mg/3ml solution</i>                  | 1    |                       |
| <i>enoxaparin sodium 30 mg/0.3ml soln prsy</i>                | 1    |                       |
| <i>enoxaparin sodium 40 mg/0.4ml soln prsy</i>                | 1    |                       |
| <i>enoxaparin sodium 60 mg/0.6ml soln prsy</i>                | 1    |                       |
| <i>enoxaparin sodium 80 mg/0.8ml soln prsy</i>                | 1    |                       |
| <i>fondaparinux sodium 10 mg/0.8ml solution</i>               | 1    |                       |
| <i>fondaparinux sodium 2.5 mg/0.5ml solution</i>              | 1    |                       |
| <i>fondaparinux sodium 5 mg/0.4ml solution</i>                | 1    |                       |
| <i>fondaparinux sodium 7.5 mg/0.6ml solution</i>              | 1    |                       |
| <i>heparin (porcine) in nacl 1000-0.9 ut/500ml-% solution</i> | 1    |                       |
| HEPARIN (PORCINE) IN NACL 1000-0.9 UT/500ML-% SOLUTION        | 1    |                       |
| HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% SOLUTION      | 3    |                       |
| HEPARIN (PORCINE) IN NACL 25000-0.45 UT/500ML-% SOLUTION      | 3    |                       |
| <i>heparin sodium (porcine) 10000 unit/ml solution</i>        | 1    |                       |
| <i>heparin sodium (porcine) 1000 unit/ml solution</i>         | 1    |                       |
| <i>heparin sodium (porcine) 20000 unit/ml solution</i>        | 1    |                       |
| <i>heparin sodium (porcine) 5000 unit/ml solution</i>         | 1    |                       |
| <i>heparin sodium (porcine) pf 1000 unit/ml solution</i>      | 1    |                       |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS                      |
|---|------|--|
| <i>heparin sodium (porcine) pf 5000 unit/0.5ml solution</i> | 1    |  |
| <i>heparin sodium (porcine) +rfid 1000 unit/ml solution</i> | 1    |  |
| BD HEPARIN POSIFLUSH 100 UNIT/ML SOLUTION                   | 1    |  |
| BD HEPARIN POSIFLUSH 10 UNIT/ML SOLUTION                    | 1    |  |
| HEPARIN NA (PORK) LOCK FLSH PF 100 UNIT/ML SOLUTION         | 1    |  |
| HEPARIN NA (PORK) LOCK FLSH PF 10 UNIT/ML SOLUTION          | 1    |  |
| HEPARIN NA (PORK) LOCK FLSH PF 1 UNIT/ML SOLUTION           | 1    |  |
| HEPARIN SOD (PORK) LOCK FLUSH 100 UNIT/ML SOLUTION          | 1    |  |
| HEPARIN SOD (PORK) LOCK FLUSH 10 UNIT/ML SOLUTION           | 1    |  |
| HEPARIN SOD (PORCINE) IN D5W 100 UNIT/ML SOLUTION           | 1    |  |
| HEPARIN SOD (PORCINE) IN D5W 25000-5 UT/500ML-% SOLUTION    | 1    |  |
| HEPARIN SOD (PORCINE) IN D5W 40-5 UNIT/ML-% SOLUTION        | 1    |  |
| <i>rivaroxaban 1 mg/ml recon susp</i>                       | 2    | QL 310.2 ML / 30 day(s)                    |
| <i>rivaroxaban 2.5 mg tab</i>                               | 2    | PD Preventive Drug                         |
| XARELTO 10 MG TAB   | 2    | PD Preventive Drug                         |
| XARELTO 15 MG TAB   | 2    | PD Preventive Drug                         |
| XARELTO 1 MG/ML RECON SUSP                                  | 2    |  |
| XARELTO 20 MG TAB   | 2    | PD Preventive Drug                         |
| XARELTO 2.5 MG TAB  | 2    | PD Preventive Drug                         |
| XARELTO STARTER PACK 15 & 20 MG TAB THPK                    | 2    | PD Preventive Drug                         |
| <i>jantoven 10 mg tab</i>                                   | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>jantoven 1 mg tab</i>                                    | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>jantoven 2.5 mg tab</i>                                  | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |

| PRODUCT DESCRIPTION               | TIER | LIMITS & RESTRICTIONS                      |
|-----------------------------------|------|--|
| <i>jantoven 2 mg tab</i>          | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>jantoven 3 mg tab</i>          | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>jantoven 4 mg tab</i>          | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>jantoven 5 mg tab</i>          | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>jantoven 6 mg tab</i>          | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>jantoven 7.5 mg tab</i>        | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>warfarin sodium 10 mg tab</i>  | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>warfarin sodium 1 mg tab</i>   | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>warfarin sodium 2.5 mg tab</i> | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>warfarin sodium 2 mg tab</i>   | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>warfarin sodium 3 mg tab</i>   | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>warfarin sodium 4 mg tab</i>   | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>warfarin sodium 5 mg tab</i>   | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>warfarin sodium 6 mg tab</i>   | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>warfarin sodium 7.5 mg tab</i> | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |

| PRODUCT DESCRIPTION                             | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| BLOOD PRODUCTS AND MODIFIERS, OTHER             |      |                       |
| <i>anagrelide hcl 0.5 mg cap</i>                | 1    |                       |
| <i>anagrelide hcl 1 mg cap</i>                  | 1    |                       |
| JESDUVROQ 1 MG TAB                              | 3    | PA<br>SP Specialty    |
| JESDUVROQ 2 MG TAB                              | 3    | PA<br>SP Specialty    |
| JESDUVROQ 4 MG TAB                              | 3    | PA<br>SP Specialty    |
| JESDUVROQ 6 MG TAB                              | 3    | PA<br>SP Specialty    |
| JESDUVROQ 8 MG TAB                              | 3    | PA<br>SP Specialty    |
| ARANESP (ALBUMIN FREE) 100 MCG/0.5ML SOLN PRSYR | 2    | PA<br>SP Specialty    |
| ARANESP (ALBUMIN FREE) 100 MCG/ML SOLUTION      | 2    | PA<br>SP Specialty    |
| ARANESP (ALBUMIN FREE) 10 MCG/0.4ML SOLN PRSYR  | 2    | PA<br>SP Specialty    |
| ARANESP (ALBUMIN FREE) 150 MCG/0.3ML SOLN PRSYR | 2    | PA<br>SP Specialty    |
| ARANESP (ALBUMIN FREE) 200 MCG/0.4ML SOLN PRSYR | 2    | PA<br>SP Specialty    |
| ARANESP (ALBUMIN FREE) 200 MCG/ML SOLUTION      | 2    | PA<br>SP Specialty    |
| ARANESP (ALBUMIN FREE) 25 MCG/0.42ML SOLN PRSYR | 2    | PA<br>SP Specialty    |
| ARANESP (ALBUMIN FREE) 25 MCG/ML SOLUTION       | 2    | PA<br>SP Specialty    |

| PRODUCT DESCRIPTION                             | TIER | LIMITS & RESTRICTIONS                    |
|---|------|--|
| ARANESP (ALBUMIN FREE) 300 MCG/0.6ML SOLN PRSYR | 2    | PA<br>SP Specialty                       |
| ARANESP (ALBUMIN FREE) 40 MCG/0.4ML SOLN PRSYR  | 2    | PA<br>SP Specialty                       |
| ARANESP (ALBUMIN FREE) 40 MCG/ML SOLUTION       | 2    | PA<br>SP Specialty                       |
| ARANESP (ALBUMIN FREE) 500 MCG/ML SOLN PRSYR    | 2    | PA<br>SP Specialty                       |
| ARANESP (ALBUMIN FREE) 60 MCG/0.3ML SOLN PRSYR  | 2    | PA<br>SP Specialty                       |
| ARANESP (ALBUMIN FREE) 60 MCG/ML SOLUTION       | 2    | PA<br>SP Specialty                       |
| <i>eltrombopag olamine 12.5 mg packet</i>       | 3    | QL 30 EA / 30 days<br>PA<br>SP Specialty |
| <i>eltrombopag olamine 12.5 mg tab</i>          | 3    | QL 30 EA / 30 days<br>PA<br>SP Specialty |
| <i>eltrombopag olamine 25 mg packet</i>         | 3    | QL 30 EA / 30 days<br>PA<br>SP Specialty |
| <i>eltrombopag olamine 25 mg tab</i>            | 3    | QL 30 EA / 30 days<br>PA<br>SP Specialty |
| <i>eltrombopag olamine 50 mg tab</i>            | 3    | QL 30 EA / 30 days<br>PA<br>SP Specialty |
| <i>eltrombopag olamine 75 mg tab</i>            | 3    | QL 30 EA / 30 days<br>PA<br>SP Specialty |

| PRODUCT DESCRIPTION            | TIER | LIMITS & RESTRICTIONS  |
|--------------------------------|------|--|
| PROMACTA 12.5 MG PACKET        | 3    |  See important benefit information at end of document<br> Specialty    |
| PROMACTA 12.5 MG TAB           | 3    |  See important benefit information at end of document<br> Specialty    |
| PROMACTA 25 MG PACKET          | 3    |  See important benefit information at end of document<br> Specialty    |
| PROMACTA 25 MG TAB             | 3    |  See important benefit information at end of document<br> Specialty    |
| PROMACTA 50 MG TAB             | 3    |  See important benefit information at end of document<br> Specialty    |
| PROMACTA 75 MG TAB             | 3    |  See important benefit information at end of document<br> Specialty |
| EPOGEN 10000 UNIT/ML SOLUTION  | 2    |  PA<br> Specialty  |
| EPOGEN 20000 UNIT/ML SOLUTION  | 2    |  PA<br> Specialty  |
| EPOGEN 2000 UNIT/ML SOLUTION   | 2    |  PA<br> Specialty  |
| EPOGEN 3000 UNIT/ML SOLUTION   | 2    |  PA<br> Specialty  |
| EPOGEN 4000 UNIT/ML SOLUTION   | 2    |  PA<br> Specialty  |
| PROCRIT 10000 UNIT/ML SOLUTION | 2    |  PA<br> Specialty  |

| PRODUCT DESCRIPTION             | TIER | LIMITS & RESTRICTIONS |
|---------------------------------|------|-----------------------|
| PROCRIT 20000 UNIT/ML SOLUTION  | 2    | PA<br>SP Specialty    |
| PROCRIT 2000 UNIT/ML SOLUTION   | 2    | PA<br>SP Specialty    |
| PROCRIT 3000 UNIT/ML SOLUTION   | 2    | PA<br>SP Specialty    |
| PROCRIT 40000 UNIT/ML SOLUTION  | 2    | PA<br>SP Specialty    |
| PROCRIT 4000 UNIT/ML SOLUTION   | 2    | PA<br>SP Specialty    |
| RETACRIT 10000 UNIT/ML SOLUTION | 2    | PA<br>SP Specialty    |
| RETACRIT 20000 UNIT/ML SOLUTION | 2    | PA<br>SP Specialty    |
| RETACRIT 2000 UNIT/ML SOLUTION  | 2    | PA<br>SP Specialty    |
| RETACRIT 3000 UNIT/ML SOLUTION  | 2    | PA<br>SP Specialty    |
| RETACRIT 40000 UNIT/ML SOLUTION | 2    | PA<br>SP Specialty    |
| RETACRIT 4000 UNIT/ML SOLUTION  | 2    | PA<br>SP Specialty    |
| ZARXIO 300 MCG/0.5ML SOLN PRSYR | 2    | PA<br>SP Specialty    |
| ZARXIO 480 MCG/0.8ML SOLN PRSYR | 2    | PA<br>SP Specialty    |
| MULPLETA 3 MG TAB               | 3    | PA<br>SP Specialty    |
| PYRUKYND 20 MG TAB              | 3    | PA                    |

| PRODUCT DESCRIPTION                                 | TIER | LIMITS & RESTRICTIONS                     |
|---|------|---|
| PYRUKYND 50 MG TAB                                  | 3    | PA  |
| PYRUKYND 5 MG TAB                                   | 3    | PA  |
| PYRUKYND TAPER PACK 5 MG TAB THPK                   | 3    | PA  |
| PYRUKYND TAPER PACK 7 X 20 MG & 7 X 5 MG TAB THPK   | 3    | PA  |
| PYRUKYND TAPER PACK 7 X 50 MG & 7 X 20 MG TAB THPK  | 3    | PA  |
| ZIEXTENZO 6 MG/0.6ML SOLN PRSYR                     | 2    | PA<br>SP Specialty                        |
| <i>tranexamic acid 650 mg tab</i>                   | 1    |   |
| HEMOSTASIS AGENTS                                   |      |   |
| <i>aminocaproic acid 0.25 gm/ml solution</i>        | 3    |   |
| <i>aminocaproic acid 1000 mg tab</i>                | 3    |   |
| <i>aminocaproic acid 500 mg tab</i>                 | 3    |   |
| <i>phytonadione 5 mg tab</i>                        | 2    |   |
| PLATELET MODIFYING AGENTS                           |      |   |
| <i>aspirin-dipyridamole er 25-200 mg cap er 12h</i> | 2    | PD Preventive Drug                        |
| DOPTELET 20 MG TAB                                  | 3    | PA<br>SP Specialty                        |
| <i>cilostazol 100 mg tab</i>                        | 1    |   |
| <i>cilostazol 50 mg tab</i>                         | 1    |   |
| <i>clopidogrel bisulfate 300 mg tab</i>             | 1    | QL 1 EA / 30 day(s)<br>PD Preventive Drug |
| <i>clopidogrel bisulfate 75 mg tab</i>              | 1    | PD Preventive Drug                        |
| <i>dipyridamole 25 mg tab</i>                       | 1    | PD Preventive Drug                        |
| <i>dipyridamole 50 mg tab</i>                       | 1    | PD Preventive Drug                        |
| <i>dipyridamole 75 mg tab</i>                       | 1    | PD Preventive Drug                        |
| <i>prasugrel hcl 10 mg tab</i>                      | 2    | PD Preventive Drug                        |
| <i>prasugrel hcl 5 mg tab</i>                       | 2    | PD Preventive Drug                        |

| PRODUCT DESCRIPTION                   | TIER | LIMITS & RESTRICTIONS   |
|---------------------------------------|------|---|
| BRILINTA 60 MG TAB                    | 2    |  See important benefit information at end of document<br> Preventive Drug |
| BRILINTA 90 MG TAB                    | 2    |  See important benefit information at end of document<br> Preventive Drug |
| <i>ticagrelor 60 mg tab</i>           | 1    |  60 EA / 30 day(s)<br> Preventive Drug                                    |
| <i>ticagrelor 90 mg tab</i>           | 1    |  60 ea / 30 day(s)<br> Preventive Drug                                    |
| CARDIOVASCULAR AGENTS                 |      |   |
| ALPHA-ADRENERGIC AGONISTS             |      |   |
| <i>clonidine 0.1 mg/24hr patch wk</i> | 1    |  Preventive Drug   |
| <i>clonidine 0.1 mg/24hr patch wk</i> | 1    |  Preventive Drug   |
| <i>clonidine 0.2 mg/24hr patch wk</i> | 1    |  Preventive Drug   |
| <i>clonidine 0.2 mg/24hr patch wk</i> | 1    |  Preventive Drug   |
| <i>clonidine 0.3 mg/24hr patch wk</i> | 1    |  Preventive Drug   |
| <i>clonidine 0.3 mg/24hr patch wk</i> | 1    |  Preventive Drug   |
| <i>clonidine hcl 0.1 mg tab</i>       | 1    |  Rx4Less Program<br> Preventive Drug                                  |
| <i>clonidine hcl 0.1 mg tab</i>       | 1    |  Rx4Less Program<br> Preventive Drug                                  |
| <i>clonidine hcl 0.2 mg tab</i>       | 1    |  Rx4Less Program<br> Preventive Drug                                  |
| <i>clonidine hcl 0.2 mg tab</i>       | 1    |  Rx4Less Program<br> Preventive Drug                                  |
| <i>clonidine hcl 0.3 mg tab</i>       | 1    |  Rx4Less Program<br> Preventive Drug                                  |
| <i>clonidine hcl 0.3 mg tab</i>       | 1    |  Rx4Less Program<br> Preventive Drug                                  |

| PRODUCT DESCRIPTION                    | TIER | LIMITS & RESTRICTIONS                      |
|--|------|--|
| <i>guanfacine hcl 1 mg tab</i>         | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>guanfacine hcl 1 mg tab</i>         | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>guanfacine hcl 2 mg tab</i>         | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>guanfacine hcl 2 mg tab</i>         | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>methyldopa 250 mg tab</i>           | 1    | PD Preventive Drug                         |
| METHYLDOPA 500 MG TAB                  | 1    | PD Preventive Drug                         |
| <i>midodrine hcl 10 mg tab</i>         | 1    |  |
| <i>midodrine hcl 2.5 mg tab</i>        | 1    |  |
| <i>midodrine hcl 5 mg tab</i>          | 1    |  |
| ALPHA-ADRENERGIC BLOCKING AGENTS       |      |  |
| <i>doxazosin mesylate 1 mg tab</i>     | 1    |  |
| <i>doxazosin mesylate 2 mg tab</i>     | 1    |  |
| <i>doxazosin mesylate 4 mg tab</i>     | 1    |  |
| <i>doxazosin mesylate 8 mg tab</i>     | 1    |  |
| <i>phenoxybenzamine hcl 10 mg cap</i>  | 3    |  |
| <i>prazosin hcl 1 mg cap</i>           | 1    |  |
| <i>prazosin hcl 2 mg cap</i>           | 1    |  |
| <i>prazosin hcl 5 mg cap</i>           | 1    |  |
| <i>terazosin hcl 10 mg cap</i>         | 1    |  |
| <i>terazosin hcl 1 mg cap</i>          | 1    |  |
| <i>terazosin hcl 2 mg cap</i>          | 1    |  |
| <i>terazosin hcl 5 mg cap</i>          | 1    |  |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS    |      |  |
| <i>candesartan cilexetil 16 mg tab</i> | 2    | PD Preventive Drug                         |
| <i>candesartan cilexetil 32 mg tab</i> | 2    | PD Preventive Drug                         |

| PRODUCT DESCRIPTION                            | TIER | LIMITS & RESTRICTIONS                      |
|--|------|--|
| <i>candesartan cilexetil 4 mg tab</i>          | 2    | PD Preventive Drug                         |
| <i>candesartan cilexetil 8 mg tab</i>          | 2    | PD Preventive Drug                         |
| <i>irbesartan 150 mg tab</i>                   | 1    | PD Preventive Drug                         |
| <i>irbesartan 300 mg tab</i>                   | 1    | PD Preventive Drug                         |
| <i>irbesartan 75 mg tab</i>                    | 1    | PD Preventive Drug                         |
| <i>losartan potassium 100 mg tab</i>           | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>losartan potassium 25 mg tab</i>            | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>losartan potassium 50 mg tab</i>            | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>olmesartan medoxomil 20 mg tab</i>          | 1    | PD Preventive Drug                         |
| <i>olmesartan medoxomil 40 mg tab</i>          | 1    | PD Preventive Drug                         |
| <i>olmesartan medoxomil 5 mg tab</i>           | 1    | PD Preventive Drug                         |
| <i>telmisartan 20 mg tab</i>                   | 3    | PD Preventive Drug                         |
| <i>telmisartan 40 mg tab</i>                   | 3    | PD Preventive Drug                         |
| <i>telmisartan 80 mg tab</i>                   | 3    | PD Preventive Drug                         |
| <i>valsartan 160 mg tab</i>                    | 1    | PD Preventive Drug                         |
| <i>valsartan 320 mg tab</i>                    | 1    | PD Preventive Drug                         |
| <i>valsartan 40 mg tab</i>                     | 1    | PD Preventive Drug                         |
| <i>valsartan 80 mg tab</i>                     | 1    | PD Preventive Drug                         |
| ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS |      |  |
| <i>benazepril hcl 10 mg tab</i>                | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>benazepril hcl 20 mg tab</i>                | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>benazepril hcl 40 mg tab</i>                | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |

| PRODUCT DESCRIPTION                 | TIER | LIMITS & RESTRICTIONS                      |
|-------------------------------------|------|--|
| <i>benazepril hcl 5 mg tab</i>      | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>captopril 100 mg tab</i>         | 1    | PD Preventive Drug                         |
| <i>captopril 12.5 mg tab</i>        | 1    | PD Preventive Drug                         |
| <i>captopril 25 mg tab</i>          | 1    | PD Preventive Drug                         |
| <i>captopril 50 mg tab</i>          | 1    | PD Preventive Drug                         |
| <i>enalapril maleate 10 mg tab</i>  | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>enalapril maleate 20 mg tab</i>  | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>enalapril maleate 2.5 mg tab</i> | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>enalapril maleate 5 mg tab</i>   | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>fosinopril sodium 10 mg tab</i>  | 1    | PD Preventive Drug                         |
| <i>fosinopril sodium 20 mg tab</i>  | 1    | PD Preventive Drug                         |
| <i>fosinopril sodium 40 mg tab</i>  | 1    | PD Preventive Drug                         |
| <i>lisinopril 10 mg tab</i>         | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>lisinopril 20 mg tab</i>         | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>lisinopril 2.5 mg tab</i>        | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>lisinopril 30 mg tab</i>         | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>lisinopril 40 mg tab</i>         | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>lisinopril 5 mg tab</i>          | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |

| PRODUCT DESCRIPTION                      | TIER | LIMITS & RESTRICTIONS                      |
|--|------|--|
| <i>moexipril hcl 15 mg tab</i>           | 1    | PD Preventive Drug                         |
| <i>moexipril hcl 7.5 mg tab</i>          | 1    | PD Preventive Drug                         |
| PERINDOPRIL ERBUMINE 2 MG TAB            | 1    | PD Preventive Drug                         |
| <i>perindopril erbumine 4 mg tab</i>     | 1    | PD Preventive Drug                         |
| PERINDOPRIL ERBUMINE 8 MG TAB            | 1    | PD Preventive Drug                         |
| <i>quinapril hcl 10 mg tab</i>           | 1    | PD Preventive Drug                         |
| <i>quinapril hcl 20 mg tab</i>           | 1    | PD Preventive Drug                         |
| <i>quinapril hcl 40 mg tab</i>           | 1    | PD Preventive Drug                         |
| <i>quinapril hcl 5 mg tab</i>            | 1    | PD Preventive Drug                         |
| <i>ramipril 10 mg cap</i>                | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>ramipril 1.25 mg cap</i>              | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>ramipril 2.5 mg cap</i>               | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>ramipril 5 mg cap</i>                 | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>trandolapril 1 mg tab</i>             | 1    | PD Preventive Drug                         |
| <i>trandolapril 2 mg tab</i>             | 1    | PD Preventive Drug                         |
| <i>trandolapril 4 mg tab</i>             | 1    | PD Preventive Drug                         |
| ANTIARRHYTHMICS                          |      |  |
| <i>amiodarone hcl 100 mg tab</i>         | 1    |  |
| <i>amiodarone hcl 200 mg tab</i>         | 1    |  |
| <i>amiodarone hcl 400 mg tab</i>         | 1    |  |
| <i>pacerone 100 mg tab</i>               | 1    |  |
| <i>pacerone 200 mg tab</i>               | 1    |  |
| <i>pacerone 400 mg tab</i>               | 1    |  |
| <i>disopyramide phosphate 100 mg cap</i> | 1    |  |

| PRODUCT DESCRIPTION                         | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>disopyramide phosphate 150 mg cap</i>    | 1    |                       |
| NORPACE CR 100 MG CAP ER 12H                | 3    |                       |
| NORPACE CR 150 MG CAP ER 12H                | 3    |                       |
| <i>dofetilide 125 mcg cap</i>               | 2    |                       |
| <i>dofetilide 250 mcg cap</i>               | 2    |                       |
| <i>dofetilide 500 mcg cap</i>               | 2    |                       |
| MULTAQ 400 MG TAB                           | 3    |                       |
| <i>flecainide acetate 100 mg tab</i>        | 1    |                       |
| <i>flecainide acetate 150 mg tab</i>        | 1    |                       |
| <i>flecainide acetate 50 mg tab</i>         | 1    |                       |
| <i>mexiletine hcl 150 mg cap</i>            | 1    |                       |
| <i>mexiletine hcl 200 mg cap</i>            | 1    |                       |
| <i>mexiletine hcl 250 mg cap</i>            | 1    |                       |
| <i>propafenone hcl 150 mg tab</i>           | 1    |                       |
| <i>propafenone hcl 225 mg tab</i>           | 1    |                       |
| <i>propafenone hcl 300 mg tab</i>           | 1    |                       |
| <i>propafenone hcl er 225 mg cap er 12h</i> | 2    |                       |
| <i>propafenone hcl er 325 mg cap er 12h</i> | 2    |                       |
| <i>propafenone hcl er 425 mg cap er 12h</i> | 2    |                       |
| <i>quinidine gluconate er 324 mg tab er</i> | 1    |                       |
| <i>quinidine gluconate er 324 mg tab er</i> | 1    |                       |
| <i>sotalol hcl 120 mg tab</i>               | 1    | PD Preventive Drug    |
| <i>sotalol hcl 160 mg tab</i>               | 1    | PD Preventive Drug    |
| <i>sotalol hcl 240 mg tab</i>               | 1    | PD Preventive Drug    |
| <i>sotalol hcl 80 mg tab</i>                | 1    | PD Preventive Drug    |
| SOTYLIZE 5 MG/ML SOLUTION                   | 3    | PD Preventive Drug    |
| <i>sotalol hcl (af) 120 mg tab</i>          | 1    | PD Preventive Drug    |
| <i>sotalol hcl (af) 160 mg tab</i>          | 1    | PD Preventive Drug    |
| <i>sotalol hcl (af) 80 mg tab</i>           | 1    | PD Preventive Drug    |

| PRODUCT DESCRIPTION                             | TIER | LIMITS & RESTRICTIONS                      |
|---|------|--|
| <b>BETA-ADRENERGIC BLOCKING AGENTS</b>          |      |  |
| <i>acebutolol hcl 200 mg cap</i>                | 1    | PD Preventive Drug                         |
| <i>acebutolol hcl 400 mg cap</i>                | 1    | PD Preventive Drug                         |
| <i>atenolol 100 mg tab</i>                      | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>atenolol 25 mg tab</i>                       | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>atenolol 50 mg tab</i>                       | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>betaxolol hcl 10 mg tab</i>                  | 1    | PD Preventive Drug                         |
| <i>betaxolol hcl 20 mg tab</i>                  | 1    | PD Preventive Drug                         |
| <i>bisoprolol fumarate 10 mg tab</i>            | 1    | PD Preventive Drug                         |
| <i>bisoprolol fumarate 5 mg tab</i>             | 1    | PD Preventive Drug                         |
| <i>carvedilol 12.5 mg tab</i>                   | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>carvedilol 25 mg tab</i>                     | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>carvedilol 3.125 mg tab</i>                  | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>carvedilol 6.25 mg tab</i>                   | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>carvedilol phosphate er 10 mg cap er 24h</i> | 2    | PD Preventive Drug                         |
| <i>carvedilol phosphate er 20 mg cap er 24h</i> | 2    | PD Preventive Drug                         |
| <i>carvedilol phosphate er 40 mg cap er 24h</i> | 2    | PD Preventive Drug                         |
| <i>carvedilol phosphate er 80 mg cap er 24h</i> | 2    | PD Preventive Drug                         |
| <i>labetalol hcl 100 mg tab</i>                 | 1    | PD Preventive Drug                         |
| <i>labetalol hcl 200 mg tab</i>                 | 1    | PD Preventive Drug                         |

| PRODUCT DESCRIPTION                              | TIER | LIMITS & RESTRICTIONS                      |
|--|------|--|
| <i>labetalol hcl 300 mg tab</i>                  | 1    | PD Preventive Drug                         |
| <i>metoprolol succinate er 100 mg tab er 24h</i> | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>metoprolol succinate er 200 mg tab er 24h</i> | 1    | PD Preventive Drug                         |
| <i>metoprolol succinate er 25 mg tab er 24h</i>  | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>metoprolol succinate er 50 mg tab er 24h</i>  | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>metoprolol tartrate 100 mg tab</i>            | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>metoprolol tartrate 25 mg tab</i>             | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>metoprolol tartrate 50 mg tab</i>             | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>nadolol 20 mg tab</i>                         | 1    | PD Preventive Drug                         |
| <i>nadolol 40 mg tab</i>                         | 1    | PD Preventive Drug                         |
| <i>nadolol 80 mg tab</i>                         | 1    | PD Preventive Drug                         |
| <i>nebivolol hcl 10 mg tab</i>                   | 1    | PD Preventive Drug                         |
| <i>nebivolol hcl 20 mg tab</i>                   | 1    | PD Preventive Drug                         |
| <i>nebivolol hcl 2.5 mg tab</i>                  | 1    | PD Preventive Drug                         |
| <i>nebivolol hcl 5 mg tab</i>                    | 1    | PD Preventive Drug                         |
| <i>pindolol 10 mg tab</i>                        | 1    | PD Preventive Drug                         |
| <i>pindolol 5 mg tab</i>                         | 1    | PD Preventive Drug                         |
| <i>propranolol hcl 10 mg tab</i>                 | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| PROPRANOLOL HCL 20 MG/5ML SOLUTION               | 1    | PD Preventive Drug                         |
| <i>propranolol hcl 20 mg tab</i>                 | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |

| PRODUCT DESCRIPTION                               | TIER | LIMITS & RESTRICTIONS                      |
|---|------|--|
| PROPRANOLOL HCL 40 MG/5ML SOLUTION                | 1    | PD Preventive Drug                         |
| <i>propranolol hcl 40 mg tab</i>                  | 1    | PD Preventive Drug                         |
| <i>propranolol hcl 60 mg tab</i>                  | 1    | PD Preventive Drug                         |
| <i>propranolol hcl 80 mg tab</i>                  | 1    | PD Preventive Drug                         |
| <i>propranolol hcl er 120 mg cap er 24h</i>       | 1    | PD Preventive Drug                         |
| <i>propranolol hcl er 160 mg cap er 24h</i>       | 1    | PD Preventive Drug                         |
| <i>propranolol hcl er 60 mg cap er 24h</i>        | 1    | PD Preventive Drug                         |
| <i>propranolol hcl er 80 mg cap er 24h</i>        | 1    | PD Preventive Drug                         |
| CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES |      |  |
| <i>amlodipine besylate 10 mg tab</i>              | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>amlodipine besylate 10 mg tab</i>              | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>amlodipine besylate 2.5 mg tab</i>             | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>amlodipine besylate 2.5 mg tab</i>             | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>amlodipine besylate 5 mg tab</i>               | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>amlodipine besylate 5 mg tab</i>               | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>felodipine er 10 mg tab er 24h</i>             | 1    | PD Preventive Drug                         |
| <i>felodipine er 2.5 mg tab er 24h</i>            | 1    | PD Preventive Drug                         |
| <i>felodipine er 5 mg tab er 24h</i>              | 1    | PD Preventive Drug                         |
| <i>isradipine 2.5 mg cap</i>                      | 1    | PD Preventive Drug                         |
| <i>isradipine 5 mg cap</i>                        | 1    | PD Preventive Drug                         |
| <i>nicardipine hcl 20 mg cap</i>                  | 1    | PD Preventive Drug                         |

| PRODUCT DESCRIPTION                                   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>nicardipine hcl 20 mg cap</i>                      | 1    | PD Preventive Drug    |
| <i>nicardipine hcl 30 mg cap</i>                      | 1    | PD Preventive Drug    |
| <i>nicardipine hcl 30 mg cap</i>                      | 1    | PD Preventive Drug    |
| <i>nifedipine 10 mg cap</i>                           | 1    | PD Preventive Drug    |
| <i>nifedipine 20 mg cap</i>                           | 1    | PD Preventive Drug    |
| <i>nifedipine er 30 mg tab er 24h</i>                 | 1    | PD Preventive Drug    |
| <i>nifedipine er 60 mg tab er 24h</i>                 | 1    | PD Preventive Drug    |
| <i>nifedipine er 90 mg tab er 24h</i>                 | 1    | PD Preventive Drug    |
| <i>nifedipine er osmotic release 30 mg tab er 24h</i> | 1    | PD Preventive Drug    |
| <i>nifedipine er osmotic release 60 mg tab er 24h</i> | 1    | PD Preventive Drug    |
| <i>nifedipine er osmotic release 90 mg tab er 24h</i> | 1    | PD Preventive Drug    |
| <i>nimodipine 30 mg cap</i>                           | 1    |                       |
| <i>nisoldipine er 17 mg tab er 24h</i>                | 1    | PD Preventive Drug    |
| NISOLDIPINE ER 17 MG TAB ER 24H                       | 1    | PD Preventive Drug    |
| NISOLDIPINE ER 20 MG TAB ER 24H                       | 1    | PD Preventive Drug    |
| NISOLDIPINE ER 25.5 MG TAB ER 24H                     | 1    | PD Preventive Drug    |
| NISOLDIPINE ER 30 MG TAB ER 24H                       | 1    | PD Preventive Drug    |
| <i>nisoldipine er 34 mg tab er 24h</i>                | 1    | PD Preventive Drug    |
| NISOLDIPINE ER 34 MG TAB ER 24H                       | 1    | PD Preventive Drug    |
| NISOLDIPINE ER 40 MG TAB ER 24H                       | 1    | PD Preventive Drug    |
| <i>nisoldipine er 8.5 mg tab er 24h</i>               | 1    | PD Preventive Drug    |
| NISOLDIPINE ER 8.5 MG TAB ER 24H                      | 1    | PD Preventive Drug    |
| CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES  |      |                       |
| <i>diltiazem hcl 120 mg tab</i>                       | 1    | PD Preventive Drug    |
| <i>diltiazem hcl 120 mg tab</i>                       | 1    | PD Preventive Drug    |
| <i>diltiazem hcl 30 mg tab</i>                        | 1    | PD Preventive Drug    |

| PRODUCT DESCRIPTION                       | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>diltiazem hcl 30 mg tab</i>            | 1    | PD Preventive Drug    |
| <i>diltiazem hcl 60 mg tab</i>            | 1    | PD Preventive Drug    |
| <i>diltiazem hcl 60 mg tab</i>            | 1    | PD Preventive Drug    |
| <i>diltiazem hcl 90 mg tab</i>            | 1    | PD Preventive Drug    |
| <i>diltiazem hcl 90 mg tab</i>            | 1    | PD Preventive Drug    |
| <i>diltiazem hcl er 120 mg cap er 12h</i> | 1    | PD Preventive Drug    |
| <i>diltiazem hcl er 120 mg cap er 12h</i> | 1    | PD Preventive Drug    |
| <i>diltiazem hcl er 120 mg cap er 24h</i> | 1    | PD Preventive Drug    |
| <i>diltiazem hcl er 120 mg tab er 24h</i> | 3    | PD Preventive Drug    |
| <i>diltiazem hcl er 180 mg cap er 24h</i> | 1    | PD Preventive Drug    |
| <i>diltiazem hcl er 180 mg tab er 24h</i> | 1    | PD Preventive Drug    |
| <i>diltiazem hcl er 240 mg cap er 24h</i> | 1    | PD Preventive Drug    |
| <i>diltiazem hcl er 240 mg tab er 24h</i> | 1    | PD Preventive Drug    |
| <i>diltiazem hcl er 300 mg tab er 24h</i> | 1    | PD Preventive Drug    |
| <i>diltiazem hcl er 360 mg tab er 24h</i> | 1    | PD Preventive Drug    |
| <i>diltiazem hcl er 420 mg tab er 24h</i> | 1    | PD Preventive Drug    |
| <i>diltiazem hcl er 60 mg cap er 12h</i>  | 1    | PD Preventive Drug    |
| <i>diltiazem hcl er 60 mg cap er 12h</i>  | 1    | PD Preventive Drug    |
| <i>diltiazem hcl er 90 mg cap er 12h</i>  | 1    | PD Preventive Drug    |
| <i>diltiazem hcl er 90 mg cap er 12h</i>  | 1    | PD Preventive Drug    |
| <i>dilt-xr 120 mg cap er 24h</i>          | 1    | PD Preventive Drug    |
| <i>dilt-xr 180 mg cap er 24h</i>          | 1    | PD Preventive Drug    |
| <i>dilt-xr 240 mg cap er 24h</i>          | 1    | PD Preventive Drug    |
| <i>matzim la 180 mg tab er 24h</i>        | 1    | PD Preventive Drug    |
| <i>matzim la 240 mg tab er 24h</i>        | 1    | PD Preventive Drug    |

| PRODUCT DESCRIPTION                                    | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>matzim la 300 mg tab er 24h</i>                     | 1    | PD Preventive Drug    |
| <i>matzim la 360 mg tab er 24h</i>                     | 1    | PD Preventive Drug    |
| <i>matzim la 420 mg tab er 24h</i>                     | 1    | PD Preventive Drug    |
| <i>cartia xt 120 mg cap er 24h</i>                     | 1    | PD Preventive Drug    |
| <i>cartia xt 180 mg cap er 24h</i>                     | 1    | PD Preventive Drug    |
| <i>cartia xt 240 mg cap er 24h</i>                     | 1    | PD Preventive Drug    |
| <i>cartia xt 300 mg cap er 24h</i>                     | 1    | PD Preventive Drug    |
| <i>diltiazem hcl er coated beads 120 mg cap er 24h</i> | 1    | PD Preventive Drug    |
| <i>diltiazem hcl er coated beads 120 mg cap er 24h</i> | 1    | PD Preventive Drug    |
| <i>diltiazem hcl er coated beads 180 mg cap er 24h</i> | 1    | PD Preventive Drug    |
| <i>diltiazem hcl er coated beads 180 mg cap er 24h</i> | 1    | PD Preventive Drug    |
| <i>diltiazem hcl er coated beads 240 mg cap er 24h</i> | 1    | PD Preventive Drug    |
| <i>diltiazem hcl er coated beads 240 mg cap er 24h</i> | 1    | PD Preventive Drug    |
| <i>diltiazem hcl er coated beads 300 mg cap er 24h</i> | 1    | PD Preventive Drug    |
| <i>diltiazem hcl er coated beads 300 mg cap er 24h</i> | 1    | PD Preventive Drug    |
| <i>diltiazem hcl er coated beads 360 mg cap er 24h</i> | 1    | PD Preventive Drug    |
| <i>diltiazem hcl er coated beads 360 mg cap er 24h</i> | 1    | PD Preventive Drug    |
| <i>diltiazem hcl er beads 120 mg cap er 24h</i>        | 1    | PD Preventive Drug    |
| <i>diltiazem hcl er beads 180 mg cap er 24h</i>        | 1    | PD Preventive Drug    |
| <i>diltiazem hcl er beads 240 mg cap er 24h</i>        | 1    | PD Preventive Drug    |
| <i>diltiazem hcl er beads 300 mg cap er 24h</i>        | 1    | PD Preventive Drug    |
| <i>diltiazem hcl er beads 360 mg cap er 24h</i>        | 1    | PD Preventive Drug    |
| <i>diltiazem hcl er beads 420 mg cap er 24h</i>        | 1    | PD Preventive Drug    |
| <i>taztia xt 120 mg cap er 24h</i>                     | 1    | PD Preventive Drug    |
| <i>taztia xt 180 mg cap er 24h</i>                     | 1    | PD Preventive Drug    |

| PRODUCT DESCRIPTION                       | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>taztia xt 240 mg cap er 24h</i>        | 1    | PD Preventive Drug    |
| <i>taztia xt 300 mg cap er 24h</i>        | 1    | PD Preventive Drug    |
| <i>taztia xt 360 mg cap er 24h</i>        | 1    | PD Preventive Drug    |
| <i>tiadylt er 120 mg cap er 24h</i>       | 1    | PD Preventive Drug    |
| <i>tiadylt er 180 mg cap er 24h</i>       | 1    | PD Preventive Drug    |
| <i>tiadylt er 240 mg cap er 24h</i>       | 1    | PD Preventive Drug    |
| <i>tiadylt er 300 mg cap er 24h</i>       | 1    | PD Preventive Drug    |
| <i>tiadylt er 360 mg cap er 24h</i>       | 1    | PD Preventive Drug    |
| <i>tiadylt er 420 mg cap er 24h</i>       | 1    | PD Preventive Drug    |
| <i>verapamil hcl 120 mg tab</i>           | 1    | PD Preventive Drug    |
| <i>verapamil hcl 40 mg tab</i>            | 1    | PD Preventive Drug    |
| <i>verapamil hcl 80 mg tab</i>            | 1    | PD Preventive Drug    |
| VERAPAMIL HCL ER 100 MG CAP ER 24H        | 1    | PD Preventive Drug    |
| <i>verapamil hcl er 120 mg cap er 24h</i> | 1    | PD Preventive Drug    |
| <i>verapamil hcl er 120 mg tab er</i>     | 1    | PD Preventive Drug    |
| <i>verapamil hcl er 180 mg cap er 24h</i> | 1    | PD Preventive Drug    |
| <i>verapamil hcl er 180 mg tab er</i>     | 1    | PD Preventive Drug    |
| VERAPAMIL HCL ER 200 MG CAP ER 24H        | 1    | PD Preventive Drug    |
| <i>verapamil hcl er 240 mg cap er 24h</i> | 1    | PD Preventive Drug    |
| <i>verapamil hcl er 240 mg tab er</i>     | 1    | PD Preventive Drug    |
| VERAPAMIL HCL ER 300 MG CAP ER 24H        | 1    | PD Preventive Drug    |
| VERAPAMIL HCL ER 360 MG CAP ER 24H        | 1    | PD Preventive Drug    |
| CARDIOVASCULAR AGENTS, OTHER              |      |                       |
| <i>acetazolamide 125 mg tab</i>           | 1    |                       |
| <i>acetazolamide 125 mg tab</i>           | 1    |                       |
| <i>acetazolamide 250 mg tab</i>           | 1    |                       |

| PRODUCT DESCRIPTION                          | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>acetazolamide 250 mg tab</i>              | 1    |                       |
| <i>aliskiren fumarate 150 mg tab</i>         | 3    | PD Preventive Drug    |
| <i>aliskiren fumarate 300 mg tab</i>         | 3    | PD Preventive Drug    |
| AMILORIDE-HYDROCHLOROTHIAZIDE 5-50 MG TAB    | 1    | PD Preventive Drug    |
| <i>amlodipine-atorvastatin 10-10 mg tab</i>  | 3    | PD Preventive Drug    |
| <i>amlodipine-atorvastatin 10-10 mg tab</i>  | 3    | PD Preventive Drug    |
| <i>amlodipine-atorvastatin 10-20 mg tab</i>  | 3    | PD Preventive Drug    |
| <i>amlodipine-atorvastatin 10-20 mg tab</i>  | 3    | PD Preventive Drug    |
| <i>amlodipine-atorvastatin 10-40 mg tab</i>  | 3    | PD Preventive Drug    |
| <i>amlodipine-atorvastatin 10-40 mg tab</i>  | 3    | PD Preventive Drug    |
| <i>amlodipine-atorvastatin 10-80 mg tab</i>  | 3    | PD Preventive Drug    |
| <i>amlodipine-atorvastatin 10-80 mg tab</i>  | 3    | PD Preventive Drug    |
| <i>amlodipine-atorvastatin 2.5-10 mg tab</i> | 3    | PD Preventive Drug    |
| <i>amlodipine-atorvastatin 2.5-10 mg tab</i> | 3    | PD Preventive Drug    |
| <i>amlodipine-atorvastatin 2.5-20 mg tab</i> | 3    | PD Preventive Drug    |
| <i>amlodipine-atorvastatin 2.5-20 mg tab</i> | 3    | PD Preventive Drug    |
| <i>amlodipine-atorvastatin 2.5-40 mg tab</i> | 3    | PD Preventive Drug    |
| <i>amlodipine-atorvastatin 2.5-40 mg tab</i> | 3    | PD Preventive Drug    |
| <i>amlodipine-atorvastatin 5-10 mg tab</i>   | 3    | PD Preventive Drug    |
| <i>amlodipine-atorvastatin 5-10 mg tab</i>   | 3    | PD Preventive Drug    |
| <i>amlodipine-atorvastatin 5-20 mg tab</i>   | 3    | PD Preventive Drug    |
| <i>amlodipine-atorvastatin 5-20 mg tab</i>   | 3    | PD Preventive Drug    |
| <i>amlodipine-atorvastatin 5-40 mg tab</i>   | 3    | PD Preventive Drug    |
| <i>amlodipine-atorvastatin 5-40 mg tab</i>   | 3    | PD Preventive Drug    |
| <i>amlodipine-atorvastatin 5-80 mg tab</i>   | 3    | PD Preventive Drug    |
| <i>amlodipine-atorvastatin 5-80 mg tab</i>   | 3    | PD Preventive Drug    |

| PRODUCT DESCRIPTION                                 | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>amlodipine besy-benazepril hcl 10-20 mg cap</i>  | 1    | PD Preventive Drug    |
| <i>amlodipine besy-benazepril hcl 10-40 mg cap</i>  | 1    | PD Preventive Drug    |
| <i>amlodipine besy-benazepril hcl 10-40 mg cap</i>  | 1    | PD Preventive Drug    |
| <i>amlodipine besy-benazepril hcl 2.5-10 mg cap</i> | 1    | PD Preventive Drug    |
| <i>amlodipine besy-benazepril hcl 2.5-10 mg cap</i> | 1    | PD Preventive Drug    |
| <i>amlodipine besy-benazepril hcl 5-10 mg cap</i>   | 1    | PD Preventive Drug    |
| <i>amlodipine besy-benazepril hcl 5-20 mg cap</i>   | 1    | PD Preventive Drug    |
| <i>amlodipine besy-benazepril hcl 5-20 mg cap</i>   | 1    | PD Preventive Drug    |
| <i>amlodipine besy-benazepril hcl 5-40 mg cap</i>   | 1    | PD Preventive Drug    |
| <i>amlodipine-olmesartan 10-20 mg tab</i>           | 2    | PD Preventive Drug    |
| <i>amlodipine-olmesartan 10-20 mg tab</i>           | 2    | PD Preventive Drug    |
| <i>amlodipine-olmesartan 10-40 mg tab</i>           | 2    | PD Preventive Drug    |
| <i>amlodipine-olmesartan 10-40 mg tab</i>           | 2    | PD Preventive Drug    |
| <i>amlodipine-olmesartan 5-20 mg tab</i>            | 2    | PD Preventive Drug    |
| <i>amlodipine-olmesartan 5-20 mg tab</i>            | 2    | PD Preventive Drug    |
| <i>amlodipine-olmesartan 5-40 mg tab</i>            | 2    | PD Preventive Drug    |
| <i>amlodipine-olmesartan 5-40 mg tab</i>            | 2    | PD Preventive Drug    |
| <i>amlodipine besylate-valsartan 10-160 mg tab</i>  | 2    | PD Preventive Drug    |
| <i>amlodipine besylate-valsartan 10-160 mg tab</i>  | 2    | PD Preventive Drug    |
| <i>amlodipine besylate-valsartan 10-320 mg tab</i>  | 2    | PD Preventive Drug    |
| <i>amlodipine besylate-valsartan 10-320 mg tab</i>  | 2    | PD Preventive Drug    |
| <i>amlodipine besylate-valsartan 5-160 mg tab</i>   | 2    | PD Preventive Drug    |
| <i>amlodipine besylate-valsartan 5-160 mg tab</i>   | 2    | PD Preventive Drug    |
| <i>amlodipine besylate-valsartan 5-320 mg tab</i>   | 2    | PD Preventive Drug    |
| <i>amlodipine besylate-valsartan 5-320 mg tab</i>   | 2    | PD Preventive Drug    |

| PRODUCT DESCRIPTION                                   | TIER | LIMITS & RESTRICTIONS      |
|---|------|----------------------------|
| <i>amlodipine-valsartan-hctz 10-160-12.5 mg tab</i>   | 2    | PD Preventive Drug         |
| <i>amlodipine-valsartan-hctz 10-160-12.5 mg tab</i>   | 2    | PD Preventive Drug         |
| <i>amlodipine-valsartan-hctz 10-160-25 mg tab</i>     | 2    | PD Preventive Drug         |
| <i>amlodipine-valsartan-hctz 10-160-25 mg tab</i>     | 2    | PD Preventive Drug         |
| <i>amlodipine-valsartan-hctz 10-320-25 mg tab</i>     | 2    | PD Preventive Drug         |
| <i>amlodipine-valsartan-hctz 10-320-25 mg tab</i>     | 2    | PD Preventive Drug         |
| <i>amlodipine-valsartan-hctz 5-160-12.5 mg tab</i>    | 2    | PD Preventive Drug         |
| <i>amlodipine-valsartan-hctz 5-160-12.5 mg tab</i>    | 2    | PD Preventive Drug         |
| <i>amlodipine-valsartan-hctz 5-160-25 mg tab</i>      | 2    | PD Preventive Drug         |
| <i>amlodipine-valsartan-hctz 5-160-25 mg tab</i>      | 2    | PD Preventive Drug         |
| <i>atenolol-chlorthalidone 100-25 mg tab</i>          | 1    | PD Preventive Drug         |
| <i>atenolol-chlorthalidone 50-25 mg tab</i>           | 1    | PD Preventive Drug         |
| NEXLETOL 180 MG TAB                                   | 3    | QL 30 ea / 30 day(s)<br>PA |
| <i>benazepril-hydrochlorothiazide 10-12.5 mg tab</i>  | 1    | PD Preventive Drug         |
| <i>benazepril-hydrochlorothiazide 10-12.5 mg tab</i>  | 1    | PD Preventive Drug         |
| <i>benazepril-hydrochlorothiazide 20-12.5 mg tab</i>  | 1    | PD Preventive Drug         |
| <i>benazepril-hydrochlorothiazide 20-12.5 mg tab</i>  | 1    | PD Preventive Drug         |
| <i>benazepril-hydrochlorothiazide 20-25 mg tab</i>    | 1    | PD Preventive Drug         |
| <i>benazepril-hydrochlorothiazide 20-25 mg tab</i>    | 1    | PD Preventive Drug         |
| <i>benazepril-hydrochlorothiazide 5-6.25 mg tab</i>   | 1    | PD Preventive Drug         |
| <i>benazepril-hydrochlorothiazide 5-6.25 mg tab</i>   | 1    | PD Preventive Drug         |
| <i>bisoprolol-hydrochlorothiazide 10-6.25 mg tab</i>  | 1    | PD Preventive Drug         |
| <i>bisoprolol-hydrochlorothiazide 10-6.25 mg tab</i>  | 1    | PD Preventive Drug         |
| <i>bisoprolol-hydrochlorothiazide 2.5-6.25 mg tab</i> | 1    | PD Preventive Drug         |
| <i>bisoprolol-hydrochlorothiazide 2.5-6.25 mg tab</i> | 1    | PD Preventive Drug         |

| PRODUCT DESCRIPTION                                   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>bisoprolol-hydrochlorothiazide 5-6.25 mg tab</i>   | 1    | PD Preventive Drug    |
| <i>bisoprolol-hydrochlorothiazide 5-6.25 mg tab</i>   | 1    | PD Preventive Drug    |
| <i>candesartan cilexetil-hctz 16-12.5 mg tab</i>      | 2    | PD Preventive Drug    |
| <i>candesartan cilexetil-hctz 32-12.5 mg tab</i>      | 2    | PD Preventive Drug    |
| <i>candesartan cilexetil-hctz 32-25 mg tab</i>        | 2    | PD Preventive Drug    |
| CAPTOPRIL-HYDROCHLOROTHIAZIDE 25-15 MG TAB            | 1    | PD Preventive Drug    |
| CAPTOPRIL-HYDROCHLOROTHIAZIDE 25-25 MG TAB            | 1    | PD Preventive Drug    |
| CAPTOPRIL-HYDROCHLOROTHIAZIDE 50-15 MG TAB            | 1    | PD Preventive Drug    |
| CAPTOPRIL-HYDROCHLOROTHIAZIDE 50-25 MG TAB            | 1    | PD Preventive Drug    |
| <i>digoxin 0.05 mg/ml solution</i>                    | 1    |                       |
| DIGOXIN 0.05 MG/ML SOLUTION                           | 1    |                       |
| <i>digoxin 125 mcg tab</i>                            | 1    |                       |
| <i>digoxin 250 mcg tab</i>                            | 1    |                       |
| <i>digoxin 62.5 mcg tab</i>                           | 3    |                       |
| LANOXIN 125 MCG TAB                                   | 2    |                       |
| LANOXIN 250 MCG TAB                                   | 2    |                       |
| <i>enalapril-hydrochlorothiazide 10-25 mg tab</i>     | 1    | PD Preventive Drug    |
| <i>enalapril-hydrochlorothiazide 5-12.5 mg tab</i>    | 1    | PD Preventive Drug    |
| <i>fosinopril sodium-hctz 10-12.5 mg tab</i>          | 1    | PD Preventive Drug    |
| <i>fosinopril sodium-hctz 20-12.5 mg tab</i>          | 1    | PD Preventive Drug    |
| <i>irbesartan-hydrochlorothiazide 150-12.5 mg tab</i> | 1    | PD Preventive Drug    |
| <i>irbesartan-hydrochlorothiazide 300-12.5 mg tab</i> | 1    | PD Preventive Drug    |
| <i>irbesartan-hydrochlorothiazide 300-12.5 mg tab</i> | 1    | PD Preventive Drug    |
| <i>isosorb dinitrate-hydralazine 20-37.5 mg tab</i>   | 2    |                       |
| CORLANOR 5 MG/5ML SOLUTION                            | 3    |                       |
| <i>ivabradine hcl 5 mg tab</i>                        | 3    |                       |
| <i>ivabradine hcl 7.5 mg tab</i>                      | 3    |                       |

| PRODUCT DESCRIPTION                                  | TIER | LIMITS & RESTRICTIONS                      |
|--|------|--|
| <i>lisinopril-hydrochlorothiazide 10-12.5 mg tab</i> | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>lisinopril-hydrochlorothiazide 10-12.5 mg tab</i> | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>lisinopril-hydrochlorothiazide 20-12.5 mg tab</i> | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>lisinopril-hydrochlorothiazide 20-12.5 mg tab</i> | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>lisinopril-hydrochlorothiazide 20-25 mg tab</i>   | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>lisinopril-hydrochlorothiazide 20-25 mg tab</i>   | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>losartan potassium-hctz 100-12.5 mg tab</i>       | 1    | PD Preventive Drug                         |
| <i>losartan potassium-hctz 100-25 mg tab</i>         | 1    | PD Preventive Drug                         |
| <i>losartan potassium-hctz 50-12.5 mg tab</i>        | 1    | PD Preventive Drug                         |
| CAMZYOS 10 MG CAP                                    | 3    | QL 30 EA / 30 day(s)<br>PA<br>SP Specialty |
| CAMZYOS 15 MG CAP                                    | 3    | QL 30 EA / 30 day(s)<br>PA<br>SP Specialty |
| CAMZYOS 2.5 MG CAP                                   | 3    | QL 30 EA / 30 day(s)<br>PA<br>SP Specialty |
| CAMZYOS 5 MG CAP                                     | 3    | QL 30 EA / 30 day(s)<br>PA<br>SP Specialty |
| <i>metoprolol-hydrochlorothiazide 100-25 mg tab</i>  | 1    | PD Preventive Drug                         |
| <i>metoprolol-hydrochlorothiazide 100-25 mg tab</i>  | 1    | PD Preventive Drug                         |

| PRODUCT DESCRIPTION                                 | TIER | LIMITS & RESTRICTIONS                      |
|---|------|--|
| <i>metoprolol-hydrochlorothiazide 100-50 mg tab</i> | 1    | PD Preventive Drug                         |
| <i>metoprolol-hydrochlorothiazide 50-25 mg tab</i>  | 1    | PD Preventive Drug                         |
| <i>metoprolol-hydrochlorothiazide 50-25 mg tab</i>  | 1    | PD Preventive Drug                         |
| <i>olmesartan-amlodipine-hctz 20-5-12.5 mg tab</i>  | 3    | PD Preventive Drug                         |
| <i>olmesartan-amlodipine-hctz 20-5-12.5 mg tab</i>  | 3    | PD Preventive Drug                         |
| <i>olmesartan-amlodipine-hctz 40-10-12.5 mg tab</i> | 3    | PD Preventive Drug                         |
| <i>olmesartan-amlodipine-hctz 40-10-12.5 mg tab</i> | 3    | PD Preventive Drug                         |
| <i>olmesartan-amlodipine-hctz 40-10-25 mg tab</i>   | 3    | PD Preventive Drug                         |
| <i>olmesartan-amlodipine-hctz 40-10-25 mg tab</i>   | 3    | PD Preventive Drug                         |
| <i>olmesartan-amlodipine-hctz 40-5-12.5 mg tab</i>  | 3    | PD Preventive Drug                         |
| <i>olmesartan-amlodipine-hctz 40-5-12.5 mg tab</i>  | 3    | PD Preventive Drug                         |
| <i>olmesartan-amlodipine-hctz 40-5-25 mg tab</i>    | 3    | PD Preventive Drug                         |
| <i>olmesartan-amlodipine-hctz 40-5-25 mg tab</i>    | 3    | PD Preventive Drug                         |
| <i>olmesartan medoxomil-hctz 20-12.5 mg tab</i>     | 1    | PD Preventive Drug                         |
| <i>olmesartan medoxomil-hctz 40-12.5 mg tab</i>     | 1    | PD Preventive Drug                         |
| <i>olmesartan medoxomil-hctz 40-25 mg tab</i>       | 1    | PD Preventive Drug                         |
| <i>pentoxifylline er 400 mg tab er</i>              | 1    |  |
| QUINAPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB        | 1    | PD Preventive Drug                         |
| QUINAPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB        | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>quinapril-hydrochlorothiazide 20-12.5 mg tab</i> | 1    | PD Preventive Drug                         |
| <i>quinapril-hydrochlorothiazide 20-25 mg tab</i>   | 1    | PD Preventive Drug                         |
| QUINAPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB          | 1    | PD Preventive Drug                         |
| <i>quinapril-hydrochlorothiazide 20-25 mg tab</i>   | 1    | PD Preventive Drug                         |
| <i>ranolazine er 1000 mg tab er 12h</i>             | 2    |  |
| <i>ranolazine er 500 mg tab er 12h</i>              | 2    |  |

| PRODUCT DESCRIPTION                                  | TIER | LIMITS & RESTRICTIONS                      |
|--|------|--|
| ENTRESTO 24-26 MG TAB                                | 3    |  |
| ENTRESTO 49-51 MG TAB                                | 3    |  |
| ENTRESTO 97-103 MG TAB                               | 3    |  |
| <i>sacubitril-valsartan 24-26 mg tab</i>             | 1    |  |
| <i>sacubitril-valsartan 49-51 mg tab</i>             | 1    |  |
| <i>sacubitril-valsartan 97-103 mg tab</i>            | 1    |  |
| <i>spironolactone-hctz 25-25 mg tab</i>              | 1    | PD Preventive Drug                         |
| VYNDAMAX 61 MG CAP                                   | 3    | PA<br>SP Specialty                         |
| <i>telmisartan-hctz 40-12.5 mg tab</i>               | 3    | PD Preventive Drug                         |
| <i>telmisartan-hctz 80-12.5 mg tab</i>               | 3    | PD Preventive Drug                         |
| <i>telmisartan-hctz 80-25 mg tab</i>                 | 3    | PD Preventive Drug                         |
| TRANDOLAPRIL-VERAPAMIL HCL ER 1-240 MG TAB ER        | 3    | PD Preventive Drug                         |
| TRANDOLAPRIL-VERAPAMIL HCL ER 2-180 MG TAB ER        | 3    | PD Preventive Drug                         |
| TRANDOLAPRIL-VERAPAMIL HCL ER 2-240 MG TAB ER        | 3    | PD Preventive Drug                         |
| TRANDOLAPRIL-VERAPAMIL HCL ER 4-240 MG TAB ER        | 3    | PD Preventive Drug                         |
| <i>triamterene-hctz 37.5-25 mg cap</i>               | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>triamterene-hctz 37.5-25 mg tab</i>               | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>triamterene-hctz 75-50 mg tab</i>                 | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>valsartan-hydrochlorothiazide 160-12.5 mg tab</i> | 1    | PD Preventive Drug                         |
| <i>valsartan-hydrochlorothiazide 160-25 mg tab</i>   | 1    | PD Preventive Drug                         |
| <i>valsartan-hydrochlorothiazide 320-12.5 mg tab</i> | 1    | PD Preventive Drug                         |
| <i>valsartan-hydrochlorothiazide 320-25 mg tab</i>   | 1    | PD Preventive Drug                         |
| <i>valsartan-hydrochlorothiazide 80-12.5 mg tab</i>  | 1    | PD Preventive Drug                         |

| PRODUCT DESCRIPTION                        | TIER | LIMITS & RESTRICTIONS                      |
|--|------|--|
| <b>DIURETICS, LOOP</b>                     |      |  |
| <i>bumetanide 0.5 mg tab</i>               | 1    | PD Preventive Drug                         |
| <i>bumetanide 1 mg tab</i>                 | 1    | PD Preventive Drug                         |
| <i>bumetanide 2 mg tab</i>                 | 1    | PD Preventive Drug                         |
| <i>ethacrynic acid 25 mg tab</i>           | 3    |  |
| <i>furosemide 10 mg/ml solution</i>        | 1    | PA<br>PD Preventive Drug                   |
| <b>FUROSEMIDE 10 MG/ML SOLUTION</b>        | 1    | PA<br>PD Preventive Drug                   |
| <i>furosemide 20 mg tab</i>                | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>furosemide 40 mg tab</i>                | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>furosemide 80 mg tab</i>                | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>torseamide 100 mg tab</i>               | 1    |  |
| <i>torseamide 10 mg tab</i>                | 1    |  |
| <i>torseamide 20 mg tab</i>                | 1    |  |
| <i>torseamide 5 mg tab</i>                 | 1    |  |
| <b>DIURETICS, POTASSIUM-SPARING</b>        |      |  |
| <i>amiloride hcl 5 mg tab</i>              | 1    |  |
| <i>amiloride hcl 5 mg tab</i>              | 1    |  |
| <i>eplerenone 25 mg tab</i>                | 1    |  |
| <i>eplerenone 50 mg tab</i>                | 1    |  |
| <i>spironolactone 100 mg tab</i>           | 1    | PD Preventive Drug                         |
| <i>spironolactone 25 mg/5ml suspension</i> | 2    | PD Preventive Drug                         |
| <i>spironolactone 25 mg tab</i>            | 1    | PD Preventive Drug                         |
| <i>spironolactone 50 mg tab</i>            | 1    | PD Preventive Drug                         |

| PRODUCT DESCRIPTION                    | TIER | LIMITS & RESTRICTIONS                      |
|--|------|--|
| <i>triamterene 100 mg cap</i>          | 3    |  |
| <i>triamterene 50 mg cap</i>           | 3    |  |
| DIURETICS, THIAZIDE                    |      |  |
| DIURIL 250 MG/5ML SUSPENSION           | 3    | PD Preventive Drug                         |
| <i>chlorthalidone 25 mg tab</i>        | 1    | PD Preventive Drug                         |
| <i>chlorthalidone 50 mg tab</i>        | 1    | PD Preventive Drug                         |
| <i>hydrochlorothiazide 12.5 mg cap</i> | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>hydrochlorothiazide 12.5 mg cap</i> | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>hydrochlorothiazide 12.5 mg tab</i> | 1    | PD Preventive Drug                         |
| <i>hydrochlorothiazide 12.5 mg tab</i> | 1    | PD Preventive Drug                         |
| <i>hydrochlorothiazide 25 mg tab</i>   | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>hydrochlorothiazide 25 mg tab</i>   | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>hydrochlorothiazide 50 mg tab</i>   | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>hydrochlorothiazide 50 mg tab</i>   | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>indapamide 1.25 mg tab</i>          | 1    | PD Preventive Drug                         |
| <i>indapamide 2.5 mg tab</i>           | 1    | PD Preventive Drug                         |
| <i>metolazone 10 mg tab</i>            | 1    |  |
| <i>metolazone 10 mg tab</i>            | 1    |  |
| <i>metolazone 2.5 mg tab</i>           | 1    |  |
| <i>metolazone 2.5 mg tab</i>           | 1    |  |
| <i>metolazone 5 mg tab</i>             | 1    |  |
| <i>metolazone 5 mg tab</i>             | 1    |  |

| PRODUCT DESCRIPTION                         | TIER | LIMITS & RESTRICTIONS   |
|---|------|---|
| DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES      |      |   |
| <i>fenofibric acid 135 mg cap dr</i>        | 1    | PD Preventive Drug  |
| <i>fenofibric acid 45 mg cap dr</i>         | 1    | PD Preventive Drug  |
| <i>fenofibrate 120 mg tab</i>               | 3    | PD Preventive Drug  |
| <i>fenofibrate 145 mg tab</i>               | 1    | PD Preventive Drug  |
| FENOFIBRATE 150 MG CAP                      | 2    | PD Preventive Drug  |
| <i>fenofibrate 160 mg tab</i>               | 1    | PD Preventive Drug  |
| <i>fenofibrate 40 mg tab</i>                | 3    | PD Preventive Drug  |
| <i>fenofibrate 48 mg tab</i>                | 1    | PD Preventive Drug  |
| FENOFIBRATE 50 MG CAP                       | 2    | PD Preventive Drug  |
| <i>fenofibrate 54 mg tab</i>                | 1    | PD Preventive Drug  |
| <i>fenofibrate 134 mg cap</i>               | 1    | PD Preventive Drug  |
| <i>fenofibrate 200 mg cap</i>               | 1    | PD Preventive Drug  |
| <i>fenofibrate 67 mg cap</i>                | 1    | PD Preventive Drug  |
| <i>fenofibrate micronized 130 mg cap</i>    | 3    | PD Preventive Drug  |
| <i>fenofibrate micronized 134 mg cap</i>    | 1    | PD Preventive Drug  |
| <i>fenofibrate micronized 200 mg cap</i>    | 1    | PD Preventive Drug  |
| <i>fenofibrate micronized 43 mg cap</i>     | 2    | PD Preventive Drug  |
| <i>fenofibrate micronized 67 mg cap</i>     | 1    | PD Preventive Drug  |
| FENOFIBRIC ACID 105 MG TAB                  | 2    | PD Preventive Drug  |
| FENOFIBRIC ACID 35 MG TAB                   | 1    | PD Preventive Drug  |
| FIBRICOR 105 MG TAB                         | 2    | PD Preventive Drug  |
| <i>gemfibrozil 600 mg tab</i>               | 1    | PD Preventive Drug  |
| DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS |      |   |
| <i>atorvastatin calcium 10 mg tab</i>       | 1    | ACA Affordable Care Act<br>RX4L Rx4Less Program<br>PD Preventive Drug |

| PRODUCT DESCRIPTION                   | TIER | LIMITS & RESTRICTIONS   |
|---------------------------------------|------|---|
| <i>atorvastatin calcium 20 mg tab</i> | 1    | ACA Affordable Care Act<br>RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>atorvastatin calcium 40 mg tab</i> | 1    | RX4L Rx4Less Program<br>PD Preventive Drug                            |
| <i>atorvastatin calcium 80 mg tab</i> | 1    | RX4L Rx4Less Program<br>PD Preventive Drug                            |
| <i>lovastatin 10 mg tab</i>           | 1    | ACA Affordable Care Act<br>RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>lovastatin 20 mg tab</i>           | 1    | ACA Affordable Care Act<br>RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>lovastatin 40 mg tab</i>           | 1    | ACA Affordable Care Act<br>RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>pravastatin sodium 10 mg tab</i>   | 1    | ACA Affordable Care Act<br>RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>pravastatin sodium 20 mg tab</i>   | 1    | ACA Affordable Care Act<br>RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>pravastatin sodium 40 mg tab</i>   | 1    | ACA Affordable Care Act<br>RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>pravastatin sodium 80 mg tab</i>   | 1    | ACA Affordable Care Act<br>PD Preventive Drug                         |
| <i>rosuvastatin calcium 10 mg tab</i> | 1    | ACA Affordable Care Act<br>RX4L Rx4Less Program<br>PD Preventive Drug |

| PRODUCT DESCRIPTION                   | TIER | LIMITS & RESTRICTIONS   |
|---------------------------------------|------|---|
| <i>rosuvastatin calcium 10 mg tab</i> | 1    | ACA Affordable Care Act<br>RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>rosuvastatin calcium 20 mg tab</i> | 1    | RX4L Rx4Less Program<br>PD Preventive Drug                            |
| <i>rosuvastatin calcium 40 mg tab</i> | 1    | RX4L Rx4Less Program<br>PD Preventive Drug                            |
| <i>rosuvastatin calcium 5 mg tab</i>  | 1    | ACA Affordable Care Act<br>RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>rosuvastatin calcium 5 mg tab</i>  | 1    | ACA Affordable Care Act<br>RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>simvastatin 10 mg tab</i>          | 1    | ACA Affordable Care Act<br>RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>simvastatin 10 mg tab</i>          | 1    | ACA Affordable Care Act<br>RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>simvastatin 20 mg tab</i>          | 1    | ACA Affordable Care Act<br>RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>simvastatin 20 mg tab</i>          | 1    | ACA Affordable Care Act<br>RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>simvastatin 40 mg tab</i>          | 1    | ACA Affordable Care Act<br>RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>simvastatin 40 mg tab</i>          | 1    | ACA Affordable Care Act<br>RX4L Rx4Less Program<br>PD Preventive Drug |

| PRODUCT DESCRIPTION                              | TIER | LIMITS & RESTRICTIONS                         |
|--|------|---|
| <i>simvastatin tab 5 mg</i>                      | 1    | ACA Affordable Care Act<br>PD Preventive Drug |
| <i>simvastatin tab 80 mg</i>                     | 1    | RX4L Rx4Less Program<br>PD Preventive Drug    |
| <i>simvastatin 80 mg tab</i>                     | 1    | RX4L Rx4Less Program<br>PD Preventive Drug    |
| DYSLIPIDEMICS, OTHER                             |      |   |
| NEXLIZET 180-10 MG TAB                           | 3    | QL 30 ea / 30 day(s)<br>PA                    |
| <i>cholestyramine 4 gm/dose powder</i>           | 1    | PD Preventive Drug                            |
| <i>cholestyramine 4 gm packet</i>                | 1    | PD Preventive Drug                            |
| <i>cholestyramine light 4 gm/dose powder</i>     | 1    | PD Preventive Drug                            |
| <i>cholestyramine light 4 gm packet</i>          | 1    | PD Preventive Drug                            |
| <i>prevalite 4 gm/dose powder</i>                | 1    | PD Preventive Drug                            |
| <i>prevalite 4 gm packet</i>                     | 1    | PD Preventive Drug                            |
| <i>colesevelam hcl 3.75 gm packet</i>            | 2    | PD Preventive Drug                            |
| <i>colesevelam hcl 625 mg tab</i>                | 2    | PD Preventive Drug                            |
| <i>colestipol hcl 1 gm tab</i>                   | 1    | PD Preventive Drug                            |
| <i>colestipol hcl 5 gm granules</i>              | 1    | PD Preventive Drug                            |
| <i>colestipol hcl 5 gm packet</i>                | 1    | PD Preventive Drug                            |
| REPATHA 140 MG/ML SOLN PRSYR                     | 2    | QL 2 ML / 28 day(s)                           |
| REPATHA PUSHTRONEX SYSTEM 420 MG/3.5ML SOLN CART | 2    | QL 3.5 ML / 30 day(s)                         |
| REPATHA SURECLICK 140 MG/ML SOLN A-INJ           | 2    | QL 2 ML / 28 day(s)                           |
| <i>ezetimibe 10 mg tab</i>                       | 1    | PD Preventive Drug                            |
| <i>ezetimibe-simvastatin 10-10 mg tab</i>        | 3    | PD Preventive Drug                            |
| <i>ezetimibe-simvastatin 10-20 mg tab</i>        | 3    | PD Preventive Drug                            |

| PRODUCT DESCRIPTION                                  | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>ezetimibe-simvastatin 10-40 mg tab</i>            | 3    | PD Preventive Drug    |
| <i>ezetimibe-simvastatin 10-80 mg tab</i>            | 3    | PD Preventive Drug    |
| <i>icosapent ethyl 0.5 gm cap</i>                    | 2    | PD Preventive Drug    |
| <i>icosapent ethyl 1 gm cap</i>                      | 2    | PD Preventive Drug    |
| JUXTAPID 10 MG CAP                                   | 3    | PA<br>SP Specialty    |
| JUXTAPID 20 MG CAP                                   | 3    | PA<br>SP Specialty    |
| JUXTAPID 2 MG CAP                                    | 3    | PA<br>SP Specialty    |
| JUXTAPID 30 MG CAP                                   | 3    | PA<br>SP Specialty    |
| JUXTAPID 5 MG CAP                                    | 3    | PA<br>SP Specialty    |
| NIACIN (ANTIHYPERLIPIDEMIC) 500 MG TAB               | 1    | PD Preventive Drug    |
| <i>niacin er (antihyperlipidemic) 1000 mg tab er</i> | 2    | PD Preventive Drug    |
| <i>niacin er (antihyperlipidemic) 500 mg tab er</i>  | 2    | PD Preventive Drug    |
| <i>niacin er (antihyperlipidemic) 750 mg tab er</i>  | 2    | PD Preventive Drug    |
| NIACOR 500 MG TAB                                    | 1    | PD Preventive Drug    |
| <i>omega-3-acid ethyl esters 1 gm cap</i>            | 3    | PD Preventive Drug    |
| VASODILATORS, DIRECT-ACTING ARTERIAL                 |      |                       |
| <i>hydralazine hcl 100 mg tab</i>                    | 1    | PD Preventive Drug    |
| <i>hydralazine hcl 100 mg tab</i>                    | 1    | PD Preventive Drug    |
| <i>hydralazine hcl 10 mg tab</i>                     | 1    | PD Preventive Drug    |
| <i>hydralazine hcl 10 mg tab</i>                     | 1    | PD Preventive Drug    |
| <i>hydralazine hcl 25 mg tab</i>                     | 1    | PD Preventive Drug    |
| <i>hydralazine hcl 25 mg tab</i>                     | 1    | PD Preventive Drug    |

| PRODUCT DESCRIPTION                                | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>hydralazine hcl 50 mg tab</i>                   | 1    | PD Preventive Drug    |
| <i>hydralazine hcl 50 mg tab</i>                   | 1    | PD Preventive Drug    |
| <i>minoxidil 10 mg tab</i>                         | 1    | PD Preventive Drug    |
| <i>minoxidil 2.5 mg tab</i>                        | 1    | PD Preventive Drug    |
| VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS        |      |                       |
| <i>isosorbide dinitrate 10 mg tab</i>              | 1    | PD Preventive Drug    |
| <i>isosorbide dinitrate 20 mg tab</i>              | 1    | PD Preventive Drug    |
| <i>isosorbide dinitrate 30 mg tab</i>              | 1    | PD Preventive Drug    |
| <i>isosorbide dinitrate 40 mg tab</i>              | 2    | PD Preventive Drug    |
| <i>isosorbide dinitrate 5 mg tab</i>               | 1    | PD Preventive Drug    |
| <i>isosorbide mononitrate 10 mg tab</i>            | 1    | PD Preventive Drug    |
| <i>isosorbide mononitrate 20 mg tab</i>            | 1    | PD Preventive Drug    |
| <i>isosorbide mononitrate er 120 mg tab er 24h</i> | 1    | PD Preventive Drug    |
| <i>isosorbide mononitrate er 30 mg tab er 24h</i>  | 1    | PD Preventive Drug    |
| <i>isosorbide mononitrate er 60 mg tab er 24h</i>  | 1    | PD Preventive Drug    |
| <i>nitro-bid 2 % ointment</i>                      | 3    | PD Preventive Drug    |
| NITRO-DUR 0.3 MG/HR PATCH 24HR                     | 2    | PD Preventive Drug    |
| NITRO-DUR 0.8 MG/HR PATCH 24HR                     | 3    | PD Preventive Drug    |
| <i>nitroglycerin 0.1 mg/hr patch 24hr</i>          | 1    | PD Preventive Drug    |
| <i>nitroglycerin 0.2 mg/hr patch 24hr</i>          | 1    | PD Preventive Drug    |
| <i>nitroglycerin 0.3 mg sl tab</i>                 | 1    |                       |
| <i>nitroglycerin 0.4 mg/hr patch 24hr</i>          | 1    | PD Preventive Drug    |
| <i>nitroglycerin 0.4 mg sl tab</i>                 | 1    |                       |
| <i>nitroglycerin 0.4 mg/spray solution</i>         | 1    |                       |
| <i>nitroglycerin 0.6 mg/hr patch 24hr</i>          | 1    | PD Preventive Drug    |
| <i>nitroglycerin 0.6 mg sl tab</i>                 | 1    |                       |

| PRODUCT DESCRIPTION                                 | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| NITROLINGUAL 0.4 MG/SPRAY SOLUTION                  | 1    |                       |
| CENTRAL NERVOUS SYSTEM                              |      |                       |
| ANTIDEMENTIA  |      |                       |
| <i>donepezil hcl 10 mg tab</i>                      | 1    |                       |
| <i>donepezil hcl 10 mg tab disp</i>                 | 1    |                       |
| <i>donepezil hcl 23 mg tab</i>                      | 3    |                       |
| <i>donepezil hcl 5 mg tab</i>                       | 1    |                       |
| <i>donepezil hcl 5 mg tab disp</i>                  | 1    |                       |
| <i>galantamine hydrobromide 12 mg tab</i>           | 1    |                       |
| GALANTAMINE HYDROBROMIDE 4 MG/ML SOLUTION           | 1    |                       |
| <i>galantamine hydrobromide 4 mg tab</i>            | 1    |                       |
| <i>galantamine hydrobromide 8 mg tab</i>            | 1    |                       |
| <i>galantamine hydrobromide er 16 mg cap er 24h</i> | 1    |                       |
| <i>galantamine hydrobromide er 24 mg cap er 24h</i> | 1    |                       |
| <i>galantamine hydrobromide er 8 mg cap er 24h</i>  | 1    |                       |
| <i>memantine hcl 10 mg/5ml solution</i>             | 2    |                       |
| <i>memantine hcl 10 mg tab</i>                      | 2    |                       |
| MEMANTINE HCL 28 X 5 MG & 21 X 10 MG TAB            | 2    |                       |
| <i>memantine hcl 2 mg/ml solution</i>               | 2    |                       |
| <i>memantine hcl 5 mg tab</i>                       | 2    |                       |
| <i>memantine hcl er 14 mg cap er 24h</i>            | 2    |                       |
| <i>memantine hcl er 21 mg cap er 24h</i>            | 2    |                       |
| <i>memantine hcl er 28 mg cap er 24h</i>            | 2    |                       |
| <i>memantine hcl er 7 mg cap er 24h</i>             | 2    |                       |
| <i>rivastigmine 13.3 mg/24hr patch 24hr</i>         | 2    |                       |
| <i>rivastigmine 4.6 mg/24hr patch 24hr</i>          | 2    |                       |
| <i>rivastigmine 9.5 mg/24hr patch 24hr</i>          | 2    |                       |
| <i>rivastigmine tartrate 1.5 mg cap</i>             | 1    |                       |
| <i>rivastigmine tartrate 3 mg cap</i>               | 1    |                       |
| <i>rivastigmine tartrate 4.5 mg cap</i>             | 1    |                       |

| PRODUCT DESCRIPTION                    | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>rivastigmine tartrate 6 mg cap</i>  | 1    |                       |
| <b>ANTIPSYCHOTICS</b>                  |      |                       |
| ABILIFY ASIMTUFII 720 MG/2.4ML PRSYR   | 3    | QL 2.4 ML / 56 day(s) |
| ABILIFY ASIMTUFII 960 MG/3.2ML PRSYR   | 3    | QL 3.2 ml / 56 day(s) |
| ABILIFY MAINTENA 300 MG PRSYR          | 3    | QL 1 EA / 28 day(s)   |
| ABILIFY MAINTENA 300 MG SRER           | 3    | QL 1 EA / 28 day(s)   |
| ABILIFY MAINTENA 400 MG PRSYR          | 3    | QL 1 EA / 28 day(s)   |
| ABILIFY MAINTENA 400 MG SRER           | 3    | QL 1 EA / 28 day(s)   |
| <i>aripiprazole 10 mg tab</i>          | 1    |                       |
| <i>aripiprazole 10 mg tab disp</i>     | 2    | PA                    |
| <i>aripiprazole 15 mg tab</i>          | 1    |                       |
| <i>aripiprazole 15 mg tab disp</i>     | 2    | PA                    |
| <i>aripiprazole 1 mg/ml solution</i>   | 2    | QL 600 ML / 30 day(s) |
| <i>aripiprazole 20 mg tab</i>          | 1    |                       |
| <i>aripiprazole 2 mg tab</i>           | 1    |                       |
| <i>aripiprazole 30 mg tab</i>          | 1    |                       |
| <i>aripiprazole 5 mg tab</i>           | 1    |                       |
| ARISTADA 1064 MG/3.9ML PRSYR           | 3    | QL 3.9 ml / 56 day(s) |
| ARISTADA 441 MG/1.6ML PRSYR            | 3    | QL 1.6 ml / 28 day(s) |
| ARISTADA 662 MG/2.4ML PRSYR            | 3    | QL 2.4 ml / 28 day(s) |
| ARISTADA 882 MG/3.2ML PRSYR            | 3    | QL 3.2 ml / 28 day(s) |
| SECUADO 3.8 MG/24HR PATCH 24HR         | 3    | PA                    |
| SECUADO 5.7 MG/24HR PATCH 24HR         | 3    | PA                    |
| SECUADO 7.6 MG/24HR PATCH 24HR         | 3    | PA                    |
| <i>asenapine maleate 10 mg sl tab</i>  | 2    |                       |
| <i>asenapine maleate 2.5 mg sl tab</i> | 2    |                       |
| <i>asenapine maleate 5 mg sl tab</i>   | 2    |                       |

| PRODUCT DESCRIPTION                  | TIER | LIMITS & RESTRICTIONS      |
|--------------------------------------|------|----------------------------|
| REXULTI 0.25 MG TAB                  | 3    | PA                         |
| REXULTI 0.5 MG TAB                   | 3    | PA                         |
| REXULTI 1 MG TAB                     | 3    | PA                         |
| REXULTI 2 MG TAB                     | 3    | PA                         |
| REXULTI 3 MG TAB                     | 3    | PA                         |
| REXULTI 4 MG TAB                     | 3    | PA                         |
| VRAYLAR 0.5 MG CAP                   | 3    | PA                         |
| VRAYLAR 0.75 MG CAP                  | 3    | PA                         |
| VRAYLAR 1.5 & 3 MG CAP THPK          | 3    | QL 30 EA / 30 day(s)<br>PA |
| VRAYLAR 1.5 MG CAP                   | 3    | PA                         |
| VRAYLAR 3 MG CAP                     | 3    | PA                         |
| VRAYLAR 4.5 MG CAP                   | 3    | PA                         |
| VRAYLAR 6 MG CAP                     | 3    | PA                         |
| <i>chlorpromazine hcl 100 mg tab</i> | 1    |                            |
| <i>chlorpromazine hcl 100 mg tab</i> | 1    |                            |
| <i>chlorpromazine hcl 10 mg tab</i>  | 1    |                            |
| <i>chlorpromazine hcl 10 mg tab</i>  | 1    |                            |
| <i>chlorpromazine hcl 200 mg tab</i> | 1    |                            |
| <i>chlorpromazine hcl 200 mg tab</i> | 1    |                            |
| <i>chlorpromazine hcl 25 mg tab</i>  | 1    |                            |
| <i>chlorpromazine hcl 25 mg tab</i>  | 1    |                            |
| <i>chlorpromazine hcl 50 mg tab</i>  | 1    |                            |
| <i>chlorpromazine hcl 50 mg tab</i>  | 1    |                            |
| <i>clozapine 100 mg tab</i>          | 1    |                            |
| <i>clozapine 100 mg tab</i>          | 1    |                            |
| <i>clozapine 100 mg tab disp</i>     | 3    |                            |
| <i>clozapine 100 mg tab disp</i>     | 3    |                            |

| PRODUCT DESCRIPTION                             | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>clozapine 12.5 mg tab disp</i>               | 3    |                       |
| <i>clozapine 150 mg tab disp</i>                | 3    |                       |
| <i>clozapine 200 mg tab</i>                     | 1    |                       |
| <i>clozapine 200 mg tab</i>                     | 1    |                       |
| <i>clozapine 200 mg tab disp</i>                | 3    |                       |
| <i>clozapine 25 mg tab</i>                      | 1    |                       |
| <i>clozapine 25 mg tab</i>                      | 1    |                       |
| <i>clozapine 25 mg tab disp</i>                 | 3    |                       |
| <i>clozapine 25 mg tab disp</i>                 | 3    |                       |
| <i>clozapine 50 mg tab</i>                      | 1    |                       |
| <i>clozapine 50 mg tab</i>                      | 1    |                       |
| <i>fluphenazine decanoate 25 mg/ml solution</i> | 1    | PA                    |
| <i>fluphenazine decanoate 25 mg/ml solution</i> | 1    | PA                    |
| <i>fluphenazine hcl 10 mg tab</i>               | 1    |                       |
| <i>fluphenazine hcl 10 mg tab</i>               | 1    |                       |
| <i>fluphenazine hcl 1 mg tab</i>                | 1    |                       |
| <i>fluphenazine hcl 1 mg tab</i>                | 1    |                       |
| FLUPHENAZINE HCL 2.5 MG/5ML ELIXIR              | 1    |                       |
| <i>fluphenazine hcl 2.5 mg tab</i>              | 1    |                       |
| <i>fluphenazine hcl 2.5 mg tab</i>              | 1    |                       |
| FLUPHENAZINE HCL 5 MG/ML CONC                   | 1    |                       |
| <i>fluphenazine hcl 5 mg tab</i>                | 1    |                       |
| <i>fluphenazine hcl 5 mg tab</i>                | 1    |                       |
| <i>haloperidol 0.5 mg tab</i>                   | 1    |                       |
| <i>haloperidol 10 mg tab</i>                    | 1    |                       |
| <i>haloperidol 1 mg tab</i>                     | 1    |                       |
| <i>haloperidol 20 mg tab</i>                    | 1    |                       |
| <i>haloperidol 2 mg tab</i>                     | 1    |                       |
| <i>haloperidol 5 mg tab</i>                     | 1    |                       |
| HALDOL DECANOATE 100 MG/ML SOLUTION             | 3    | PA                    |

| PRODUCT DESCRIPTION                             | TIER | LIMITS & RESTRICTIONS      |
|---|------|----------------------------|
| HALDOL DECANOATE 50 MG/ML SOLUTION              | 3    | PA                         |
| <i>haloperidol decanoate 100 mg/ml solution</i> | 1    |                            |
| <i>haloperidol decanoate 50 mg/ml solution</i>  | 1    |                            |
| <i>haloperidol lactate 2 mg/ml conc</i>         | 1    |                            |
| <i>haloperidol lactate 5 mg/ml solution</i>     | 1    | PA                         |
| FANAPT 10 MG TAB                                | 3    | PA                         |
| FANAPT 12 MG TAB                                | 3    | PA                         |
| FANAPT 1 MG TAB                                 | 3    | PA                         |
| FANAPT 2 MG TAB                                 | 3    | PA                         |
| FANAPT 4 MG TAB                                 | 3    | PA                         |
| FANAPT 6 MG TAB                                 | 3    | PA                         |
| FANAPT 8 MG TAB                                 | 3    | PA                         |
| FANAPT TITRATION PACK A 1 & 2 & 4 & 6 MG TAB    | 3    | QL 60 EA / 30 day(s)<br>PA |
| <i>loxapine succinate 10 mg cap</i>             | 1    |                            |
| <i>loxapine succinate 25 mg cap</i>             | 1    |                            |
| <i>loxapine succinate 50 mg cap</i>             | 1    |                            |
| <i>loxapine succinate 5 mg cap</i>              | 1    |                            |
| CAPLYTA 10.5 MG CAP                             | 3    | PA                         |
| CAPLYTA 21 MG CAP                               | 3    | PA                         |
| CAPLYTA 42 MG CAP                               | 3    | PA                         |
| <i>lurasidone hcl 120 mg tab</i>                | 1    |                            |
| <i>lurasidone hcl 20 mg tab</i>                 | 1    |                            |
| <i>lurasidone hcl 40 mg tab</i>                 | 1    |                            |
| <i>lurasidone hcl 60 mg tab</i>                 | 1    |                            |
| <i>lurasidone hcl 80 mg tab</i>                 | 1    |                            |
| <i>olanzapine 10 mg tab</i>                     | 1    |                            |
| <i>olanzapine 10 mg tab disp</i>                | 2    |                            |

| PRODUCT DESCRIPTION                      | TIER | LIMITS & RESTRICTIONS  |
|--|------|------------------------|
| <i>olanzapine 15 mg tab</i>              | 1    |                        |
| <i>olanzapine 15 mg tab disp</i>         | 2    |                        |
| <i>olanzapine 20 mg tab</i>              | 1    |                        |
| <i>olanzapine 20 mg tab disp</i>         | 2    |                        |
| <i>olanzapine 2.5 mg tab</i>             | 1    |                        |
| <i>olanzapine 5 mg tab</i>               | 1    |                        |
| <i>olanzapine 5 mg tab disp</i>          | 2    |                        |
| <i>olanzapine 7.5 mg tab</i>             | 1    |                        |
| <i>paliperidone er 1.5 mg tab er 24h</i> | 2    |                        |
| <i>paliperidone er 3 mg tab er 24h</i>   | 2    |                        |
| <i>paliperidone er 6 mg tab er 24h</i>   | 2    |                        |
| <i>paliperidone er 9 mg tab er 24h</i>   | 2    |                        |
| INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR  | 3    | QL 3.5 ml / 180 day(s) |
| INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR    | 3    | QL 5 ml / 180 day(s)   |
| INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR | 3    |                        |
| INVEGA SUSTENNA 156 MG/ML SUSP PRSYR     | 3    |                        |
| INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR  | 3    |                        |
| INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR  | 3    |                        |
| INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR   | 3    |                        |
| INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR   | 3    |                        |
| INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR   | 3    |                        |
| INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR   | 3    |                        |
| INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR   | 3    |                        |
| <i>pimozide 1 mg tab</i>                 | 3    |                        |
| <i>pimozide 2 mg tab</i>                 | 3    |                        |
| <i>quetiapine fumarate 100 mg tab</i>    | 1    | RX4L Rx4Less Program   |
| QUETIAPINE FUMARATE 150 MG TAB           | 3    |                        |
| <i>quetiapine fumarate 200 mg tab</i>    | 1    | RX4L Rx4Less Program   |
| <i>quetiapine fumarate 25 mg tab</i>     | 1    |                        |
| <i>quetiapine fumarate 300 mg tab</i>    | 1    | RX4L Rx4Less Program   |

| PRODUCT DESCRIPTION                             | TIER | LIMITS & RESTRICTIONS  |
|---|------|------------------------|
| <i>quetiapine fumarate 400 mg tab</i>           | 1    |                        |
| <i>quetiapine fumarate 50 mg tab</i>            | 1    | RX4L Rx4Less Program   |
| <i>quetiapine fumarate er 150 mg tab er 24h</i> | 2    |                        |
| <i>quetiapine fumarate er 200 mg tab er 24h</i> | 2    |                        |
| <i>quetiapine fumarate er 300 mg tab er 24h</i> | 2    |                        |
| <i>quetiapine fumarate er 400 mg tab er 24h</i> | 2    |                        |
| <i>quetiapine fumarate er 50 mg tab er 24h</i>  | 2    |                        |
| <i>risperidone 0.25 mg tab</i>                  | 1    | RX4L Rx4Less Program   |
| <i>risperidone 0.25 mg tab</i>                  | 1    | RX4L Rx4Less Program   |
| RISPERIDONE 0.25 MG TAB DISP                    | 1    |                        |
| <i>risperidone 0.5 mg tab</i>                   | 1    | RX4L Rx4Less Program   |
| <i>risperidone 0.5 mg tab</i>                   | 1    | RX4L Rx4Less Program   |
| <i>risperidone 0.5 mg tab disp</i>              | 1    |                        |
| <i>risperidone 1 mg/ml solution</i>             | 1    |                        |
| <i>risperidone 1 mg/ml solution</i>             | 1    |                        |
| <i>risperidone 1 mg tab</i>                     | 1    | RX4L Rx4Less Program   |
| <i>risperidone 1 mg tab</i>                     | 1    | RX4L Rx4Less Program   |
| <i>risperidone 1 mg tab disp</i>                | 1    |                        |
| <i>risperidone 2 mg tab</i>                     | 1    | RX4L Rx4Less Program   |
| <i>risperidone 2 mg tab</i>                     | 1    | RX4L Rx4Less Program   |
| <i>risperidone 2 mg tab disp</i>                | 1    |                        |
| <i>risperidone 3 mg tab</i>                     | 1    |                        |
| <i>risperidone 3 mg tab</i>                     | 1    |                        |
| <i>risperidone 3 mg tab disp</i>                | 1    |                        |
| <i>risperidone 4 mg tab</i>                     | 1    |                        |
| <i>risperidone 4 mg tab</i>                     | 1    |                        |
| <i>risperidone 4 mg tab disp</i>                | 1    |                        |
| UZEDY 100 MG/0.28ML SUSP PRSYR                  | 3    | QL 0.28 ml / 28 day(s) |

| PRODUCT DESCRIPTION                  | TIER | LIMITS & RESTRICTIONS  |
|--------------------------------------|------|------------------------|
| UZEDY 125 MG/0.35ML SUSP PRSYR       | 3    | QL 0.35 ml / 28 day(s) |
| UZEDY 150 MG/0.42ML SUSP PRSYR       | 3    | QL 0.42 ml / 56 day(s) |
| UZEDY 200 MG/0.56ML SUSP PRSYR       | 3    | QL 0.56 ml / 56 day(s) |
| UZEDY 250 MG/0.7ML SUSP PRSYR        | 3    | QL 0.7 ml / 56 day(s)  |
| UZEDY 50 MG/0.14ML SUSP PRSYR        | 3    | QL 0.14 ml / 28 day(s) |
| UZEDY 75 MG/0.21ML SUSP PRSYR        | 3    | QL 0.21 ml / 28 day(s) |
| <i>thioridazine hcl 100 mg tab</i>   | 1    |                        |
| <i>thioridazine hcl 10 mg tab</i>    | 1    |                        |
| <i>thioridazine hcl 25 mg tab</i>    | 1    |                        |
| <i>thioridazine hcl 50 mg tab</i>    | 1    |                        |
| <i>thiothixene 10 mg cap</i>         | 1    |                        |
| <i>thiothixene 1 mg cap</i>          | 1    |                        |
| <i>thiothixene 2 mg cap</i>          | 1    |                        |
| <i>thiothixene 5 mg cap</i>          | 1    |                        |
| <i>trifluoperazine hcl 10 mg tab</i> | 1    |                        |
| <i>trifluoperazine hcl 1 mg tab</i>  | 1    |                        |
| <i>trifluoperazine hcl 2 mg tab</i>  | 1    |                        |
| <i>trifluoperazine hcl 5 mg tab</i>  | 1    |                        |
| <i>ziprasidone hcl 20 mg cap</i>     | 2    |                        |
| <i>ziprasidone hcl 40 mg cap</i>     | 2    |                        |
| <i>ziprasidone hcl 60 mg cap</i>     | 2    |                        |
| <i>ziprasidone hcl 80 mg cap</i>     | 2    |                        |
| ANXIOLYTICS                          |      |                        |
| <i>alprazolam 0.25 mg tab</i>        | 1    | QL 150 EA / 30 day(s)  |
| <i>alprazolam 0.25 mg tab disp</i>   | 1    | QL 150 EA / 30 day(s)  |
| <i>alprazolam 0.5 mg tab</i>         | 1    | QL 150 EA / 30 day(s)  |
| <i>alprazolam 0.5 mg tab disp</i>    | 1    | QL 150 EA / 30 day(s)  |
| <i>alprazolam 1 mg tab</i>           | 1    | QL 150 EA / 30 day(s)  |

| PRODUCT DESCRIPTION                    | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>alprazolam 1 mg tab disp</i>        | 1    | QL 150 EA / 30 day(s) |
| <i>alprazolam 2 mg tab</i>             | 1    | QL 150 EA / 30 day(s) |
| <i>alprazolam 2 mg tab disp</i>        | 1    | QL 150 EA / 30 day(s) |
| <i>alprazolam er 0.5 mg tab er 24h</i> | 1    |                       |
| <i>alprazolam er 1 mg tab er 24h</i>   | 1    |                       |
| <i>alprazolam er 2 mg tab er 24h</i>   | 1    |                       |
| <i>alprazolam er 3 mg tab er 24h</i>   | 1    |                       |
| ALPRAZOLAM INTENSOL 1 MG/ML CONC       | 2    | QL 300 ML / 30 day(s) |
| <i>alprazolam xr 0.5 mg tab er 24h</i> | 1    |                       |
| <i>alprazolam xr 1 mg tab er 24h</i>   | 1    |                       |
| <i>alprazolam xr 2 mg tab er 24h</i>   | 1    |                       |
| <i>alprazolam xr 3 mg tab er 24h</i>   | 1    |                       |
| <i>bupirone hcl 10 mg tab</i>          | 1    | RX4L Rx4Less Program  |
| <i>bupirone hcl 10 mg tab</i>          | 1    | RX4L Rx4Less Program  |
| <i>bupirone hcl 15 mg tab</i>          | 1    |                       |
| <i>bupirone hcl 15 mg tab</i>          | 1    |                       |
| <i>bupirone hcl 30 mg tab</i>          | 1    |                       |
| <i>bupirone hcl 30 mg tab</i>          | 1    |                       |
| <i>bupirone hcl 5 mg tab</i>           | 1    | RX4L Rx4Less Program  |
| <i>bupirone hcl 5 mg tab</i>           | 1    | RX4L Rx4Less Program  |
| <i>bupirone hcl 7.5 mg tab</i>         | 1    |                       |
| <i>bupirone hcl 7.5 mg tab</i>         | 1    |                       |
| <i>chlordiazepoxide hcl 10 mg cap</i>  | 1    |                       |
| <i>chlordiazepoxide hcl 10 mg cap</i>  | 1    |                       |
| <i>chlordiazepoxide hcl 25 mg cap</i>  | 1    |                       |
| <i>chlordiazepoxide hcl 25 mg cap</i>  | 1    |                       |
| <i>chlordiazepoxide hcl 5 mg cap</i>   | 1    |                       |
| <i>chlordiazepoxide hcl 5 mg cap</i>   | 1    |                       |
| <i>clonazepam 0.125 mg tab disp</i>    | 1    | PD Preventive Drug    |

| PRODUCT DESCRIPTION                        | TIER | LIMITS & RESTRICTIONS                       |
|--|------|---|
| <i>clonazepam 0.125 mg tab disp</i>        | 1    | PD Preventive Drug                          |
| <i>clonazepam 0.25 mg tab disp</i>         | 1    | PD Preventive Drug                          |
| <i>clonazepam 0.25 mg tab disp</i>         | 1    | PD Preventive Drug                          |
| <i>clonazepam 0.5 mg tab</i>               | 1    | QL 300 EA / 30 day(s)<br>PD Preventive Drug |
| <i>clonazepam 0.5 mg tab</i>               | 1    | QL 300 EA / 30 day(s)<br>PD Preventive Drug |
| <i>clonazepam 0.5 mg tab disp</i>          | 1    | PD Preventive Drug                          |
| <i>clonazepam 0.5 mg tab disp</i>          | 1    | PD Preventive Drug                          |
| <i>clonazepam 1 mg tab</i>                 | 1    | QL 300 EA / 30 day(s)<br>PD Preventive Drug |
| <i>clonazepam 1 mg tab</i>                 | 1    | QL 300 EA / 30 day(s)<br>PD Preventive Drug |
| <i>clonazepam 1 mg tab disp</i>            | 1    | PD Preventive Drug                          |
| <i>clonazepam 1 mg tab disp</i>            | 1    | PD Preventive Drug                          |
| <i>clonazepam 2 mg tab</i>                 | 1    | QL 300 EA / 30 day(s)<br>PD Preventive Drug |
| <i>clonazepam 2 mg tab</i>                 | 1    | QL 300 EA / 30 day(s)<br>PD Preventive Drug |
| <i>clonazepam 2 mg tab disp</i>            | 1    | PD Preventive Drug                          |
| <i>clonazepam 2 mg tab disp</i>            | 1    | PD Preventive Drug                          |
| <i>clorazepate dipotassium 15 mg tab</i>   | 1    |   |
| <i>clorazepate dipotassium 3.75 mg tab</i> | 1    |   |
| <i>clorazepate dipotassium 7.5 mg tab</i>  | 1    |   |
| <i>diazepam 10 mg tab</i>                  | 1    | QL 120 EA / 30 day(s)                       |
| <i>diazepam 10 mg tab</i>                  | 1    | QL 120 EA / 30 day(s)                       |
| <i>diazepam 2 mg tab</i>                   | 1    | QL 120 EA / 30 day(s)                       |

| PRODUCT DESCRIPTION                                | TIER | LIMITS & RESTRICTIONS  |
|--|------|------------------------|
| <i>diazepam 2 mg tab</i>                           | 1    | QL 120 EA / 30 day(s)  |
| <i>diazepam 5 mg/5ml solution</i>                  | 1    | QL 1200 ML / 30 day(s) |
| <i>diazepam 5 mg/5ml solution</i>                  | 1    | QL 1200 ML / 30 day(s) |
| <i>diazepam 5 mg/ml conc</i>                       | 2    | QL 240 ML / 30 day(s)  |
| <i>diazepam 5 mg tab</i>                           | 1    | QL 120 EA / 30 day(s)  |
| <i>diazepam 5 mg tab</i>                           | 1    | QL 120 EA / 30 day(s)  |
| <i>diazepam intensol 5 mg/ml conc</i>              | 2    | QL 240 ML / 30 day(s)  |
| <i>lorazepam 0.5 mg tab</i>                        | 1    | QL 150 EA / 30 day(s)  |
| <i>lorazepam 1 mg tab</i>                          | 1    | QL 150 EA / 30 day(s)  |
| <i>lorazepam 2 mg/ml conc</i>                      | 2    | QL 150 ML / 30 day(s)  |
| <i>lorazepam 2 mg tab</i>                          | 1    | QL 150 EA / 30 day(s)  |
| <i>lorazepam intensol 2 mg/ml conc</i>             | 2    | QL 150 ML / 30 day(s)  |
| <i>midazolam hcl 2 mg/ml syrup</i>                 | 1    |                        |
| <i>oxazepam 10 mg cap</i>                          | 1    | QL 120 EA / 30 day(s)  |
| <i>oxazepam 15 mg cap</i>                          | 1    | QL 120 EA / 30 day(s)  |
| <i>oxazepam 30 mg cap</i>                          | 1    | QL 120 EA / 30 day(s)  |
| MIGRAINE   |      |                        |
| <i>almotriptan malate 12.5 mg tab</i>              | 3    | QL 8 EA / 30 day(s)    |
| <i>almotriptan malate 6.25 mg tab</i>              | 3    | QL 8 EA / 30 day(s)    |
| QULIPTA 10 MG TAB                                  | 3    | PA                     |
| QULIPTA 30 MG TAB                                  | 3    | PA                     |
| QULIPTA 60 MG TAB                                  | 3    | PA                     |
| <i>candesartan cilexetil 16 mg tab</i>             | 2    | PD Preventive Drug     |
| <i>dihydroergotamine mesylate 1 mg/ml solution</i> | 1    |                        |
| <i>dihydroergotamine mesylate 4 mg/ml solution</i> | 2    | QL 8 ML / 30 day(s)    |
| MIGRANAL 4 MG/ML SOLUTION                          | 2    | QL 8 ML / 30 day(s)    |

| PRODUCT DESCRIPTION                         | TIER | LIMITS & RESTRICTIONS       |
|---|------|-----------------------------|
| <i>eletriptan hydrobromide 20 mg tab</i>    | 2    | QL 12 EA / 30 day(s)        |
| <i>eletriptan hydrobromide 40 mg tab</i>    | 2    | QL 12 EA / 30 day(s)        |
| AIMOVIG 140 MG/ML SOLN A-INJ                | 2    | QL 1 ML / 28 day(s)<br>PA   |
| AIMOVIG 70 MG/ML SOLN A-INJ                 | 2    | QL 1 ML / 28 day(s)<br>PA   |
| ERGOTAMINE-CAFFEINE 1-100 MG TAB            | 3    |                             |
| MIGERGOT 2-100 MG SUPPOS                    | 2    |                             |
| AJOVY 225 MG/1.5ML SOLN A-INJ               | 2    | QL 1.5 ML / 28 day(s)<br>PA |
| AJOVY 225 MG/1.5ML SOLN PRSYR               | 2    | QL 1.5 ML / 28 day(s)<br>PA |
| <i>frovatriptan succinate 2.5 mg tab</i>    | 2    | QLC 12 EA/30 DAYS           |
| EMGALITY 120 MG/ML SOLN A-INJ               | 2    | QL 1 ML / 28 day(s)<br>PA   |
| EMGALITY 120 MG/ML SOLN PRSYR               | 2    | QL 1 ML / 28 day(s)<br>PA   |
| EMGALITY (300 MG DOSE) 100 MG/ML SOLN PRSYR | 2    | PA<br>QLC 9 ML / 180 day(s) |
| REYVOW 100 MG TAB                           | 3    | QL 8 EA / 30 day(s)<br>PA   |
| REYVOW 50 MG TAB                            | 3    | QL 8 EA / 30 day(s)<br>PA   |
| <i>naratriptan hcl 1 mg tab</i>             | 1    | QL 12 EA / 30 day(s)        |
| <i>naratriptan hcl 2.5 mg tab</i>           | 1    | QL 12 EA / 30 day(s)        |
| NURTEC 75 MG TAB DISP                       | 3    | QL 16 EA / 30 day(s)<br>PA  |
| <i>rizatriptan benzoate 10 mg tab</i>       | 1    | QL 12 EA / 30 day(s)        |

| PRODUCT DESCRIPTION                                | TIER | LIMITS & RESTRICTIONS      |
|--|------|----------------------------|
| <i>rizatriptan benzoate 10 mg tab disp</i>         | 1    | QL 12 EA / 30 day(s)       |
| <i>rizatriptan benzoate 5 mg tab</i>               | 1    | QL 12 EA / 30 day(s)       |
| <i>rizatriptan benzoate 5 mg tab disp</i>          | 1    | QL 12 EA / 30 day(s)       |
| <i>sumatriptan 20 mg/act solution</i>              | 1    | QL 6 EA / 30 day(s)        |
| <i>sumatriptan 5 mg/act solution</i>               | 1    | QL 6 EA / 30 day(s)        |
| <i>sumatriptan succinate 100 mg tab</i>            | 1    | QL 12 EA / 30 day(s)       |
| <i>sumatriptan succinate 25 mg tab</i>             | 1    | QL 12 EA / 30 day(s)       |
| <i>sumatriptan succinate 4 mg/0.5ml soln a-inj</i> | 1    | QL 3 ML / 30 day(s)        |
| <i>sumatriptan succinate 50 mg tab</i>             | 1    | QL 12 EA / 30 day(s)       |
| <i>sumatriptan succinate 6 mg/0.5ml soln a-inj</i> | 1    | QL 3 ML / 30 day(s)        |
| <i>sumatriptan succinate 6 mg/0.5ml solution</i>   | 1    | QL 3 ML / 30 day(s)        |
| SUMATRIPTAN SUCCINATE REFILL 4 MG/0.5ML SOLN CART  | 1    | QL 3 ML / 30 day(s)        |
| SUMATRIPTAN SUCCINATE REFILL 6 MG/0.5ML SOLN CART  | 1    | QL 3 ML / 30 day(s)        |
| <i>timolol maleate 10 mg tab</i>                   | 1    | PD Preventive Drug         |
| <i>timolol maleate 20 mg tab</i>                   | 1    | PD Preventive Drug         |
| TIMOLOL MALEATE 20 MG TAB                          | 1    | PD Preventive Drug         |
| <i>timolol maleate 5 mg tab</i>                    | 1    | PD Preventive Drug         |
| TIMOLOL MALEATE 5 MG TAB                           | 1    | PD Preventive Drug         |
| UBRELVY 100 MG TAB                                 | 3    | QL 16 EA / 30 day(s)<br>PA |
| UBRELVY 50 MG TAB                                  | 3    | QL 16 EA / 30 day(s)<br>PA |
| <i>zolmitriptan 2.5 mg tab</i>                     | 2    | QL 12 EA / 30 day(s)       |
| <i>zolmitriptan 2.5 mg tab disp</i>                | 2    | QL 12 EA / 30 day(s)       |
| <i>zolmitriptan 5 mg solution</i>                  | 2    | QL 6 EA / 30 day(s)        |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>zolmitriptan 5 mg tab</i>   | 2    | QL 12 EA / 30 day(s)  |
| <i>zolmitriptan 5 mg tab disp</i>                                    | 2    | QL 12 EA / 30 day(s)  |
| <i>zomig 2.5 mg tab</i>  | 2    | QL 12 EA / 30 day(s)  |
| <i>zomig 5 mg tab</i>  | 2    | QL 12 EA / 30 day(s)  |
| <b>MISCELLANEOUS</b>   |      |                       |
| EQUETRO 100 MG CAP ER 12H  | 2    |                       |
| EQUETRO 200 MG CAP ER 12H  | 2    |                       |
| EQUETRO 300 MG CAP ER 12H  | 2    |                       |
| <i>lithium 8 meq/5ml solution</i>                                    | 1    |                       |
| <i>lithium carbonate 150 mg cap</i>                                  | 1    |                       |
| LITHIUM CARBONATE 150 MG CAP   | 1    |                       |
| <i>lithium carbonate 300 mg cap</i>                                  | 1    |                       |
| LITHIUM CARBONATE 300 MG CAP   | 1    |                       |
| <i>lithium carbonate 300 mg tab</i>                                  | 1    |                       |
| <i>lithium carbonate 600 mg cap</i>                                  | 1    |                       |
| LITHIUM CARBONATE 600 MG CAP   | 1    |                       |
| <i>lithium carbonate er 300 mg tab er</i>                            | 1    |                       |
| <i>lithium carbonate er 450 mg tab er</i>                            | 1    |                       |
| <i>pyridostigmine bromide 60 mg/5ml solution</i>                     | 2    |                       |
| <i>pyridostigmine bromide 60 mg/5ml solution</i>                     | 2    |                       |
| <i>pyridostigmine bromide 60 mg tab</i>                              | 1    |                       |
| <i>pyridostigmine bromide 60 mg tab</i>                              | 1    |                       |
| <i>pyridostigmine bromide er 180 mg tab er</i>                       | 2    |                       |
| <b>CENTRAL NERVOUS SYSTEM AGENTS</b>                                 |      |                       |
| <b>ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES</b> |      |                       |
| <i>amphetamine-dextroamphetamine 10 mg tab</i>                       | 1    | QL 90 EA / 30 day(s)  |
| <i>amphetamine-dextroamphetamine 12.5 mg tab</i>                     | 1    | QL 90 EA / 30 day(s)  |
| <i>amphetamine-dextroamphetamine 15 mg tab</i>                       | 1    | QL 90 EA / 30 day(s)  |
| <i>amphetamine-dextroamphetamine 20 mg tab</i>                       | 1    | QL 90 EA / 30 day(s)  |

| PRODUCT DESCRIPTION                                  | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>amphetamine-dextroamphetamine 30 mg tab</i>       | 1    | QL 90 EA / 30 day(s)  |
| <i>amphetamine-dextroamphetamine 5 mg tab</i>        | 1    | QL 90 EA / 30 day(s)  |
| <i>amphetamine-dextroamphetamine 7.5 mg tab</i>      | 1    | QL 90 EA / 30 day(s)  |
| <i>amphetamine-dextroamphet er 10 mg cap er 24h</i>  | 1    | QL 60 EA / 30 day(s)  |
| <i>amphetamine-dextroamphet er 15 mg cap er 24h</i>  | 1    | QL 60 EA / 30 day(s)  |
| <i>amphetamine-dextroamphet er 20 mg cap er 24h</i>  | 1    | QL 60 EA / 30 day(s)  |
| <i>amphetamine-dextroamphet er 25 mg cap er 24h</i>  | 1    | QL 60 EA / 30 day(s)  |
| <i>amphetamine-dextroamphet er 30 mg cap er 24h</i>  | 1    | QL 60 EA / 30 day(s)  |
| <i>amphetamine-dextroamphet er 5 mg cap er 24h</i>   | 1    | QL 60 EA / 30 day(s)  |
| <i>dextroamphetamine sulfate 10 mg tab</i>           | 1    | QL 120 EA / 30 day(s) |
| <i>dextroamphetamine sulfate 5 mg/5ml solution</i>   | 1    |                       |
| <i>dextroamphetamine sulfate 5 mg tab</i>            | 1    | QL 120 EA / 30 day(s) |
| <i>dextroamphetamine sulfate er 10 mg cap er 24h</i> | 1    | QL 120 EA / 30 day(s) |
| <i>dextroamphetamine sulfate er 15 mg cap er 24h</i> | 1    | QL 120 EA / 30 day(s) |
| <i>dextroamphetamine sulfate er 5 mg cap er 24h</i>  | 1    | QL 120 EA / 30 day(s) |
| <i>procentra 5 mg/5ml solution</i>                   | 1    |                       |
| <i>zenzedi 10 mg tab</i>                             | 1    | QL 120 EA / 30 day(s) |
| <i>zenzedi 5 mg tab</i>                              | 1    | QL 120 EA / 30 day(s) |
| <i>lisdexamfetamine dimesylate 10 mg cap</i>         | 2    | QL 30 EA / 30 days    |
| <i>lisdexamfetamine dimesylate 10 mg chew tab</i>    | 2    | QL 30 ea / 30 day(s)  |
| <i>lisdexamfetamine dimesylate 20 mg cap</i>         | 2    | QL 30 EA / 30 days    |
| <i>lisdexamfetamine dimesylate 20 mg chew tab</i>    | 2    | QL 30 ea / 30 day(s)  |
| <i>lisdexamfetamine dimesylate 30 mg cap</i>         | 2    | QL 30 EA / 30 days    |
| <i>lisdexamfetamine dimesylate 30 mg chew tab</i>    | 2    | QL 30 ea / 30 day(s)  |
| <i>lisdexamfetamine dimesylate 40 mg cap</i>         | 2    | QL 30 EA / 30 days    |
| <i>lisdexamfetamine dimesylate 40 mg chew tab</i>    | 2    | QL 30 ea / 30 day(s)  |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>lisdexamfetamine dimesylate 50 mg cap</i>                              | 2    | QL 30 EA / 30 days    |
| <i>lisdexamfetamine dimesylate 50 mg chew tab</i>                         | 2    | QL 30 ea / 30 day(s)  |
| <i>lisdexamfetamine dimesylate 60 mg cap</i>                              | 2    | QL 30 EA / 30 days    |
| <i>lisdexamfetamine dimesylate 60 mg chew tab</i>                         | 2    | QL 30 ea / 30 day(s)  |
| <i>lisdexamfetamine dimesylate 70 mg cap</i>                              | 2    | QL 30 EA / 30 days    |
| <b>ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES</b>  |      |                       |
| <i>atomoxetine hcl 100 mg cap</i>   | 1    |                       |
| <i>atomoxetine hcl 10 mg cap</i>  | 1    |                       |
| <i>atomoxetine hcl 18 mg cap</i>  | 1    |                       |
| <i>atomoxetine hcl 25 mg cap</i>  | 1    |                       |
| <i>atomoxetine hcl 40 mg cap</i>  | 1    |                       |
| <i>atomoxetine hcl 60 mg cap</i>  | 1    |                       |
| <i>atomoxetine hcl 80 mg cap</i>  | 1    |                       |
| <i>clonidine hcl 0.1 mg tab er 12h (generic of KAPVAY)</i>                | 1    |                       |
| <i>clonidine hcl er 0.1 mg tab er 12h</i>                                 | 1    |                       |
| <i>clonidine hcl 0.1 mg tab er 12h (generic of KAPVAY)</i>                | 1    |                       |
| <i>Dexmethylphenidate HCl 10 MG TAB (generic of FOCALIN)</i>              | 1    | QL 90 EA / 30 day(s)  |
| <i>Dexmethylphenidate HCl 2.5 MG TAB (generic of FOCALIN)</i>             | 1    | QL 90 EA / 30 day(s)  |
| <i>Dexmethylphenidate HCl 5 MG TAB (generic of FOCALIN)</i>               | 1    | QL 90 EA / 30 day(s)  |
| <i>Dexmethylphenidate HCl ER 10 MG CAP ER 24H (generic of FOCALIN XR)</i> | 2    | QL 30 EA / 30 day(s)  |
| <i>Dexmethylphenidate HCl ER 15 MG CAP ER 24H (generic of FOCALIN XR)</i> | 2    | QL 30 EA / 30 day(s)  |
| <i>Dexmethylphenidate HCl ER 20 MG CAP ER 24H (generic of FOCALIN XR)</i> | 2    | QL 30 EA / 30 day(s)  |
| <i>Dexmethylphenidate HCl ER 25 MG CAP ER 24H (generic of FOCALIN XR)</i> | 2    | QL 30 EA / 30 day(s)  |
| <i>Dexmethylphenidate HCl ER 30 MG CAP ER 24H (generic of FOCALIN XR)</i> | 2    | QL 30 EA / 30 day(s)  |
| <i>Dexmethylphenidate HCl ER 35 MG CAP ER 24H (generic of FOCALIN XR)</i> | 2    | QL 30 EA / 30 day(s)  |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS  |
|---|------|------------------------|
| <i>Dexmethylphenidate HCl ER 40 MG CAP ER 24H (generic of FOCALIN XR)</i>           | 2    | QL 30 EA / 30 day(s)   |
| <i>Dexmethylphenidate HCl ER 5 MG CAP ER 24H (generic of FOCALIN XR)</i>            | 2    | QL 30 EA / 30 day(s)   |
| <i>guanfacine hcl er 1 mg tab er 24h</i>  | 1    |                        |
| <i>guanfacine hcl er 1 mg tab er 24h</i>  | 1    |                        |
| <i>guanfacine hcl er 2 mg tab er 24h</i>  | 1    |                        |
| <i>guanfacine hcl er 2 mg tab er 24h</i>  | 1    |                        |
| <i>guanfacine hcl er 3 mg tab er 24h</i>  | 1    |                        |
| <i>guanfacine hcl er 3 mg tab er 24h</i>  | 1    |                        |
| <i>guanfacine hcl er 4 mg tab er 24h</i>  | 1    |                        |
| <i>guanfacine hcl er 4 mg tab er 24h</i>  | 1    |                        |
| <i>Methylphenidate 10 MG/9HR PATCH (generic of DAYTRANA)</i>                        | 3    | QL 30 EA / 30 day(s)   |
| <i>Methylphenidate 15 MG/9HR PATCH (generic of DAYTRANA)</i>                        | 3    | QL 30 EA / 30 day(s)   |
| <i>Methylphenidate 20 MG/9HR PATCH (generic of DAYTRANA)</i>                        | 3    | QL 30 EA / 30 day(s)   |
| <i>Methylphenidate 30 MG/9HR PATCH (generic of DAYTRANA)</i>                        | 3    | QL 30 EA / 30 day(s)   |
| <i>Methylphenidate HCl 10 MG/5ML SOLUTION (generic of METHYLIN)</i>                 | 2    |                        |
| <i>Methylphenidate HCl 10 MG CHEW TAB (generic of METHYLIN)</i>                     | 3    |                        |
| <i>Methylphenidate HCl 10 MG TAB (generic of RITALIN)</i>                           | 1    | QL 90 EA / 30 day(s)   |
| <i>Methylphenidate HCl 20 MG TAB (generic of RITALIN)</i>                           | 1    | QL 90 EA / 30 day(s)   |
| <i>Methylphenidate HCl 2.5 MG CHEW TAB (generic of METHYLIN)</i>                    | 3    |                        |
| <i>Methylphenidate HCl 5 MG/5ML SOLUTION (generic of METHYLIN)</i>                  | 1    | QL 1800 ML / 30 day(s) |
| <i>Methylphenidate HCl 5 MG CHEW TAB (generic of METHYLIN)</i>                      | 3    |                        |
| <i>Methylphenidate HCl 5 MG TAB (generic of RITALIN)</i>                            | 1    | QL 90 EA / 30 day(s)   |
| <i>Methylphenidate HCl ER 10 MG TAB ER (generic of METADATE ER)</i>                 | 1    | QL 60 EA / 30 day(s)   |
| <i>methylphenidate hcl tab er osmotic release (osm) 18 mg (generic of CONCERTA)</i> | 1    | QL 60 EA / 30 day(s)   |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| METHYLPHENIDATE HCL ER 18 MG TAB ER 24H   | 1    | QL 60 EA / 30 day(s)  |
| <i>Methylphenidate HCl ER 20 MG TAB ER (generic of METADATE ER)</i>                 | 1    | QL 60 EA / 30 day(s)  |
| <i>methylphenidate hcl tab er osmotic release (osm) 27 mg (generic of CONCERTA)</i> | 1    | QL 60 EA / 30 day(s)  |
| METHYLPHENIDATE HCL ER 27 MG TAB ER 24H   | 1    | QL 60 EA / 30 day(s)  |
| <i>methylphenidate hcl tab er osmotic release (osm) 36 mg (generic of CONCERTA)</i> | 1    | QL 60 EA / 30 day(s)  |
| METHYLPHENIDATE HCL ER 36 MG TAB ER 24H   | 1    | QL 60 EA / 30 day(s)  |
| <i>methylphenidate hcl tab er osmotic release (osm) 54 mg (generic of CONCERTA)</i> | 1    | QL 60 EA / 30 day(s)  |
| METHYLPHENIDATE HCL ER 54 MG TAB ER 24H   | 1    | QL 60 EA / 30 day(s)  |
| <i>Methylphenidate HCl ER (CD) 10 MG CAP ER (generic of METADATE CD)</i>            | 1    | QL 60 EA / 30 day(s)  |
| <i>Methylphenidate HCl ER (CD) 20 MG CAP ER (generic of METADATE CD)</i>            | 1    | QL 60 EA / 30 day(s)  |
| <i>Methylphenidate HCl ER (CD) 30 MG CAP ER (generic of METADATE CD)</i>            | 1    | QL 60 EA / 30 day(s)  |
| <i>Methylphenidate HCl ER (CD) 40 MG CAP ER (generic of METADATE CD)</i>            | 1    | QL 60 EA / 30 day(s)  |
| <i>Methylphenidate HCl ER (CD) 50 MG CAP ER (generic of METADATE CD)</i>            | 1    | QL 60 EA / 30 day(s)  |
| <i>Methylphenidate HCl ER (CD) 60 MG CAP ER (generic of METADATE CD)</i>            | 1    | QL 60 EA / 30 day(s)  |
| <i>methylphenidate hcl tab er osmotic release (osm) 27 mg (generic of CONCERTA)</i> | 1    | QL 60 EA / 30 day(s)  |
| METHYLPHENIDATE HCL ER(DIFFUS) 27 MG TAB ER   | 1    | QL 60 EA / 30 day(s)  |
| <i>methylphenidate hcl tab er osmotic release (osm) 36 mg (generic of CONCERTA)</i> | 1    | QL 60 EA / 30 day(s)  |
| METHYLPHENIDATE HCL ER(DIFFUS) 36 MG TAB ER   | 1    | QL 60 EA / 30 day(s)  |
| <i>methylphenidate hcl tab er osmotic release (osm) 54 mg (generic of CONCERTA)</i> | 1    | QL 60 EA / 30 day(s)  |
| METHYLPHENIDATE HCL ER(DIFFUS) 54 MG TAB ER   | 1    | QL 60 EA / 30 day(s)  |
| <i>Methylphenidate HCl ER (LA) 10 MG CAP ER 24H (generic of RITALIN LA)</i>         | 3    | QL 60 EA / 30 day(s)  |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>Methylphenidate HCl ER (LA) 20 MG CAP ER 24H (generic of RITALIN LA)</i>         | 1    | QL 60 EA / 30 day(s)  |
| <i>methylphenidate hcl er (la) 20 mg cap er 24h</i>                                 | 1    | QL 60 EA / 30 day(s)  |
| <i>Methylphenidate HCl ER (LA) 30 MG CAP ER 24H (generic of RITALIN LA)</i>         | 1    | QL 60 EA / 30 day(s)  |
| <i>methylphenidate hcl er (la) 30 mg cap er 24h</i>                                 | 1    | QL 60 EA / 30 day(s)  |
| <i>Methylphenidate HCl ER (LA) 40 MG CAP ER 24H (generic of RITALIN LA)</i>         | 1    | QL 60 EA / 30 day(s)  |
| <i>methylphenidate hcl er (la) 40 mg cap er 24h</i>                                 | 1    | QL 60 EA / 30 day(s)  |
| <i>Methylphenidate HCl ER (LA) 60 MG CAP ER 24H (generic of RITALIN LA)</i>         | 1    | QL 60 EA / 30 day(s)  |
| <i>methylphenidate hcl er (la) 60 mg cap er 24h</i>                                 | 1    | QL 60 EA / 30 day(s)  |
| <i>methylphenidate hcl tab er osmotic release (osm) 18 mg (generic of CONCERTA)</i> | 1    | QL 60 EA / 30 day(s)  |
| <i>methylphenidate hcl tab er osmotic release (osm) 27 mg (generic of CONCERTA)</i> | 1    | QL 60 EA / 30 day(s)  |
| <i>methylphenidate hcl tab er osmotic release (osm) 36 mg (generic of CONCERTA)</i> | 1    | QL 60 EA / 30 day(s)  |
| <i>methylphenidate hcl tab er osmotic release (osm) 54 mg (generic of CONCERTA)</i> | 1    | QL 60 EA / 30 day(s)  |
| QUILLICHEW ER 20 MG CHER  | 3    | QL 60 EA / 30 day(s)  |
| QUILLICHEW ER 30 MG CHER  | 3    | QL 60 EA / 30 day(s)  |
| QUILLICHEW ER 40 MG CHER  | 3    | QL 60 EA / 30 day(s)  |
| QUILLIVANT XR 25 MG/5ML SRER  | 3    | QL 360 ML / 30 day(s) |
| CENTRAL NERVOUS SYSTEM, OTHER   |      |                       |
| <i>benzphetamine hcl 50 mg tab</i>  | 1    |                       |
| <i>butalbital-acetaminophen 50-325 mg tab</i>                                       | 1    | QL 180 ea / 30 day(s) |
| TENCON 50-325 MG TAB  | 1    |                       |
| <i>bac (butalbital-acetamin-caff) 50-325-40 mg tab</i>                              | 1    | QL 180 ea / 30 day(s) |
| <i>butalbital-apap-caffeine 50-300-40 mg cap</i>                                    | 1    | QL 180 ea / 30 day(s) |
| <i>butalbital-apap-caffeine 50-325-40 mg cap</i>                                    | 1    | QL 180 ea / 30 day(s) |

| PRODUCT DESCRIPTION                              | TIER | LIMITS & RESTRICTIONS                      |
|--|------|--|
| <i>butalbital-apap-caffeine 50-325-40 mg tab</i> | 1    | QL 180 ea / 30 day(s)                      |
| <i>esgic 50-325-40 mg cap</i>                    | 1    | QL 180 ea / 30 day(s)                      |
| AUSTEDO 12 MG TAB                                | 3    | PA<br>SP Specialty                         |
| AUSTEDO 6 MG TAB                                 | 3    | PA<br>SP Specialty                         |
| AUSTEDO 9 MG TAB                                 | 3    | PA<br>SP Specialty                         |
| AUSTEDO XR 12 MG TAB ER 24H                      | 3    | QL 30 EA / 30 days<br>PA<br>SP Specialty   |
| AUSTEDO XR 18 MG TAB ER 24H                      | 3    | QL 30 EA / 30 day(s)<br>PA<br>SP Specialty |
| AUSTEDO XR 24 MG TAB ER 24H                      | 3    | QL 60 EA / 30 days<br>PA<br>SP Specialty   |
| AUSTEDO XR 30 MG TAB ER 24H                      | 3    | QL 30 EA / 30 days<br>PA<br>SP Specialty   |
| AUSTEDO XR 36 MG TAB ER 24H                      | 3    | QL 30 EA / 30 days<br>PA<br>SP Specialty   |
| AUSTEDO XR 42 MG TAB ER 24H                      | 3    | QL 30 EA / 30 days<br>PA<br>SP Specialty   |
| AUSTEDO XR 48 MG TAB ER 24H                      | 3    | QL 30 EA / 30 days<br>PA<br>SP Specialty   |
| AUSTEDO XR 6 MG TAB ER 24H                       | 3    | QL 30 EA / 30 days<br>PA<br>SP Specialty   |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS  |
|---|------|--|
| AUSTEDO XR PATIENT TITRATION 12 & 18 & 24 & 30 MG TBER THPK | 3    | <ul style="list-style-type: none"> <li>QL 28 EA / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul> |
| AUSTEDO XR PATIENT TITRATION 6 & 12 & 24 MG TBER THPK       | 3    | <ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>                               |
| NUEDEXTA 20-10 MG CAP                                       | 3    | <ul style="list-style-type: none"> <li>PA</li> </ul>   |
| <i>diethylpropion hcl 25 mg tab</i>                         | 1    |  |
| DIETHYLPROPION HCL ER 75 MG TAB ER 24H                      | 1    |  |
| RADICAVA ORS 105 MG/5ML SUSPENSION                          | 3    | <ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>                               |
| RADICAVA ORS STARTER KIT 105 MG/5ML SUSPENSION              | 3    | <ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>                               |
| CONTRAIVE 8-90 MG TAB ER 12H                                | 3    | <ul style="list-style-type: none"> <li>PA</li> </ul>   |
| <i>phendimetrazine tartrate 35 mg tab</i>                   | 1    |  |
| <i>phentermine hcl 15 mg cap</i>                            | 1    |  |
| <i>phentermine hcl 30 mg cap</i>                            | 1    |  |
| <i>phentermine hcl 37.5 mg cap</i>                          | 1    |  |
| <i>phentermine hcl 37.5 mg tab</i>                          | 1    |  |
| <i>phentermine-topiramate er 11.25-69 mg cap er 24h</i>     | 3    | <ul style="list-style-type: none"> <li>QL 30 EA / 30 days</li> <li>PA</li> </ul>                         |
| <i>phentermine-topiramate er 15-92 mg cap er 24h</i>        | 3    | <ul style="list-style-type: none"> <li>QL 30 EA / 30 days</li> <li>PA</li> </ul>                         |
| <i>phentermine-topiramate er 3.75-23 mg cap er 24h</i>      | 3    | <ul style="list-style-type: none"> <li>QL 45 EA / 30 days</li> <li>PA</li> </ul>                         |
| <i>phentermine-topiramate er 7.5-46 mg cap er 24h</i>       | 3    | <ul style="list-style-type: none"> <li>QL 30 EA / 30 days</li> <li>PA</li> </ul>                         |
| <i>phentermine-topiramate erxdnu 11.25-69 mg cap er 24h</i> | 3    | <ul style="list-style-type: none"> <li>QL 30 EA / 30 days</li> <li>PA</li> </ul>                         |
| <i>phentermine-topiramate erxdnu 15-92 mg cap er 24h</i>    | 3    | <ul style="list-style-type: none"> <li>QL 30 EA / 30 days</li> <li>PA</li> </ul>                         |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS      |
|--|------|----------------------------|
| <i>phentermine-topiramate erxdnu 3.75-23 mg cap er 24h</i> | 3    | QL 45 EA / 30 days<br>PA   |
| <i>phentermine-topiramate erxdnu 7.5-46 mg cap er 24h</i>  | 3    | QL 30 EA / 30 days<br>PA   |
| QSYMIA 11.25-69 MG CAP ER 24H                              | 3    | QL 30 ea / 30 day(s)<br>PA |
| QSYMIA 15-92 MG CAP ER 24H                                 | 3    | QL 30 ea / 30 day(s)<br>PA |
| QSYMIA 3.75-23 MG CAP ER 24H                               | 3    | QL 45 ea / 30 day(s)<br>PA |
| QSYMIA 7.5-46 MG CAP ER 24H                                | 3    | QL 30 ea / 30 day(s)<br>PA |
| <i>riluzole 50 mg tab</i>                                  | 3    |                            |
| <i>tetrabenazine 12.5 mg tab</i>                           | 3    | PA<br>SP Specialty         |
| <i>tetrabenazine 25 mg tab</i>                             | 3    | PA<br>SP Specialty         |
| INGREZZA 40 & 80 MG CAP THPK                               | 3    | PA<br>SP Specialty         |
| INGREZZA 40 MG CAP   | 3    | PA<br>SP Specialty         |
| INGREZZA 60 MG CAP   | 3    | PA<br>SP Specialty         |
| INGREZZA 80 MG CAP   | 3    | PA<br>SP Specialty         |
| FIBROMYALGIA AGENTS  |      |                            |
| <i>duloxetine hcl 20 mg cp dr part</i>                     | 1    |                            |
| <i>duloxetine hcl 30 mg cp dr part</i>                     | 1    |                            |
| <i>duloxetine hcl 40 mg cp dr part</i>                     | 3    |                            |

| PRODUCT DESCRIPTION                                   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>duloxetine hcl 60 mg cp dr part</i>                | 1    |                       |
| <i>milnacipran hcl 100 mg tab</i>                     | 1    | QL 90 / 30 day(s)     |
| <i>milnacipran hcl 12.5 &amp; 25 &amp; 50 mg misc</i> | 1    | QL 55 / 28 day(s)     |
| <i>milnacipran hcl 12.5 mg tab</i>                    | 1    | QL 90 / 30 day(s)     |
| <i>milnacipran hcl 25 mg tab</i>                      | 1    | QL 90 / 30 day(s)     |
| <i>milnacipran hcl 50 mg tab</i>                      | 1    | QL 90 / 30 day(s)     |
| SAVELLA 100 MG TAB                                    | 2    |                       |
| SAVELLA 12.5 MG TAB                                   | 2    |                       |
| SAVELLA 25 MG TAB                                     | 2    |                       |
| SAVELLA 50 MG TAB                                     | 2    |                       |
| SAVELLA TITRATION PACK 12.5 & 25 & 50 MG MISC         | 2    |                       |
| <i>pregabalin 100 mg cap</i>                          | 1    |                       |
| <i>pregabalin 150 mg cap</i>                          | 1    |                       |
| <i>pregabalin 200 mg cap</i>                          | 1    |                       |
| <i>pregabalin 20 mg/ml solution</i>                   | 1    |                       |
| <i>pregabalin 225 mg cap</i>                          | 1    |                       |
| <i>pregabalin 25 mg cap</i>                           | 1    |                       |
| <i>pregabalin 300 mg cap</i>                          | 1    |                       |
| <i>pregabalin 50 mg cap</i>                           | 1    |                       |
| <i>pregabalin 75 mg cap</i>                           | 1    |                       |
| MULTIPLE SCLEROSIS AGENTS                             |      |                       |
| <i>cladribine (10 tabs) 10 mg tab thpk</i>            | 3    | PA<br>SP Specialty    |
| <i>cladribine (4 tabs) 10 mg tab thpk</i>             | 3    | PA<br>SP Specialty    |
| <i>cladribine (5 tabs) 10 mg tab thpk</i>             | 3    | PA<br>SP Specialty    |
| <i>cladribine (6 tabs) 10 mg tab thpk</i>             | 3    | PA<br>SP Specialty    |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS                |
|--|------|--------------------------------------|
| <i>cladribine (7 tabs) 10 mg tab thpk</i>                        | 3    | PA<br>SP Specialty                   |
| <i>cladribine (8 tabs) 10 mg tab thpk</i>                        | 3    | PA<br>SP Specialty                   |
| <i>cladribine (9 tabs) 10 mg tab thpk</i>                        | 3    | PA<br>SP Specialty                   |
| MAVENCLAD (10 TABS) 10 MG TAB THPK                               | 3    | PA<br>SP Specialty                   |
| MAVENCLAD (4 TABS) 10 MG TAB THPK                                | 3    | PA<br>SP Specialty                   |
| MAVENCLAD (5 TABS) 10 MG TAB THPK                                | 3    | PA<br>SP Specialty                   |
| MAVENCLAD (6 TABS) 10 MG TAB THPK                                | 3    | PA<br>SP Specialty                   |
| MAVENCLAD (7 TABS) 10 MG TAB THPK                                | 3    | PA<br>SP Specialty                   |
| MAVENCLAD (8 TABS) 10 MG TAB THPK                                | 3    | PA<br>SP Specialty                   |
| MAVENCLAD (9 TABS) 10 MG TAB THPK                                | 3    | PA<br>SP Specialty                   |
| <i>dalfampridine er 10 mg tab er 12h</i>                         | 1    | SP Specialty                         |
| <i>dimethyl fumarate 120 mg cap dr</i>                           | 1    | QL 60 ea / 30 day(s)<br>SP Specialty |
| <i>dimethyl fumarate 240 mg cap dr</i>                           | 1    | QL 60 ea / 30 day(s)<br>SP Specialty |
| <i>dimethyl fumarate starter pack 120 &amp; 240 mg cpdr thpk</i> | 2    | PA<br>SP Specialty                   |
| VUMERITY 231 MG CAP DR   | 2    | PA<br>SP Specialty                   |

| PRODUCT DESCRIPTION                                       | TIER | LIMITS & RESTRICTIONS  |
|---|------|--|
| <i>fingolimod hcl 0.5 mg cap</i>                          | 1    | <ul style="list-style-type: none"> <li>QL 30 ea / 30 day(s)</li> <li>SP Specialty</li> </ul> |
| <i>glatiramer acetate 20 mg/ml soln prsy</i>              | 2    | <ul style="list-style-type: none"> <li>QL 30 ml / 30 day(s)</li> <li>SP Specialty</li> </ul> |
| <i>glatiramer acetate 40 mg/ml soln prsy</i>              | 2    | <ul style="list-style-type: none"> <li>QL 12 ml / 28 day(s)</li> <li>SP Specialty</li> </ul> |
| <i>glatopa 20 mg/ml soln prsy</i>                         | 2    | <ul style="list-style-type: none"> <li>QL 30 ml / 30 day(s)</li> <li>SP Specialty</li> </ul> |
| <i>glatopa 40 mg/ml soln prsy</i>                         | 2    | <ul style="list-style-type: none"> <li>QL 12 ml / 28 day(s)</li> <li>SP Specialty</li> </ul> |
| AVONEX PEN 30 MCG/0.5ML AUT-IJ KIT                        | 3    | <ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>                   |
| AVONEX PREFILLED 30 MCG/0.5ML PREF SY KT                  | 3    | <ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>                   |
| REBIF 22 MCG/0.5ML SOLN PRSYR                             | 2    | <ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>                   |
| REBIF 44 MCG/0.5ML SOLN PRSYR                             | 2    | <ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>                   |
| REBIF REBIDOSE 22 MCG/0.5ML SOLN A-INJ                    | 2    | <ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>                   |
| REBIF REBIDOSE 44 MCG/0.5ML SOLN A-INJ                    | 2    | <ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>                   |
| REBIF REBIDOSE TITRATION PACK 6X8.8 & 6X22 MCG SOLN A-INJ | 2    | <ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>                   |
| REBIF TITRATION PACK 6X8.8 & 6X22 MCG SOLN PRSYR          | 2    | <ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>                   |
| BETASERON 0.3 MG KIT                                      | 2    | <ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>                   |
| BAFIERTAM 95 MG CAP DR                                    | 2    | <ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>                   |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS                |
|---|------|--------------------------------------|
| KESIMPTA 20 MG/0.4ML SOLN A-INJ                             | 2    | PA<br>SP Specialty                   |
| ZEPOSIA 0.92 MG CAP   | 2    | PA<br>SP Specialty                   |
| ZEPOSIA 7-DAY STARTER PACK 4 X 0.23MG & 3 X 0.46MG CAP THPK | 2    | PA<br>SP Specialty                   |
| ZEPOSIA STARTER KIT 0.23MG & 0.46MG 0.92MG(21) CAP THPK     | 2    | PA<br>SP Specialty                   |
| MAYZENT 0.25 MG TAB   | 2    | PA<br>SP Specialty                   |
| MAYZENT 1 MG TAB  | 2    | PA<br>SP Specialty                   |
| MAYZENT 2 MG TAB  | 2    | PA<br>SP Specialty                   |
| MAYZENT STARTER PACK 12 X 0.25 MG TAB THPK                  | 2    | PA<br>SP Specialty                   |
| MAYZENT STARTER PACK 7 X 0.25 MG TAB THPK                   | 2    | PA<br>SP Specialty                   |
| <i>teriflunomide 14 mg tab</i>                              | 1    | QL 30 ea / 30 day(s)<br>SP Specialty |
| <i>teriflunomide 7 mg tab</i>                               | 1    | QL 30 ea / 30 day(s)<br>SP Specialty |
| <b>DENTAL AND ORAL AGENTS</b>                               |      |                                      |
| <i>cevimeline hcl 30 mg cap</i>                             | 2    |                                      |
| <i>chlorhexidine gluconate 0.12 % solution</i>              | 1    |                                      |
| <i>perio gard 0.12 % solution</i>                           | 1    |                                      |
| <i>pilocarpine hcl 5 mg tab</i>                             | 1    |                                      |
| <i>pilocarpine hcl 7.5 mg tab</i>                           | 1    |                                      |
| GELCLAIR GEL  | 2    |                                      |

| PRODUCT DESCRIPTION                         | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| CLINPRO 5000 1.1 % PASTE                    | 1    |                       |
| <i>denta 5000 plus 1.1 % cream</i>          | 1    |                       |
| DENTA 5000 PLUS 1.1 % CREAM                 | 1    |                       |
| DENTAGEL 1.1 % GEL                          | 1    |                       |
| FLUORIDEX 1.1 % PASTE                       | 1    |                       |
| FLUORIDEX ENHANCED WHITENING 1.1 % PASTE    | 1    |                       |
| FLUORIMAX 5000 1.1 % PASTE                  | 1    |                       |
| FRAICHE 5000 DENTAL 1.1 % GEL               | 1    |                       |
| JUST RIGHT 5000 1.1 % PASTE                 | 1    |                       |
| PREVIDENT 0.2 % SOLUTION                    | 2    |                       |
| SF 1.1 % GEL                                | 1    |                       |
| SF 5000 PLUS 1.1 % CREAM                    | 1    |                       |
| SODIUM FLUORIDE 0.2 % SOLUTION              | 1    |                       |
| SODIUM FLUORIDE 1.1 % CREAM                 | 1    |                       |
| SODIUM FLUORIDE 1.1 % GEL                   | 1    |                       |
| SODIUM FLUORIDE 5000 PLUS 1.1 % CREAM       | 1    |                       |
| <i>sodium fluoride 5000 ppm 1.1 % cream</i> | 1    |                       |
| SODIUM FLUORIDE 5000 PPM 1.1 % GEL          | 1    |                       |
| SODIUM FLUORIDE 5000 PPM 1.1 % PASTE        | 1    |                       |
| DENTA 5000 PLUS SENSITIVE 1.1-5 % GEL       | 1    |                       |
| FLUORIDEX SENSITIVITY RELIEF 1.1-5 % GEL    | 1    |                       |
| FLUORIMAX 5000 SENSITIVE 1.1-5 % GEL        | 1    |                       |
| PREVIDENT 5000 ENAMEL PROTECT 1.1-5 % GEL   | 1    |                       |
| PREVIDENT 5000 SENSITIVE 1.1-5 % GEL        | 1    |                       |
| SOD FLUORIDE-POTASSIUM NITRATE 1.1-5 % GEL  | 1    |                       |
| SODIUM FLUORIDE 5000 ENAMEL 1.1-5 % GEL     | 1    |                       |
| SODIUM FLUORIDE 5000 SENSITIVE 1.1-5 % GEL  | 1    |                       |
| <i>kourzeq 0.1 % paste</i>                  | 1    |                       |
| <i>oralone 0.1 % paste</i>                  | 1    |                       |
| <i>triamcinolone acetonide 0.1 % paste</i>  | 1    |                       |

| PRODUCT DESCRIPTION                                 | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| DERMATOLOGICAL AGENTS                               |      |                       |
| ACNE AND ROSACEA AGENTS                             |      |                       |
| <i>acitretin 10 mg cap</i>                          | 2    |                       |
| <i>acitretin 17.5 mg cap</i>                        | 2    |                       |
| <i>acitretin 25 mg cap</i>                          | 2    |                       |
| <i>adapalene 0.1 % cream</i>                        | 1    |                       |
| <i>adapalene 0.1 % gel</i>                          | 1    | OTC Over the Counter  |
| <i>adapalene 0.3 % gel</i>                          | 2    |                       |
| DIFFERIN 0.1 % LOTION                               | 2    |                       |
| <i>adapalene-benzoyl peroxide 0.1-2.5 % gel</i>     | 2    | QL 45 GM / 30 days    |
| <i>adapalene-benzoyl peroxide 0.3-2.5 % gel</i>     | 2    | QL 45 GM / 30 days    |
| <i>azelaic acid 15 % gel</i>                        | 2    | QL 50 GM / 30 days    |
| FINACEA 15 % FOAM                                   | 2    | QL 50 GM / 30 days    |
| AZELEX 20 % CREAM                                   | 3    |                       |
| <i>benzoyl peroxide-erythromycin 5-3 % gel</i>      | 1    |                       |
| WINLEVI 1 % CREAM                                   | 3    | PA                    |
| <i>clindamycin phos-benzoyl perox 1.2-2.5 % gel</i> | 2    | QL 50 GM / 30 days    |
| <i>clindamycin phos-benzoyl perox 1-5 % gel</i>     | 2    |                       |
| <i>clindamycin phos-benzoyl perox 1.2-5 % gel</i>   | 1    | QL 45 GM / 30 days    |
| <i>neuac 1.2-5 % gel</i>                            | 1    | QL 45 GM / 30 days    |
| <i>clindamycin-tretinoin 1.2-0.025 % gel</i>        | 3    |                       |
| <i>accutane 10 mg cap</i>                           | 1    |                       |
| <i>accutane 20 mg cap</i>                           | 1    |                       |
| <i>accutane 30 mg cap</i>                           | 3    |                       |
| <i>accutane 40 mg cap</i>                           | 1    |                       |
| <i>amnesteam 10 mg cap</i>                          | 1    |                       |
| <i>amnesteam 20 mg cap</i>                          | 1    |                       |
| <i>amnesteam 30 mg cap</i>                          | 3    |                       |

| PRODUCT DESCRIPTION                          | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>amnesteem 40 mg cap</i>                   | 1    |                       |
| <i>claravis 10 mg cap</i>                    | 1    |                       |
| <i>claravis 20 mg cap</i>                    | 1    |                       |
| <i>claravis 30 mg cap</i>                    | 3    |                       |
| <i>claravis 40 mg cap</i>                    | 1    |                       |
| <i>isotretinoin 10 mg cap</i>                | 1    |                       |
| <i>isotretinoin 20 mg cap</i>                | 1    |                       |
| <i>isotretinoin 30 mg cap</i>                | 3    |                       |
| <i>isotretinoin 40 mg cap</i>                | 1    |                       |
| <i>zenatane 10 mg cap</i>                    | 1    |                       |
| <i>zenatane 20 mg cap</i>                    | 1    |                       |
| <i>zenatane 30 mg cap</i>                    | 3    |                       |
| <i>zenatane 40 mg cap</i>                    | 1    |                       |
| <i>tazarotene 0.05 % cream</i>               | 3    |                       |
| <i>tazarotene 0.05 % gel</i>                 | 3    |                       |
| <i>tazarotene 0.1 % cream</i>                | 3    |                       |
| <i>tazarotene 0.1 % gel</i>                  | 3    |                       |
| <i>tretinoin 0.01 % gel</i>                  | 1    |                       |
| <i>tretinoin 0.025 % cream</i>               | 1    |                       |
| <i>tretinoin 0.025 % gel</i>                 | 1    |                       |
| <i>tretinoin 0.05 % cream</i>                | 1    |                       |
| <i>tretinoin 0.05 % gel</i>                  | 3    |                       |
| <i>tretinoin 0.1 % cream</i>                 | 1    |                       |
| <i>tretinoin microsphere 0.04 % gel</i>      | 3    |                       |
| TRETINOIN MICROSPHERE 0.04 % GEL             | 3    |                       |
| <i>tretinoin microsphere 0.08 % gel</i>      | 3    |                       |
| <i>tretinoin microsphere 0.1 % gel</i>       | 3    |                       |
| TRETINOIN MICROSPHERE 0.1 % GEL              | 3    |                       |
| TRETINOIN MICROSPHERE PUMP 0.04 % GEL        | 3    |                       |
| <i>tretinoin microsphere pump 0.08 % gel</i> | 3    |                       |

| PRODUCT DESCRIPTION                                   | TIER | LIMITS & RESTRICTIONS     |
|---|------|---------------------------|
| TRETINOIN MICROSPHERE PUMP 0.1 % GEL                  | 3    |                           |
| DERMATITIS AND PRURITUS AGENTS                        |      |                           |
| <i>alclometasone dipropionate 0.05 % ointment</i>     | 1    |                           |
| ALCLOMETASONE DIPROPIONATE 0.05 % OINTMENT            | 1    |                           |
| AMCINONIDE 0.1 % CREAM                                | 1    |                           |
| BETAMETHASONE DIPROPIONATE AUG 0.05 % GEL             | 1    |                           |
| <i>betamethasone dipropionate aug 0.05 % ointment</i> | 1    |                           |
| <i>betamethasone dipropionate 0.05 % cream</i>        | 1    |                           |
| <i>betamethasone dipropionate 0.05 % lotion</i>       | 1    |                           |
| <i>betamethasone valerate 0.12 % foam</i>             | 2    |                           |
| <i>betamethasone valerate 0.1 % cream</i>             | 1    |                           |
| <i>betamethasone valerate 0.1 % lotion</i>            | 1    |                           |
| BETAMETHASONE VALERATE 0.1 % LOTION                   | 1    |                           |
| <i>betamethasone valerate 0.1 % ointment</i>          | 1    |                           |
| <i>clobetasol propionate 0.05 % cream</i>             | 1    |                           |
| <i>clobetasol propionate 0.05 % foam</i>              | 1    |                           |
| <i>clobetasol propionate 0.05 % gel</i>               | 1    |                           |
| <i>clobetasol propionate 0.05 % liquid</i>            | 2    |                           |
| <i>clobetasol propionate 0.05 % lotion</i>            | 2    |                           |
| <i>clobetasol propionate 0.05 % ointment</i>          | 1    |                           |
| <i>clobetasol propionate 0.05 % shampoo</i>           | 2    |                           |
| <i>clobetasol propionate 0.05 % solution</i>          | 1    |                           |
| <i>clodan 0.05 % shampoo</i>                          | 2    |                           |
| <i>clobetasol prop emollient base 0.05 % cream</i>    | 1    |                           |
| EUCRISA 2 % OINTMENT                                  | 2    | QL 3.34 GM / 1 DAYS<br>ST |
| <i>desonide 0.05 % cream</i>                          | 1    |                           |
| DESONIDE 0.05 % GEL                                   | 2    |                           |
| <i>desonide 0.05 % ointment</i>                       | 1    |                           |
| <i>desoximetasone 0.05 % cream</i>                    | 1    |                           |

| PRODUCT DESCRIPTION                              | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| DESOXIMETASONE 0.05 % GEL                        | 1    |                       |
| <i>desoximetasone 0.05 % ointment</i>            | 1    |                       |
| <i>desoximetasone 0.25 % cream</i>               | 1    |                       |
| <i>desoximetasone 0.25 % ointment</i>            | 1    |                       |
| APEXICON E 0.05 % CREAM                          | 3    |                       |
| <i>fluocinolone acetonide 0.01 % cream</i>       | 1    |                       |
| <i>fluocinolone acetonide 0.01 % solution</i>    | 1    |                       |
| <i>fluocinolone acetonide 0.025 % cream</i>      | 1    |                       |
| <i>fluocinolone acetonide 0.025 % ointment</i>   | 1    |                       |
| <i>fluocinolone acetonide body 0.01 % oil</i>    | 2    |                       |
| <i>fluocinolone acetonide scalp 0.01 % oil</i>   | 2    |                       |
| <i>fluocinonide 0.05 % cream</i>                 | 1    |                       |
| <i>fluocinonide 0.05 % gel</i>                   | 1    |                       |
| <i>fluocinonide 0.05 % ointment</i>              | 1    |                       |
| <i>fluocinonide 0.05 % solution</i>              | 1    |                       |
| <i>fluocinonide 0.1 % cream</i>                  | 3    |                       |
| <i>fluocinonide emulsified base 0.05 % cream</i> | 1    |                       |
| CORDRAN 4 MCG/SQCM TAPE                          | 3    |                       |
| FLURANDRENOLIDE 0.05 % CREAM                     | 3    |                       |
| FLURANDRENOLIDE 0.05 % LOTION                    | 3    |                       |
| <i>fluticasone propionate 0.005 % ointment</i>   | 1    |                       |
| <i>fluticasone propionate 0.05 % cream</i>       | 1    |                       |
| FLUTICASONE PROPIONATE 0.05 % LOTION             | 1    |                       |
| <i>halobetasol propionate 0.05 % cream</i>       | 1    |                       |
| <i>halobetasol propionate 0.05 % ointment</i>    | 1    |                       |
| HYDROCORTISONE BUTYRATE 0.1 % CREAM              | 1    |                       |
| <i>hydrocortisone butyrate 0.1 % lotion</i>      | 2    |                       |
| HYDROCORTISONE BUTYRATE 0.1 % SOLUTION           | 1    |                       |
| HYDROCORTISONE (PERIANAL) 1 % CREAM              | 1    |                       |
| <i>hydrocortisone (perianal) 2.5 % cream</i>     | 1    |                       |

| PRODUCT DESCRIPTION                              | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| PROCTOCORT 1 % CREAM                             | 1    |                       |
| <i>procto-med hc 2.5 % cream</i>                 | 1    |                       |
| <i>proctosol hc 2.5 % cream</i>                  | 1    |                       |
| <i>proctozone-hc 2.5 % cream</i>                 | 1    |                       |
| <i>ala-cort 1 % cream</i>                        | 1    |                       |
| <i>aquanil hc 1 % lotion</i>                     | 1    | OTC Over the Counter  |
| <i>beta hc 1 % lotion</i>                        | 1    | OTC Over the Counter  |
| <i>cortizone-10 diabetics skin 1 % lotion</i>    | 1    | OTC Over the Counter  |
| <i>cortizone-10 eczema 1 % lotion</i>            | 1    | OTC Over the Counter  |
| <i>cortizone-10 hydratensive 1 % lotion</i>      | 1    | OTC Over the Counter  |
| <i>cvs cortisone maximum strength 1 % lotion</i> | 1    | OTC Over the Counter  |
| <i>dermarest eczema 1 % lotion</i>               | 1    | OTC Over the Counter  |
| <i>hydrocortisone 1 % cream</i>                  | 1    |                       |
| <i>hydrocortisone 1 % lotion</i>                 | 1    | OTC Over the Counter  |
| <i>hydrocortisone 1 % ointment</i>               | 1    |                       |
| <i>hydrocortisone 2.5 % cream</i>                | 1    |                       |
| HYDROCORTISONE 2.5 % LOTION                      | 1    |                       |
| <i>hydrocortisone 2.5 % ointment</i>             | 1    |                       |
| <i>sarnol-hc 1 % lotion</i>                      | 1    | OTC Over the Counter  |
| <i>hydrocortisone valerate 0.2 % cream</i>       | 1    |                       |
| <i>ammonium lactate 12 % cream</i>               | 1    |                       |
| <i>ammonium lactate 12 % lotion</i>              | 1    |                       |
| <i>mometasone furoate 0.1 % solution</i>         | 1    |                       |
| <i>pimecrolimus 1 % cream</i>                    | 2    | QL 30 GM / 30 day(s)  |
| <i>selenium sulfide 2.5 % lotion</i>             | 1    |                       |
| SELENIUM SULFIDE 2.5 % LOTION                    | 1    |                       |
| <i>tacrolimus 0.03 % ointment</i>                | 2    | QL 30 GM / 30 day(s)  |
| <i>tacrolimus 0.1 % ointment</i>                 | 2    | QL 30 GM / 30 day(s)  |

| PRODUCT DESCRIPTION                             | TIER | LIMITS & RESTRICTIONS  |
|---|------|--|
| <i>triamcinolone acetonide 0.025 % cream</i>    | 1    |  |
| <i>triamcinolone acetonide 0.025 % lotion</i>   | 1    |  |
| TRIAMCINOLONE ACETONIDE 0.025 % LOTION          | 1    |  |
| <i>triamcinolone acetonide 0.025 % ointment</i> | 1    |  |
| TRIAMCINOLONE ACETONIDE 0.147 MG/GM AERO SOLN   | 3    |  |
| <i>triamcinolone acetonide 0.1 % cream</i>      | 1    |  |
| <i>triamcinolone acetonide 0.1 % lotion</i>     | 1    |  |
| <i>triamcinolone acetonide 0.1 % ointment</i>   | 1    |  |
| <i>triamcinolone acetonide 0.5 % cream</i>      | 1    |  |
| <i>triamcinolone acetonide 0.5 % ointment</i>   | 1    |  |
| <i>triderm 0.5 % cream</i>                      | 1    |  |
| DERMATOLOGICAL AGENTS, OTHER                    |      |  |
| XERESE 5-1 % CREAM                              | 3    |  |
| DRYSOL 20 % SOLUTION                            | 2    |  |
| XERAC AC 6.25 % SOLUTION                        | 2    |  |
| LEVULAN KERASTICK 20 % RECON SOLN               | 3    |  |
| OTEZLA 20 MG TAB                                | 2    | <ul style="list-style-type: none"> <li>QL 60 EA / 30 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul> |
| OTEZLA 30 MG TAB                                | 2    | <ul style="list-style-type: none"> <li>QL 60 EA / 30 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul> |
| REGRANEX 0.01 % GEL                             | 2    |  |
| BENZEPRO 5.3 % FOAM                             | 1    |  |
| BENZEPRO CREAMY WASH 7 % LIQUID                 | 1    |  |
| BENZEPRO FOAMING CLOTHS 6 % MISC                | 3    |  |
| BENZOYL PEROXIDE 9.8 % FOAM                     | 1    |  |
| <i>bp wash 2.5 % liquid</i>                     | 1    | OTC Over the Counter   |
| <i>panoxyl 2.5 % liquid</i>                     | 1    | OTC Over the Counter   |
| PR BENZOYL PEROXIDE WASH 7 % LIQUID             | 1    |  |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| PR BENZOYL PEROXIDE WASH 7 % LIQUID                           | 1    |                       |
| <i>calcipotriene 0.005 % cream</i>                            | 1    |                       |
| <i>calcipotriene 0.005 % ointment</i>                         | 1    |                       |
| <i>calcipotriene 0.005 % solution</i>                         | 1    |                       |
| CALCIPOTRIENE 0.005 % SOLUTION                                | 1    |                       |
| <i>calcitrene 0.005 % ointment</i>                            | 1    |                       |
| <i>calcipotriene-betameth diprop 0.005-0.064 % ointment</i>   | 3    |                       |
| <i>calcipotriene-betameth diprop 0.005-0.064 % suspension</i> | 3    |                       |
| CALCITRIOL 3 MCG/GM OINTMENT                                  | 3    |                       |
| <i>clotrimazole-betamethasone 1-0.05 % cream</i>              | 1    |                       |
| <i>clotrimazole-betamethasone 1-0.05 % lotion</i>             | 1    |                       |
| CLOTRIMAZOLE-BETAMETHASONE 1-0.05 % LOTION                    | 1    |                       |
| SANTYL 250 UNIT/GM OINTMENT                                   | 3    |                       |
| <i>diclofenac sodium 3 % gel</i>                              | 2    |                       |
| FLUOROURACIL 0.5 % CREAM                                      | 2    |                       |
| FLUOROURACIL 2 % SOLUTION                                     | 1    |                       |
| <i>fluorouracil 5 % cream</i>                                 | 1    |                       |
| <i>fluorouracil 5 % solution</i>                              | 1    |                       |
| HYDROCORTISONE ACE-PRAMOXINE 1-1 % CREAM                      | 1    |                       |
| HYDROCORT-PRAMOXINE (PERIANAL) 2.5-1 % CREAM                  | 1    |                       |
| PROCTOFOAM HC 1-1 % FOAM                                      | 2    |                       |
| <i>imiquimod 3.75 % cream</i>                                 | 3    |                       |
| <i>imiquimod 5 % cream</i>                                    | 1    |                       |
| <i>imiquimod pump 3.75 % cream</i>                            | 3    |                       |
| ZYCLARA PUMP 2.5 % CREAM                                      | 3    |                       |
| <i>hydrocortisone-iodoquinol 1-1 % cream</i>                  | 1    |                       |
| HYDROCORTISONE-IODOQUINOL 1-1 % CREAM                         | 1    |                       |
| IDOQUIMEZ-HC 1-1.9 % CREAM                                    | 3    |                       |
| IDOQUINOL-HYDROCORTISONE-ALOE 1-1.9 % CREAM                   | 3    |                       |
| LIDOCAINE-HYDROCORTISONE ACE 1-3 % KIT                        | 1    |                       |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| LIDOCAINE-HYDROCORTISONE ACE 3-0.5 % KIT                    | 1    |                       |
| LIDOCAINE-HYDROCORTISONE ACE 3-1 % KIT                      | 1    |                       |
| <i>lidocaine-hydrocortisone ace 3-2.5 % kit</i>             | 1    |                       |
| LIDOCAINE-HYDROCORTISONE ACE 3-2.5 % KIT                    | 1    |                       |
| LIDOCAINE-HYDROCORT (PERIANAL) 3-0.5 % CREAM                | 1    |                       |
| LIDOCORT 3-0.5 % CREAM                                      | 1    |                       |
| METHOXSALLEN RAPID 10 MG CAP                                | 2    |                       |
| <i>nystatin-triamcinolone 100000-0.1 unit/gm-% cream</i>    | 1    |                       |
| <i>nystatin-triamcinolone 100000-0.1 unit/gm-% ointment</i> | 1    |                       |
| <i>podofilox 0.5 % gel</i>                                  | 2    |                       |
| PODOFILOX 0.5 % SOLUTION                                    | 1    |                       |
| HYDROCORTISONE ACE-PRAMOXINE 2.5-1 % CREAM                  | 1    |                       |
| PRAMOSONE 1-1 % CREAM                                       | 3    |                       |
| PRAMOSONE 1-2.5 % LOTION                                    | 3    |                       |
| PRAMOSONE 1-2.5 % OINTMENT                                  | 3    |                       |
| KERALYT 6 % SHAMPOO   | 1    |                       |
| SALICYLIC ACID 26 % SOLUTION                                | 1    |                       |
| SALICYLIC ACID 6 % GEL                                      | 1    |                       |
| SALICYLIC ACID 6 % SHAMPOO                                  | 1    |                       |
| <i>salicylic acid wart remover 27.5 % liquid</i>            | 1    |                       |
| SALICYLIC ACID WART REMOVER 27.5 % LIQUID                   | 1    |                       |
| <i>salynta 6 % gel</i>                                      | 1    |                       |
| <i>silver sulfadiazine 1 % cream</i>                        | 1    |                       |
| <i>ssd 1 % cream</i>  | 1    |                       |
| OVACE PLUS 9.8 % LOTION                                     | 3    |                       |
| SODIUM SULFACETAMIDE WASH 10 % LIQUID                       | 1    |                       |
| SODIUM SULFACETAMIDE WASH 10 % LIQUID                       | 1    |                       |
| <i>sulfacetamide sodium 10 % liquid</i>                     | 1    |                       |
| SULFACETAMIDE SODIUM 10 % LIQUID                            | 1    |                       |
| SULFACETAMIDE-SULFUR IN UREA 10-5 % EMULSION                | 1    |                       |

| PRODUCT DESCRIPTION                                 | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| AVAR CLEANSER 10-5 % LIQUID                         | 1    |                       |
| AVAR-E EMOLLIENT 10-5 % CREAM                       | 1    |                       |
| <i>avar-e green 10-5 % cream</i>                    | 1    |                       |
| BP 10-1 10-1 % EMULSION                             | 1    |                       |
| SSS 10-5 10-5 % CREAM                               | 1    |                       |
| SSS 10-5 10-5 % FOAM                                | 1    |                       |
| SULFACETAMIDE SODIUM-SULFUR 10-1 % EMULSION         | 1    |                       |
| <i>sulfacetamide sodium-sulfur 10-2 % cream</i>     | 1    |                       |
| SULFACETAMIDE SODIUM-SULFUR 10-2 % CREAM            | 1    |                       |
| SULFACETAMIDE SODIUM-SULFUR 10-2 % LIQUID           | 1    |                       |
| <i>sulfacetamide sodium-sulfur 10-5 % cream</i>     | 1    |                       |
| SULFACETAMIDE SODIUM-SULFUR 10-5 % CREAM            | 1    |                       |
| <i>sulfacetamide sodium-sulfur 10-5 % liquid</i>    | 1    |                       |
| SULFACETAMIDE SODIUM-SULFUR 10-5 % LIQUID           | 1    |                       |
| SULFACETAMIDE SODIUM-SULFUR 10-5 % LOTION           | 1    |                       |
| SULFACETAMIDE SODIUM-SULFUR 10-5 % SUSPENSION       | 1    |                       |
| SULFACETAMIDE SODIUM-SULFUR 8-4 % SUSPENSION        | 1    |                       |
| <i>sulfacetamide sodium-sulfur 8-4 % suspension</i> | 1    |                       |
| SULFACETAMIDE SODIUM-SULFUR 8-4 % SUSPENSION        | 1    |                       |
| SULFACETAMIDE SODIUM-SULFUR 9-4.5 % LIQUID          | 1    |                       |
| SULFACETAMIDE SODIUM-SULFUR 9-4 % LIQUID            | 1    |                       |
| SULFACETAMIDE SODIUM-SULFUR 9-4 % LIQUID            | 1    |                       |
| SULFACETAMIDE SOD-SULFUR WASH 9-4.5 % LIQUID        | 1    |                       |
| SULFACETAMIDE SOD-SULFUR WASH 9-4 % LIQUID          | 1    |                       |
| SULFACLEANSE 8/4 8-4 % SUSPENSION                   | 1    |                       |
| SULFAMEZ WASH 10-1 % EMULSION                       | 1    |                       |
| <i>umecta mousse 40 % foam</i>                      | 1    |                       |
| UREA 39 % CREAM                                     | 1    |                       |
| <i>urea 40 % cream</i>                              | 1    |                       |
| UREA 40 % CREAM                                     | 1    |                       |

| PRODUCT DESCRIPTION                           | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| UREA 40 % LOTION                              | 1    |                       |
| UREA 45 % CREAM                               | 1    |                       |
| UREA 47 % CREAM                               | 1    |                       |
| <i>urea nail 45 % gel</i>                     | 1    |                       |
| UREDEB 39 % CREAM                             | 1    |                       |
| UREMEZ-40 40 % CREAM                          | 1    |                       |
| XUREA 39 % CREAM                              | 1    |                       |
| PEDICULICIDES/SCABICIDES                      |      |                       |
| CROTAN 10 % LOTION                            | 2    |                       |
| <i>ivermectin 1 % cream</i>                   | 3    |                       |
| SOOLANTRA 1 % CREAM                           | 3    |                       |
| <i>malathion 0.5 % lotion</i>                 | 1    |                       |
| <i>permethrin 5 % cream</i>                   | 1    |                       |
| SPINOSAD 0.9 % SUSPENSION                     | 3    |                       |
| TOPICAL ANTI-INFECTIVES                       |      |                       |
| <i>acyclovir 5 % cream</i>                    | 2    | QL 5 gm / 30 days     |
| <i>acyclovir 5 % ointment</i>                 | 2    | QL 15 GM / 30 day(s)  |
| <i>ciclopirox 0.77 % gel</i>                  | 1    |                       |
| <i>ciclopirox 1 % shampoo</i>                 | 1    |                       |
| <i>ciclopirox 8 % solution</i>                | 1    |                       |
| <i>clindacin 1 % foam</i>                     | 2    |                       |
| <i>clindamycin phos (once-daily) 1 % gel</i>  | 1    |                       |
| <i>clindamycin phosphate 1 % foam</i>         | 2    |                       |
| <i>clindamycin phosphate 1 % lotion</i>       | 1    |                       |
| <i>clindamycin phosphate 1 % solution</i>     | 1    |                       |
| <i>clindamycin phos (twice-daily) 1 % gel</i> | 1    |                       |
| <i>dapsone 5 % gel</i>                        | 3    |                       |
| ERY 2 % PAD                                   | 1    |                       |
| <i>erythromycin 2 % gel</i>                   | 1    |                       |
| ERYTHROMYCIN 2 % GEL                          | 1    |                       |

| PRODUCT DESCRIPTION                   | TIER | LIMITS & RESTRICTIONS |
|---------------------------------------|------|-----------------------|
| <i>erythromycin 2 % solution</i>      | 1    |                       |
| <i>mupirocin 2 % ointment</i>         | 1    |                       |
| <i>mupirocin calcium 2 % cream</i>    | 2    |                       |
| ELECTROLYTES/MINERALS/METALS/VITAMINS |      |                       |
| ELECTROLYTE/MINERAL REPLACEMENT       |      |                       |
| <i>carglumic acid 200 mg tab sol</i>  | 3    | PA<br>SP Specialty    |
| ADVERA LIQUID                         | 2    | OTC Over the Counter  |
| ALITRAQ PACKET                        | 2    | OTC Over the Counter  |
| ARGINOID EXTRA LIQUID                 | 2    | OTC Over the Counter  |
| ARGINOID PACKET                       | 2    | OTC Over the Counter  |
| BABY'S BIG SUPPORT POWDER             | 2    | OTC Over the Counter  |
| BALANCED NUTRITIONAL DRINK LIQUID     | 2    | OTC Over the Counter  |
| BALANCED NUTRITIONAL DRINK PLS LIQUID | 2    | OTC Over the Counter  |
| BALANCED NUTRITIONAL SHAKE PLS LIQUID | 2    | OTC Over the Counter  |
| BENECALORIE LIQUID                    | 2    | OTC Over the Counter  |
| BOOST BREEZE 2-FLAVOR PACK LIQUID     | 2    | OTC Over the Counter  |
| BOOST BREEZE LIQUID                   | 2    | OTC Over the Counter  |
| BOOST GLUCOSE CONTROL LIQUID          | 2    | OTC Over the Counter  |
| BOOST GLUCOSE CTRL MAX PROTEIN LIQUID | 2    | OTC Over the Counter  |
| BOOST HIGH PROTEIN LIQUID             | 2    | OTC Over the Counter  |
| BOOST KID ESSENTIALS 1.0 CAL LIQUID   | 2    | OTC Over the Counter  |
| BOOST KID ESSENTIALS 1.5 CAL LIQUID   | 2    | OTC Over the Counter  |
| BOOST KID ESSENTIALS 1.5/FIBER LIQUID | 2    | OTC Over the Counter  |
| BOOST LIQUID                          | 2    | OTC Over the Counter  |
| BOOST MAX PROTEIN LIQUID              | 2    | OTC Over the Counter  |

| PRODUCT DESCRIPTION                   | TIER | LIMITS & RESTRICTIONS |
|---------------------------------------|------|-----------------------|
| BOOST ORIGINAL LIQUID                 | 2    | OTC Over the Counter  |
| BOOST PLUS LIQUID                     | 2    | OTC Over the Counter  |
| BOOST VERY HIGH CALORIE LIQUID        | 2    | OTC Over the Counter  |
| BOOST VHC LIQUID                      | 2    | OTC Over the Counter  |
| BOOST WOMEN LIQUID                    | 2    | OTC Over the Counter  |
| BRAINSUSTAIN FOR KIDS POWDER          | 2    | OTC Over the Counter  |
| BRAINSUSTAIN PACKET                   | 2    | OTC Over the Counter  |
| BRIGHT BEGINNINGS PEDIATRIC LIQUID    | 2    | OTC Over the Counter  |
| CARNATION BREAKFAST ESSENTIALS LIQUID | 2    | OTC Over the Counter  |
| CARNATION BREAKFAST ESSENTIALS PACKET | 2    | OTC Over the Counter  |
| CFPREOP LIQUID                        | 2    | OTC Over the Counter  |
| CHICKEN/PEAS/CARROTS PLUS PEDI POWDER | 2    | OTC Over the Counter  |
| CHICKEN/PEAS/CARROTS PLUS POWDER      | 2    | OTC Over the Counter  |
| COMPLEAT LIQUID                       | 2    | OTC Over the Counter  |
| COMPLEAT ORGANIC BLENDS LIQUID        | 2    | OTC Over the Counter  |
| COMPLEAT ORG BLEND 1.2-CHICKEN LIQUID | 2    | OTC Over the Counter  |
| COMPLEAT ORG BLEND 1.2-PLANT LIQUID   | 2    | OTC Over the Counter  |
| COMPLEAT ORIGINAL PLANT-BASED LIQUID  | 2    | OTC Over the Counter  |
| COMPLEAT PEDIATRIC LIQUID             | 2    | OTC Over the Counter  |
| COMPLEAT PEDIATRIC ORG BLENDS LIQUID  | 2    | OTC Over the Counter  |
| COMPLEAT PEDIATRIC PEPTIDE 1.0 LIQUID | 2    | OTC Over the Counter  |
| COMPLEAT PEDI ORIG PLANT-BASED LIQUID | 2    | OTC Over the Counter  |
| COMPLEAT PEDI PEPTIDE 1.5 LIQUID      | 2    | OTC Over the Counter  |
| COMPLEAT PEDI STANDARD 1.0 LIQUID     | 2    | OTC Over the Counter  |
| COMPLEAT PEDI STANDARD 1.4 LIQUID     | 2    | OTC Over the Counter  |

| PRODUCT DESCRIPTION                   | TIER | LIMITS & RESTRICTIONS |
|---------------------------------------|------|-----------------------|
| COMPLEAT PED ORGBLEND 1.2-CHIC LIQUID | 2    | OTC Over the Counter  |
| COMPLEAT PED ORGBLEND 1.2-PLNT LIQUID | 2    | OTC Over the Counter  |
| COMPLEAT PEPTIDE 1.0 LIQUID           | 2    | OTC Over the Counter  |
| COMPLEAT PEPTIDE 1.5 LIQUID           | 2    | OTC Over the Counter  |
| COMPLEAT STANDARD 1.4 LIQUID          | 2    | OTC Over the Counter  |
| COMPLEX ESSENTIAL MSD POWDER          | 2    | OTC Over the Counter  |
| CVS NUTRITIONAL SHAKE LIQUID          | 2    | OTC Over the Counter  |
| CVS NUTRITION LIQUID LIQUID           | 2    | OTC Over the Counter  |
| CVS NUTRITION PLUS CHOCOLATE LIQUID   | 2    | OTC Over the Counter  |
| CVS NUTRITION PLUS LIQUID             | 2    | OTC Over the Counter  |
| CVS NUTRITION PLUS VANILLA LIQUID     | 2    | OTC Over the Counter  |
| DIABETISOURCE AC LIQUID               | 2    | OTC Over the Counter  |
| DIARESQ CHILDRENS PACKET              | 2    | OTC Over the Counter  |
| DIARESQ GENTLE RELIEF TODDLERS PACKET | 2    | OTC Over the Counter  |
| DIARESQ PACKET                        | 2    | OTC Over the Counter  |
| DPP DIPEPTIDE POWER LIQUID            | 2    | OTC Over the Counter  |
| EAA SUPPLEMENT PACKET                 | 2    | OTC Over the Counter  |
| ELECARE JR POWDER                     | 2    | OTC Over the Counter  |
| ENCALA PACKET                         | 2    | OTC Over the Counter  |
| ENCALA POWDER                         | 2    | OTC Over the Counter  |
| ENLIVE LIQUID                         | 2    | OTC Over the Counter  |
| ENSURE ACTIVE HEART HEALTH LIQUID     | 2    | OTC Over the Counter  |
| ENSURE ACTIVE HIGH PROTEIN LIQUID     | 2    | OTC Over the Counter  |
| ENSURE ACTIVE LIGHT LIQUID            | 2    | OTC Over the Counter  |
| ENSURE ACTIVE LIQUID                  | 2    | OTC Over the Counter  |

| PRODUCT DESCRIPTION                    | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| ENSURE BONE HEALTH REVIGOR LIQUID      | 2    | OTC Over the Counter  |
| ENSURE CLEAR LIQUID                    | 2    | OTC Over the Counter  |
| ENSURE CLINICAL ST REVIGOR LIQUID      | 2    | OTC Over the Counter  |
| ENSURE COMPACT LIQUID                  | 2    | OTC Over the Counter  |
| ENSURE COMPLETE LIQUID                 | 2    | OTC Over the Counter  |
| ENSURE COMPLETE SHAKE LIQUID           | 2    | OTC Over the Counter  |
| ENSURE ENLIVE LIQUID                   | 2    | OTC Over the Counter  |
| ENSURE/FIBER LIQUID                    | 2    | OTC Over the Counter  |
| ENSURE HARVEST 1.2 CAL LIQUID          | 2    | OTC Over the Counter  |
| ENSURE HEALTHY MOM LIQUID              | 2    | OTC Over the Counter  |
| ENSURE HIGH CALCIUM LIQUID             | 2    | OTC Over the Counter  |
| ENSURE HIGH PROTEIN LIQUID             | 2    | OTC Over the Counter  |
| ENSURE IMMUNE HEALTH LIQUID            | 2    | OTC Over the Counter  |
| ENSURE LIQUID                          | 2    | OTC Over the Counter  |
| ENSURE MAX PROTEIN LIQUID              | 2    | OTC Over the Counter  |
| ENSURE MAX PROTEIN WITH CAFFEIN LIQUID | 2    | OTC Over the Counter  |
| ENSURE MUSCLE HEALTH REVIGOR LIQUID    | 2    | OTC Over the Counter  |
| ENSURE NUTRA SHAKE HI-CAL LIQUID       | 2    | OTC Over the Counter  |
| ENSURE NUTRITION SHAKE LIQUID          | 2    | OTC Over the Counter  |
| ENSURE ORIGINAL/FIBER LIQUID           | 2    | OTC Over the Counter  |
| ENSURE ORIGINAL LIQUID                 | 2    | OTC Over the Counter  |
| ENSURE ORIGINAL POWDER                 | 2    | OTC Over the Counter  |
| ENSURE ORIG THERAPEUTIC NUTRI LIQUID   | 2    | OTC Over the Counter  |
| ENSURE PLANT-BASED PROTEIN LIQUID      | 2    | OTC Over the Counter  |
| ENSURE PLUS HIGH PROTEIN LIQUID        | 2    | OTC Over the Counter  |

| PRODUCT DESCRIPTION                 | TIER | LIMITS & RESTRICTIONS |
|-------------------------------------|------|-----------------------|
| ENSURE PLUS HN LIQUID               | 2    | OTC Over the Counter  |
| ENSURE PLUS LIQUID                  | 2    | OTC Over the Counter  |
| ENSURE PLUS WITH FIBER LIQUID       | 2    | OTC Over the Counter  |
| ENSURE PRE-SURGERY LIQUID           | 2    | OTC Over the Counter  |
| ENSURE SURGERY LIQUID               | 2    | OTC Over the Counter  |
| ENSURE SURGICAL NUTRITION LIQUID    | 2    | OTC Over the Counter  |
| ENTERADE IBS-D LIQUID               | 2    | OTC Over the Counter  |
| ENTERADE LIQUID                     | 2    | OTC Over the Counter  |
| ENU COMPLETE NUTRITION SHAKE LIQUID | 2    | OTC Over the Counter  |
| ENU NUTRITIONAL SHAKE LIQUID        | 2    | OTC Over the Counter  |
| EO28 SPLASH LIQUID                  | 2    | OTC Over the Counter  |
| EQ NUTRITIONAL SHAKE LIQUID         | 2    | OTC Over the Counter  |
| EQ NUTRITIONAL SHAKE PLUS LIQUID    | 2    | OTC Over the Counter  |
| EQUATE LIQUID                       | 2    | OTC Over the Counter  |
| EQUATE PLUS LIQUID                  | 2    | OTC Over the Counter  |
| EQ WEIGHT LOSS SHAKE LIQUID         | 2    | OTC Over the Counter  |
| EXPEDITE LIQUID                     | 2    | OTC Over the Counter  |
| FIBER FLOW LIQUID                   | 2    | OTC Over the Counter  |
| FIBERSOURCE HN LIQUID               | 2    | OTC Over the Counter  |
| FITFOOD LEAN COMPLETE PACKET        | 2    | OTC Over the Counter  |
| FRUITIVITS PACKET                   | 2    | OTC Over the Counter  |
| GA-1 ANAMIX EARLY YEARS POWDER      | 2    | OTC Over the Counter  |
| GA EXPRESS15 PACKET                 | 2    | OTC Over the Counter  |
| GA GEL PACKET                       | 2    | OTC Over the Counter  |
| GELATEIN MCT LIQUID                 | 2    | OTC Over the Counter  |

| PRODUCT DESCRIPTION                 | TIER | LIMITS & RESTRICTIONS |
|-------------------------------------|------|-----------------------|
| GLUCERNA 1.0 CAL/CARBSTEADY LIQUID  | 2    | OTC Over the Counter  |
| GLUCERNA 1.0 CAL/FIBER LIQUID       | 2    | OTC Over the Counter  |
| GLUCERNA 1.0 CAL LIQUID             | 2    | OTC Over the Counter  |
| GLUCERNA 1.2 CAL LIQUID             | 2    | OTC Over the Counter  |
| GLUCERNA 1.5 CAL/CARBSTEADY LIQUID  | 2    | OTC Over the Counter  |
| GLUCERNA 1.5 CAL LIQUID             | 2    | OTC Over the Counter  |
| GLUCERNA ADVANCE SHAKE LIQUID       | 2    | OTC Over the Counter  |
| GLUCERNA CARBSTEADY LIQUID          | 2    | OTC Over the Counter  |
| GLUCERNA HUNGER SMART SHAKE LIQUID  | 2    | OTC Over the Counter  |
| GLUCERNA LIQUID                     | 2    | OTC Over the Counter  |
| GLUCERNA OS LIQUID                  | 2    | OTC Over the Counter  |
| GLUCERNA SELECT LIQUID              | 2    | OTC Over the Counter  |
| GLUCERNA SHAKE LIQUID               | 2    | OTC Over the Counter  |
| GLUCERNA SNACK SHAKE LIQUID         | 2    | OTC Over the Counter  |
| GLUCERNA WEIGHT LOSS SHAKE LIQUID   | 2    | OTC Over the Counter  |
| GLYCOSAIDE PACKET                   | 2    | OTC Over the Counter  |
| GLYTROL PREBIO1 LIQUID              | 2    | OTC Over the Counter  |
| GOODSENSE NUTRISURE ORIGINAL LIQUID | 2    | OTC Over the Counter  |
| GOODSENSE NUTRISURE PLUS LIQUID     | 2    | OTC Over the Counter  |
| HAELAN 951 FERMENTED SOY LIQUID     | 2    | OTC Over the Counter  |
| HAELAN HTPI FERMENTED SOY LIQUID    | 2    | OTC Over the Counter  |
| HCU ANAMIX EARLY YEARS POWDER       | 2    | OTC Over the Counter  |
| HCU COOLER15 LIQUID                 | 2    | OTC Over the Counter  |
| HCU COOLER LIQUID                   | 2    | OTC Over the Counter  |
| HCU GEL PACKET                      | 2    | OTC Over the Counter  |

| PRODUCT DESCRIPTION                   | TIER | LIMITS & RESTRICTIONS |
|---------------------------------------|------|-----------------------|
| HCU LOPHLEX LQ LIQUID                 | 2    | OTC Over the Counter  |
| HEALTHY ACCENTS NUTRA FIT LIQUID      | 2    | OTC Over the Counter  |
| HEALTHY ACCENTS NUTRA FIT PLUS LIQUID | 2    | OTC Over the Counter  |
| HI-CAL LIQUID                         | 2    | OTC Over the Counter  |
| HIGH-PROTEIN NUTRITIONAL SHAKE LIQUID | 2    | OTC Over the Counter  |
| HM NUTRISURE LIQUID                   | 2    | OTC Over the Counter  |
| HM NUTRISURE PLUS LIQUID              | 2    | OTC Over the Counter  |
| I5 PACKET                             | 2    | OTC Over the Counter  |
| IMPACT ADVANCED RECOVERY LIQUID       | 2    | OTC Over the Counter  |
| IMPACT LIQUID                         | 2    | OTC Over the Counter  |
| IMPACT PEPTIDE 1.5 LIQUID             | 2    | OTC Over the Counter  |
| INNOVACIN LIQUID                      | 2    | OTC Over the Counter  |
| INTROLITE LIQUID                      | 2    | OTC Over the Counter  |
| ISOSOURCE 1.5 CAL LIQUID              | 2    | OTC Over the Counter  |
| ISOSOURCE HN LIQUID                   | 2    | OTC Over the Counter  |
| IVA ANAMIX EARLY YEARS POWDER         | 2    | OTC Over the Counter  |
| JEVITY 1.2 CAL/FIBER LIQUID           | 2    | OTC Over the Counter  |
| JEVITY 1.2 CAL LIQUID                 | 2    | OTC Over the Counter  |
| JEVITY 1.5 CAL/FIBER LIQUID           | 2    | OTC Over the Counter  |
| JEVITY 1 CAL/FIBER LIQUID             | 2    | OTC Over the Counter  |
| JEVITY 1 CAL LIQUID                   | 2    | OTC Over the Counter  |
| JUICE PLUS FIBRE LIQUID               | 2    | OTC Over the Counter  |
| JUVEN NUTRIVIGOR PACKET               | 2    | OTC Over the Counter  |
| JUVEN PACKET                          | 2    | OTC Over the Counter  |
| JUVEN REVIGOR PACKET                  | 2    | OTC Over the Counter  |

| PRODUCT DESCRIPTION                   | TIER | LIMITS & RESTRICTIONS |
|---------------------------------------|------|-----------------------|
| KALE/QUINOA/BERRIES PLUS PEDIA POWDER | 2    | OTC Over the Counter  |
| KALE/QUINOA/BERRIES PLUS POWDER       | 2    | OTC Over the Counter  |
| KATE FARMS GLUCOSE SUPPORT 1.2 LIQUID | 2    | OTC Over the Counter  |
| KATE FARMS HIGH PROTEIN LIQUID        | 2    | OTC Over the Counter  |
| KATE FARMS KIDS NUTRITION LIQUID      | 2    | OTC Over the Counter  |
| KATE FARMS PED PEPTIDE 1.0 LIQUID     | 2    | OTC Over the Counter  |
| KATE FARMS PED PEPTIDE 1.5 LIQUID     | 2    | OTC Over the Counter  |
| KATE FARMS PED STANDARD 1.2 LIQUID    | 2    | OTC Over the Counter  |
| KATE FARMS PEPTIDE 1.0 LIQUID         | 2    | OTC Over the Counter  |
| KATE FARMS PEPTIDE 1.5 LIQUID         | 2    | OTC Over the Counter  |
| KATE FARMS RENAL SUPPORT 1.8 LIQUID   | 2    | OTC Over the Counter  |
| KATE FARMS STANDARD 1.0 LIQUID        | 2    | OTC Over the Counter  |
| KATE FARMS STANDARD 1.4 LIQUID        | 2    | OTC Over the Counter  |
| KETOCAL 2.5:1 LQ MULTI FIBER LIQUID   | 2    | OTC Over the Counter  |
| KETOCAL 4:1 LIQUID                    | 2    | OTC Over the Counter  |
| KETOCAL 4:1 LQ MULTI FIBER LIQUID     | 2    | OTC Over the Counter  |
| KETOCAL 4:1 LQ MULTI-FIBER LIQUID     | 2    | OTC Over the Counter  |
| KETO LIQUID                           | 2    | OTC Over the Counter  |
| KFLO LIQUID                           | 2    | OTC Over the Counter  |
| KIDS PLANT PROTEIN SHAKE LIQUID       | 2    | OTC Over the Counter  |
| KIDS PROTEIN ORGANIC SHAKE LIQUID     | 2    | OTC Over the Counter  |
| KINDERSPROUT PLANT PROTEIN LIQUID     | 2    | OTC Over the Counter  |
| LANAFLEX PACKET                       | 2    | OTC Over the Counter  |
| LIL MIXINS-EGG 5 GM/5GM POWDER        | 2    | OTC Over the Counter  |
| LIL MIXINS-PEANUT 5 GM/5GM POWDER     | 2    | OTC Over the Counter  |

| PRODUCT DESCRIPTION                 | TIER | LIMITS & RESTRICTIONS |
|-------------------------------------|------|-----------------------|
| LIQUID HOPE LIQUID                  | 2    | OTC Over the Counter  |
| LIQUID HOPE PEPTIDE BERRY LIQUID    | 2    | OTC Over the Counter  |
| LIQUID HOPE PEPTIDE HP LIQUID       | 2    | OTC Over the Counter  |
| LIQUID HOPE PEPTIDE LIQUID          | 2    | OTC Over the Counter  |
| LOPHLEX LQ 20 LIQUID                | 2    | OTC Over the Counter  |
| LOPHLEX PACKET                      | 2    | OTC Over the Counter  |
| LPS CRITICAL CARE SUGAR FREE LIQUID | 2    | OTC Over the Counter  |
| LPS SUGAR FREE LIQUID               | 2    | OTC Over the Counter  |
| LUTRISH CHOCOLATE SHAKE PACKET      | 2    | OTC Over the Counter  |
| LUTRISH VANILLA SHAKE PACKET        | 2    | OTC Over the Counter  |
| MALTOCARB POWDER                    | 2    | OTC Over the Counter  |
| MCTPROCAL PACKET                    | 2    | OTC Over the Counter  |
| MCT PRO-CAL PACKET                  | 2    | OTC Over the Counter  |
| MMA/PA ANAMIX EARLY YEARS POWDER    | 2    | OTC Over the Counter  |
| MMA/PA COOLER15 LIQUID              | 2    | OTC Over the Counter  |
| MMA/PA EXPRESS 15 PACKET            | 2    | OTC Over the Counter  |
| MMA/PA GEL PACKET                   | 2    | OTC Over the Counter  |
| MSUD ANAMIX EARLY YEARS POWDER      | 2    | OTC Over the Counter  |
| MSUD COOLER15 LIQUID                | 2    | OTC Over the Counter  |
| MSUD COOLER LIQUID                  | 2    | OTC Over the Counter  |
| MSUD EXPRESS 15 PLUS PACKET         | 2    | OTC Over the Counter  |
| MSUD EXPRESS 20 PLUS PACKET         | 2    | OTC Over the Counter  |
| MSUD GEL PACKET                     | 2    | OTC Over the Counter  |
| MSUD LOPHLEX LQ LIQUID              | 2    | OTC Over the Counter  |
| NEOCATE SPLASH JUNIOR LIQUID        | 2    | OTC Over the Counter  |

| PRODUCT DESCRIPTION                 | TIER | LIMITS & RESTRICTIONS |
|-------------------------------------|------|-----------------------|
| NEOCATE SYNEO JUNIOR POWDER         | 2    | OTC Over the Counter  |
| NEPRO/CARBSTEADY LIQUID             | 2    | OTC Over the Counter  |
| NEPRO LIQUID                        | 2    | OTC Over the Counter  |
| NOURISH LIQUID                      | 2    | OTC Over the Counter  |
| NOURISH PEPTIDE BERRY MEDLEY LIQUID | 2    | OTC Over the Counter  |
| NOURISH PEPTIDE FORMULA LIQUID      | 2    | OTC Over the Counter  |
| NOVASOURCE RENAL LIQUID             | 2    | OTC Over the Counter  |
| NUTRAMINE AMINO BITES PACKET        | 2    | OTC Over the Counter  |
| NUTRAMINE PACKET                    | 2    | OTC Over the Counter  |
| NUTRA/SHAKE LIQUID                  | 2    | OTC Over the Counter  |
| NUTREN 1.0/FIBER LIQUID             | 2    | OTC Over the Counter  |
| NUTREN 1.0 LIQUID                   | 2    | OTC Over the Counter  |
| NUTREN 1.5 LIQUID                   | 2    | OTC Over the Counter  |
| NUTREN 2.0 LIQUID                   | 2    | OTC Over the Counter  |
| NUTREN JR FIBER LIQUID              | 2    | OTC Over the Counter  |
| NUTREN JR LIQUID                    | 2    | OTC Over the Counter  |
| NUTREN JUNIOR 1.0 LIQUID            | 2    | OTC Over the Counter  |
| NUTREN JUNIOR/FIBER LIQUID          | 2    | OTC Over the Counter  |
| NUTREN JUNIOR LIQUID                | 2    | OTC Over the Counter  |
| NUTREN PULMONARY LIQUID             | 2    | OTC Over the Counter  |
| NUTRICIA PREOP PACKET               | 2    | OTC Over the Counter  |
| NUTRIFOCUS LIQUID                   | 2    | OTC Over the Counter  |
| NUTRIHEP 1.5 CAL LIQUID             | 2    | OTC Over the Counter  |
| NUTRITIONAL DRINK LIQUID            | 2    | OTC Over the Counter  |
| NUTRITIONAL DRINK PLUS LIQUID       | 2    | OTC Over the Counter  |

| PRODUCT DESCRIPTION                   | TIER | LIMITS & RESTRICTIONS |
|---------------------------------------|------|-----------------------|
| NUTRITIONAL SHAKE COMPLETE LIQUID     | 2    | OTC Over the Counter  |
| NUTRITIONAL SHAKE HIGH PROTEIN LIQUID | 2    | OTC Over the Counter  |
| NUTRITIONAL SHAKE LIQUID              | 2    | OTC Over the Counter  |
| NUTRITIONAL SHAKE PLUS LIQUID         | 2    | OTC Over the Counter  |
| NUTRITIONAL SHAKE PLUS PROTEIN LIQUID | 2    | OTC Over the Counter  |
| NUTRITIONAL SUPPLEMENT LIQUID         | 2    | OTC Over the Counter  |
| NUTRITIONAL SUPPLEMENT PLUS LIQUID    | 2    | OTC Over the Counter  |
| OPTICLEANSE GHI PACKET                | 2    | OTC Over the Counter  |
| OPTICLEANSE PLUS PACKET               | 2    | OTC Over the Counter  |
| OPTIMENTAL LIQUID                     | 2    | OTC Over the Counter  |
| OPTIMETABOLIX 2:1 PACKET              | 2    | OTC Over the Counter  |
| OPTIMETABOLIX PACKET                  | 2    | OTC Over the Counter  |
| ORGAIN KIDS PROTEIN ORGANIC NU LIQUID | 2    | OTC Over the Counter  |
| ORGANIC MIX-INS STAGE1/STAGE 2 PACKET | 2    | OTC Over the Counter  |
| ORGANIC NUTRITION SHAKE LIQUID        | 2    | OTC Over the Counter  |
| OSAPLEX MK-7 PACKET                   | 2    | OTC Over the Counter  |
| OSMOLITE 1.2 CAL LIQUID               | 2    | OTC Over the Counter  |
| OSMOLITE 1.5 CAL LIQUID               | 2    | OTC Over the Counter  |
| OSMOLITE 1 CAL LIQUID                 | 2    | OTC Over the Counter  |
| OSMOLITE HN LIQUID                    | 2    | OTC Over the Counter  |
| OSMOLITE LIQUID                       | 2    | OTC Over the Counter  |
| OXEPA 1.5 LIQUID                      | 2    | OTC Over the Counter  |
| OXEPA LIQUID                          | 2    | OTC Over the Counter  |
| PEDIASURE 1.0 CAL/FIBER LIQUID        | 2    | OTC Over the Counter  |
| PEDIASURE 1.0 CAL LIQUID              | 2    | OTC Over the Counter  |

| PRODUCT DESCRIPTION                   | TIER | LIMITS & RESTRICTIONS |
|---------------------------------------|------|-----------------------|
| PEDIASURE 1.5 CAL/FIBER LIQUID        | 2    | OTC Over the Counter  |
| PEDIASURE 1.5 CAL LIQUID              | 2    | OTC Over the Counter  |
| PEDIASURE ENTERAL 1.0CAL/FIBER LIQUID | 2    | OTC Over the Counter  |
| PEDIASURE ENTERAL 1.0 CAL LIQUID      | 2    | OTC Over the Counter  |
| PEDIASURE/FIBER LIQUID                | 2    | OTC Over the Counter  |
| PEDIASURE GROW & GAIN/FIBER LIQUID    | 2    | OTC Over the Counter  |
| PEDIASURE GROW & GAIN LIQUID          | 2    | OTC Over the Counter  |
| PEDIASURE GROW & GAIN ORGANIC LIQUID  | 2    | OTC Over the Counter  |
| PEDIASURE HARVEST 1.0 CAL LIQUID      | 2    | OTC Over the Counter  |
| PEDIASURE LIQUID                      | 2    | OTC Over the Counter  |
| PEDIASURE NUTRIPALS LIQUID            | 2    | OTC Over the Counter  |
| PEDIASURE PEDIATRIC LIQUID            | 2    | OTC Over the Counter  |
| PEDIASURE PEPTIDE 1.0 CAL LIQUID      | 2    | OTC Over the Counter  |
| PEDIASURE PEPTIDE 1.5 CAL LIQUID      | 2    | OTC Over the Counter  |
| PEDIASURE REDUCED CALORIE LIQUID      | 2    | OTC Over the Counter  |
| PEDIASURE SHAKE/FIBER LIQUID          | 2    | OTC Over the Counter  |
| PEDIASURE SIDEKICKS CLEAR LIQUID      | 2    | OTC Over the Counter  |
| PEDIASURE SIDEKICKS LIQUID            | 2    | OTC Over the Counter  |
| PEDIASURE SIDEKICKS SHAKE LIQUID      | 2    | OTC Over the Counter  |
| PEDIATRIC DRINK LIQUID                | 2    | OTC Over the Counter  |
| PEPTAMEN 1.5 CAL LIQUID               | 2    | OTC Over the Counter  |
| PEPTAMEN 1.5 CAL/PREBIO1 LIQUID       | 2    | OTC Over the Counter  |
| PEPTAMEN 1 CAL/PREBIO1 LIQUID         | 2    | OTC Over the Counter  |
| PEPTAMEN AF LIQUID                    | 2    | OTC Over the Counter  |
| PEPTAMEN INTENSE VHP LIQUID           | 2    | OTC Over the Counter  |

| PRODUCT DESCRIPTION                  | TIER | LIMITS & RESTRICTIONS |
|--------------------------------------|------|-----------------------|
| PEPTAMEN JUNIOR 1.5 CAL LIQUID       | 2    | OTC Over the Counter  |
| PEPTAMEN JUNIOR 1.5 LIQUID           | 2    | OTC Over the Counter  |
| PEPTAMEN JUNIOR 1 CAL LIQUID         | 2    | OTC Over the Counter  |
| PEPTAMEN JUNIOR 1 CAL/PREBIO1 LIQUID | 2    | OTC Over the Counter  |
| PEPTAMEN JUNIOR FIBER LIQUID         | 2    | OTC Over the Counter  |
| PEPTAMEN JUNIOR HP LIQUID            | 2    | OTC Over the Counter  |
| PEPTAMEN JUNIOR PHGG 1.2 LIQUID      | 2    | OTC Over the Counter  |
| PEPTAMEN JUNIOR/PREBIO1 LIQUID       | 2    | OTC Over the Counter  |
| PEPTAMEN LIQUID                      | 2    | OTC Over the Counter  |
| PEPTAMEN/PREBIO1 LIQUID              | 2    | OTC Over the Counter  |
| PERATIVE 1.3 CAL LIQUID              | 2    | OTC Over the Counter  |
| PERATIVE LIQUID                      | 2    | OTC Over the Counter  |
| PHENYLADE60 DRINK MIX PACKET         | 2    | OTC Over the Counter  |
| PHENYLADE60 DRINK MIX POWDER         | 2    | OTC Over the Counter  |
| PHENYLADE ESSENTIAL DRINK MIX PACKET | 2    | OTC Over the Counter  |
| PHENYLADE ESSENTIAL DRINK MIX POWDER | 2    | OTC Over the Counter  |
| PHENYLADE ESSENTIAL MIX/FIBER PACKET | 2    | OTC Over the Counter  |
| PHENYLADE GMP MIX DHA/FIBER POWDER   | 2    | OTC Over the Counter  |
| PHENYLADE GMP MIX-IN PACKET          | 2    | OTC Over the Counter  |
| PHENYLADE GMP MIX-IN POWDER          | 2    | OTC Over the Counter  |
| PHENYLADE GMP PACKET                 | 2    | OTC Over the Counter  |
| PHENYLADE GMP READY LIQUID           | 2    | OTC Over the Counter  |
| PHENYLADE GMP ULTRA PACKET           | 2    | OTC Over the Counter  |
| PHENYLADE RTD PKU 10 LIQUID          | 2    | OTC Over the Counter  |
| PHLEXY-10 PACKET                     | 2    | OTC Over the Counter  |

| PRODUCT DESCRIPTION             | TIER | LIMITS & RESTRICTIONS |
|---------------------------------|------|-----------------------|
| PIVOT 1.5 CAL LIQUID            | 2    | OTC Over the Counter  |
| PKU AIR20 GOLD LIQUID           | 2    | OTC Over the Counter  |
| PKU AIR20 GREEN LIQUID          | 2    | OTC Over the Counter  |
| PKU AIR20 YELLOW LIQUID         | 2    | OTC Over the Counter  |
| PKU COOLER 10 LIQUID            | 2    | OTC Over the Counter  |
| PKU COOLER 15 LIQUID            | 2    | OTC Over the Counter  |
| PKU COOLER 20 LIQUID            | 2    | OTC Over the Counter  |
| PKU EASY SHAKE & GO POWDER      | 2    | OTC Over the Counter  |
| PKU EXPLORE10 PACKET            | 2    | OTC Over the Counter  |
| PKU EXPLORE5 PACKET             | 2    | OTC Over the Counter  |
| PKU GEL PACKET                  | 2    | OTC Over the Counter  |
| PKU LOPHLEX LQ 20 LIQUID        | 2    | OTC Over the Counter  |
| PKU PERIFLEX EARLY YEARS POWDER | 2    | OTC Over the Counter  |
| PKU SPHERE 15 PACKET            | 2    | OTC Over the Counter  |
| PKU SPHERE 20 LIQUID            | 2    | OTC Over the Counter  |
| PKU SPHERE 20 PACKET            | 2    | OTC Over the Counter  |
| PKU SPHERE NEXT 15 LIQUID       | 2    | OTC Over the Counter  |
| PKU START POWDER                | 2    | OTC Over the Counter  |
| PKU TRIO POWDER                 | 2    | OTC Over the Counter  |
| PROMOD LIQUID                   | 2    | OTC Over the Counter  |
| PROMOTE 1.0 LIQUID              | 2    | OTC Over the Counter  |
| PROMOTE 1.0 WITH FIBER LIQUID   | 2    | OTC Over the Counter  |
| PROMOTE/FIBER LIQUID            | 2    | OTC Over the Counter  |
| PROMOTE LIQUID                  | 2    | OTC Over the Counter  |
| PROSOURCE LIQUID                | 2    | OTC Over the Counter  |

| PRODUCT DESCRIPTION              | TIER | LIMITS & RESTRICTIONS |
|----------------------------------|------|-----------------------|
| PROSOURCE LIQUID                 | 2    | OTC Over the Counter  |
| PROSOURCE PLUS LIQUID            | 2    | OTC Over the Counter  |
| PROSOURCE PLUS LIQUID            | 2    | OTC Over the Counter  |
| PROSOURCE TF LIQUID              | 2    | OTC Over the Counter  |
| PROSOURCE XTRACAL LIQUID         | 2    | OTC Over the Counter  |
| PROSOURCE ZAC LIQUID             | 2    | OTC Over the Counter  |
| PROSOURCE ZAC LIQUID             | 2    | OTC Over the Counter  |
| PROSURE LIQUID                   | 2    | OTC Over the Counter  |
| PROTALITY LIQUID                 | 2    | OTC Over the Counter  |
| PULMOCARE 1.5 LIQUID             | 2    | OTC Over the Counter  |
| PULMOCARE LIQUID                 | 2    | OTC Over the Counter  |
| PUSH 20+ ADVANCED LIQUID         | 2    | OTC Over the Counter  |
| REAL FOOD BLENDS LIQUID          | 2    | OTC Over the Counter  |
| REAL FOOD BLENDS MINI LIQUID     | 2    | OTC Over the Counter  |
| REASON LIQUID                    | 2    | OTC Over the Counter  |
| REASON PEPTIDE 1.5 LIQUID        | 2    | OTC Over the Counter  |
| REGULAR NUTRITIONAL SHAKE LIQUID | 2    | OTC Over the Counter  |
| RENALCAL LIQUID                  | 2    | OTC Over the Counter  |
| RENASTART POWDER                 | 2    | OTC Over the Counter  |
| RENASTEP LIQUID                  | 2    | OTC Over the Counter  |
| RE/NEPH LIQUID                   | 2    | OTC Over the Counter  |
| RE/NEPH LP/HC LIQUID             | 2    | OTC Over the Counter  |
| RE/NEPH REDUCED SUGAR LIQUID     | 2    | OTC Over the Counter  |
| REPLETE FIBER 1 CAL LIQUID       | 2    | OTC Over the Counter  |
| REPLETE FIBER LIQUID             | 2    | OTC Over the Counter  |

| PRODUCT DESCRIPTION                 | TIER | LIMITS & RESTRICTIONS |
|-------------------------------------|------|-----------------------|
| REPLETE LIQUID                      | 2    | OTC Over the Counter  |
| RESOURCE 2.0 LIQUID                 | 2    | OTC Over the Counter  |
| RESURGEX PACKET                     | 2    | OTC Over the Counter  |
| RESURGEX PLUS PACKET                | 2    | OTC Over the Counter  |
| RESURGEX SELECT PACKET              | 2    | OTC Over the Counter  |
| SB COMPLETE NUTRITION LIQUID        | 2    | OTC Over the Counter  |
| SB COMPLETE NUTRITION PLUS LIQUID   | 2    | OTC Over the Counter  |
| SERACAL PACKET                      | 2    | OTC Over the Counter  |
| SERACAL POWDER                      | 2    | OTC Over the Counter  |
| SM NUTRI-DRINK LIQUID               | 2    | OTC Over the Counter  |
| SM NUTRI-DRINK + LIQUID             | 2    | OTC Over the Counter  |
| S.O.S. 25 PACKET                    | 2    | OTC Over the Counter  |
| SUPLENA 1.8/CARBSTEADY LIQUID       | 2    | OTC Over the Counter  |
| SUPLENA/CARB STEADY LIQUID          | 2    | OTC Over the Counter  |
| SUPLENA LIQUID                      | 2    | OTC Over the Counter  |
| THICK-IT THICKENED CRANBERRY LIQUID | 2    | OTC Over the Counter  |
| TOLEREX PACKET                      | 2    | OTC Over the Counter  |
| TWOCAL HN 2.0 LIQUID                | 2    | OTC Over the Counter  |
| TWOCAL HN LIQUID                    | 2    | OTC Over the Counter  |
| TYR ANAMIX EARLY YEARS POWDER       | 2    | OTC Over the Counter  |
| TYR COOLER15 LIQUID                 | 2    | OTC Over the Counter  |
| TYR COOLER LIQUID                   | 2    | OTC Over the Counter  |
| TYR GEL PACKET                      | 2    | OTC Over the Counter  |
| TYR GOLIKE PLUS PACKET              | 2    | OTC Over the Counter  |
| TYR LOPHLEX GMP MIX-IN PACKET       | 2    | OTC Over the Counter  |

| PRODUCT DESCRIPTION                    | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| TYR LOPHLEX LQ LIQUID                  | 2    | OTC Over the Counter  |
| UCD TRIO POWDER                        | 2    | OTC Over the Counter  |
| ULTRIENT 1.5 SAFE-T FEED LIQUID        | 2    | OTC Over the Counter  |
| UTYMAX PACKET                          | 2    | OTC Over the Counter  |
| UTYMAX PACKET                          | 2    | OTC Over the Counter  |
| VITAL 1.0 CAL LIQUID                   | 2    | OTC Over the Counter  |
| VITAL 1.5 CAL LIQUID                   | 2    | OTC Over the Counter  |
| VITAL AF 1.2 CAL ADV FORMULA LIQUID    | 2    | OTC Over the Counter  |
| VITAL AF 1.2 CAL LIQUID                | 2    | OTC Over the Counter  |
| VITAL HIGH PROTEIN LIQUID              | 2    | OTC Over the Counter  |
| VITAL HN PACKET                        | 2    | OTC Over the Counter  |
| VITAL HP 1.0 CAL LIQUID                | 2    | OTC Over the Counter  |
| VITAL JR LIQUID                        | 2    | OTC Over the Counter  |
| VITAL PEPTIDE 1.5 CAL LIQUID           | 2    | OTC Over the Counter  |
| VIVONEX PEDIATRIC PACKET               | 2    | OTC Over the Counter  |
| VIVONEX PEDIATRIC POWDER               | 2    | OTC Over the Counter  |
| VIVONEX PLUS PACKET                    | 2    | OTC Over the Counter  |
| VIVONEX RTF LIQUID                     | 2    | OTC Over the Counter  |
| VIVONEX T.E.N. PACKET                  | 2    | OTC Over the Counter  |
| XTRACAL PLUS LIQUID                    | 2    | OTC Over the Counter  |
| MULTIVITAMIN/FLUORIDE 0.25 MG CHEW TAB | 1    | PD Preventive Drug    |
| MULTIVITAMIN/FLUORIDE 0.5 MG CHEW TAB  | 1    | PD Preventive Drug    |
| MULTIVITAMIN/FLUORIDE 1 MG CHEW TAB    | 1    | PD Preventive Drug    |
| <i>klor-con 10 10 meq tab er</i>       | 1    |                       |
| KLOR-CON 10 10 MEQ TAB ER              | 1    |                       |
| <i>klor-con 20 meq packet</i>          | 1    |                       |

| PRODUCT DESCRIPTION                                  | TIER | LIMITS & RESTRICTIONS   |
|--|------|-------------------------|
| <i>klor-con 8 meq tab er</i>                         | 1    |                         |
| KLOR-CON 8 MEQ TAB ER                                | 1    |                         |
| <i>potassium chloride 10 % solution</i>              | 1    |                         |
| <i>potassium chloride 20 meq/15ml (10%) solution</i> | 1    |                         |
| <i>potassium chloride 20 meq packet</i>              | 1    |                         |
| <i>potassium chloride 40 meq/15ml (20%) solution</i> | 1    |                         |
| <i>potassium chloride er 10 meq cap er</i>           | 1    |                         |
| <i>potassium chloride er 10 meq tab er</i>           | 1    |                         |
| <i>potassium chloride er 20 meq tab er</i>           | 1    |                         |
| <i>potassium chloride er 8 meq cap er</i>            | 1    |                         |
| <i>potassium chloride er 8 meq tab er</i>            | 1    |                         |
| POTASSIUM CHLORIDE ER 8 MEQ TAB ER                   | 1    |                         |
| <i>klor-con m10 10 meq tab er</i>                    | 1    |                         |
| <i>klor-con m15 15 meq tab er</i>                    | 3    |                         |
| <i>klor-con m20 20 meq tab er</i>                    | 1    |                         |
| <i>potassium chloride crys er 10 meq tab er</i>      | 1    |                         |
| <i>potassium chloride crys er 15 meq tab er</i>      | 3    |                         |
| <i>potassium chloride crys er 20 meq tab er</i>      | 1    |                         |
| <i>potassium citrate er 10 meq (1080 mg) tab er</i>  | 1    |                         |
| <i>potassium citrate er 15 meq (1620 mg) tab er</i>  | 1    |                         |
| <i>potassium citrate er 5 meq (540 mg) tab er</i>    | 1    |                         |
| <i>maxpro-18g liquid</i>                             | 2    | OTC Over the Counter    |
| <i>prosource no carb liquid</i>                      | 2    | OTC Over the Counter    |
| <i>prosource no carb liquid</i>                      | 2    | OTC Over the Counter    |
| SODIUM FLUORIDE 0.55 (0.25 F) MG CHEW TAB            | 1    | ACA Affordable Care Act |
| SODIUM FLUORIDE 1.1 (0.5 F) MG CHEW TAB              | 1    | ACA Affordable Care Act |
| SODIUM FLUORIDE 2.2 (1 F) MG CHEW TAB                | 1    | ACA Affordable Care Act |
| ELECTROLYTE/MINERAL/METAL MODIFIERS                  |      |                         |
| <i>deferasirox 125 mg tab sol</i>                    | 3    | SP Specialty            |

| PRODUCT DESCRIPTION               | TIER | LIMITS & RESTRICTIONS                    |
|-----------------------------------|------|--|
| <i>deferasirox 250 mg tab sol</i> | 3    | SP Specialty                             |
| <i>deferasirox 500 mg tab sol</i> | 3    | SP Specialty                             |
| <i>deferiprone 1000 mg tab</i>    | 3    | PA<br>SP Specialty                       |
| <i>deferiprone 500 mg tab</i>     | 3    | PA<br>SP Specialty                       |
| FERRIPROX 100 MG/ML SOLUTION      | 3    | PA<br>SP Specialty                       |
| FERRIPROX TWICE-A-DAY 1000 MG TAB | 3    | PA<br>SP Specialty                       |
| JYNARQUE 15 MG TAB                | 3    | PA<br>SP Specialty                       |
| JYNARQUE 15 MG TAB THPK           | 3    | PA<br>SP Specialty                       |
| JYNARQUE 30 & 15 MG TAB THPK      | 3    | PA<br>SP Specialty                       |
| JYNARQUE 30 MG TAB                | 3    | PA<br>SP Specialty                       |
| JYNARQUE 45 & 15 MG TAB THPK      | 3    | PA<br>SP Specialty                       |
| JYNARQUE 60 & 30 MG TAB THPK      | 3    | PA<br>SP Specialty                       |
| JYNARQUE 90 & 30 MG TAB THPK      | 3    | PA<br>SP Specialty                       |
| <i>tolvaptan 15 mg tab</i>        | 3    | PA<br>SP Specialty                       |
| <i>tolvaptan 15 mg tab thpk</i>   | 3    | QL 60 EA / 30 days<br>PA<br>SP Specialty |

| PRODUCT DESCRIPTION                             | TIER | LIMITS & RESTRICTIONS  |
|---|------|--|
| <i>tolvaptan 30 &amp; 15 mg tab thpk</i>        | 3    | <ul style="list-style-type: none"> <li>QL 60 EA / 30 days</li> <li>PA</li> <li>SP Specialty</li> </ul> |
| <i>tolvaptan 30 mg tab</i>                      | 3    | <ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>                             |
| <i>tolvaptan 45 &amp; 15 mg tab thpk</i>        | 3    | <ul style="list-style-type: none"> <li>QL 60 EA / 30 days</li> <li>PA</li> <li>SP Specialty</li> </ul> |
| <i>tolvaptan 60 &amp; 30 mg tab thpk</i>        | 3    | <ul style="list-style-type: none"> <li>QL 60 EA / 30 days</li> <li>PA</li> <li>SP Specialty</li> </ul> |
| <i>tolvaptan 90 &amp; 30 mg tab thpk</i>        | 3    | <ul style="list-style-type: none"> <li>QL 60 EA / 30 days</li> <li>PA</li> <li>SP Specialty</li> </ul> |
| <i>tolvaptan (hyponatremia) 15 mg tab</i>       | 3    | <ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>                             |
| <i>tolvaptan (hyponatremia) 30 mg tab</i>       | 3    | <ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>                             |
| <i>trientine hcl 250 mg cap</i>                 | 3    | <ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>                             |
| TRIENTINE HCL 500 MG CAP                        | 3    | <ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>                             |
| <b>PHOSPHATE BINDERS</b>                        |      |  |
| <i>calcium acetate 667 mg tab</i>               | 2    |  |
| <i>calcium acetate (phos binder) 667 mg cap</i> | 1    |  |
| <i>calcium acetate (phos binder) 667 mg tab</i> | 2    |  |
| FOSRENOL 1000 MG PACKET                         | 3    |  |
| <i>lanthanum carbonate 1000 mg chew tab</i>     | 2    |  |
| <i>lanthanum carbonate 500 mg chew tab</i>      | 2    |  |
| <i>lanthanum carbonate 750 mg chew tab</i>      | 2    |  |

| PRODUCT DESCRIPTION                        | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>sevelamer carbonate 0.8 gm packet</i>   | 2    |                       |
| <i>sevelamer carbonate 2.4 gm packet</i>   | 2    |                       |
| <i>sevelamer carbonate 800 mg tab</i>      | 1    |                       |
| <i>sevelamer hcl 800 mg tab</i>            | 2    |                       |
| <b>POTASSIUM BINDERS</b>                   |      |                       |
| VELTASSA 16.8 GM PACKET                    | 2    |                       |
| VELTASSA 25.2 GM PACKET                    | 2    |                       |
| VELTASSA 8.4 GM PACKET                     | 2    |                       |
| <i>kionex 15 gm/60ml suspension</i>        | 1    |                       |
| <i>sodium polystyrene sulfonate powder</i> | 1    |                       |
| LOKELMA 10 GM PACKET                       | 2    |                       |
| LOKELMA 5 GM PACKET                        | 2    |                       |
| <b>VITAMINS</b>                            |      |                       |
| <i>nac 600 600 mg cap</i>                  | 1    | OTC Over the Counter  |
| <i>nac 600 mg cap</i>                      | 1    | OTC Over the Counter  |
| <i>n-acetyl cysteine 600 mg cap</i>        | 1    | OTC Over the Counter  |
| <i>nf formulas nac 600 mg cap</i>          | 1    | OTC Over the Counter  |
| <i>add-ins complete packet</i>             | 2    | OTC Over the Counter  |
| <i>amino action 1200-100 mg tab</i>        | 1    | OTC Over the Counter  |
| <i>daily amino acid tab</i>                | 1    | OTC Over the Counter  |
| <i>phenylade phebloc tab</i>               | 1    | OTC Over the Counter  |
| <i>phlexy-10 tab</i>                       | 1    | OTC Over the Counter  |
| <i>pre protein tab</i>                     | 1    | OTC Over the Counter  |
| <i>proteinex tab</i>                       | 1    | OTC Over the Counter  |
| <i>super amino acids tab</i>               | 1    | OTC Over the Counter  |
| <i>triamino tab</i>                        | 1    | OTC Over the Counter  |
| FOLBEE PLUS CZ 5 MG TAB                    | 1    |                       |
| ACTIVITE 1 MG TAB                          | 1    |                       |

| PRODUCT DESCRIPTION                        | TIER | LIMITS & RESTRICTIONS                           |
|--|------|---|
| DEXIFOL 5 MG TAB                           | 1    |   |
| DIALYVITE TAB                              | 1    |   |
| FOLBEE PLUS TAB                            | 1    | OTC Over the Counter                            |
| MI-VITE RX 1 MG TAB                        | 1    | OTC Over the Counter                            |
| MYNEPHRON 1 MG CAP                         | 1    |   |
| <i>nephronex tab</i>                       | 1    |   |
| RENAL 1 MG CAP                             | 1    |   |
| RENO CAPS 1 MG CAP                         | 1    | OTC Over the Counter                            |
| TM-VITE RX 1 MG TAB                        | 1    |   |
| TRIPHROCAPS 1 MG CAP                       | 1    |   |
| TRONVITE 1 MG TAB                          | 1    |   |
| <i>virt-caps 1 mg cap</i>                  | 1    |   |
| VITASURE 1 MG TAB                          | 1    |   |
| WESCAPS 1 MG CAP                           | 1    |   |
| DIALYVITE/ZINC TAB                         | 3    |   |
| NEPHPLEX RX TAB                            | 3    |   |
| <i>icar 15 mg/1.25ml suspension</i>        | 1    | ACA Affordable Care Act<br>OTC Over the Counter |
| <i>wee care 15 mg/1.25ml suspension</i>    | 1    | ACA Affordable Care Act<br>OTC Over the Counter |
| <i>cyanocobalamin 1000 mcg/ml solution</i> | 1    |   |
| <i>cyanocobalamin 1000 mcg/ml solution</i> | 1    |   |
| <i>dodex 1000 mcg/ml solution</i>          | 1    |   |
| MULTIGEN 70 MG TAB                         | 3    |   |
| MULTIGEN FOLIC 70-150-2-1 MG TAB           | 3    |   |
| FERRALET 90 90-1 MG TAB                    | 3    |   |
| TRIGELS-F FORTE 460-60-0.01-1 MG CAP       | 1    |   |
| FOLIVANE-PLUS CAP                          | 3    |   |
| <i>ferocon cap</i>                         | 1    |   |
| FEROTRINSIC CAP                            | 1    |   |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS                           |
|--|------|---|
| FOLTRIN CAP  | 1    |   |
| TRICON CAP   | 1    |   |
| <i>bprotected pedia iron 75 (15 fe) mg/ml solution</i>     | 1    | ACA Affordable Care Act<br>OTC Over the Counter |
| <i>cvs slow release iron 45 mg tab er</i>                  | 1    | ACA Affordable Care Act<br>OTC Over the Counter |
| <i>fer-in-sol 75 (15 fe) mg/ml solution</i>                | 1    | ACA Affordable Care Act<br>OTC Over the Counter |
| <i>ferrous sulfate 220 (44 fe) mg/5ml solution</i>         | 1    | ACA Affordable Care Act<br>OTC Over the Counter |
| <i>ferrous sulfate 300 (60 fe) mg/5ml solution</i>         | 1    | ACA Affordable Care Act<br>OTC Over the Counter |
| <i>ferrous sulfate 75 (15 fe) mg/ml solution</i>           | 1    | ACA Affordable Care Act<br>OTC Over the Counter |
| <i>ferrous sulfate er 45 mg tab er</i>                     | 1    | ACA Affordable Care Act<br>OTC Over the Counter |
| <i>fe-vite iron 75 (15 fe) mg/ml solution</i>              | 1    | ACA Affordable Care Act<br>OTC Over the Counter |
| <i>ft iron slow release 45 mg tab er</i>                   | 1    | ACA Affordable Care Act<br>OTC Over the Counter |
| <i>gnp iron 45 mg tab er</i>                               | 1    | ACA Affordable Care Act<br>OTC Over the Counter |
| <i>iron high-potency 45 mg tab er</i>                      | 1    | ACA Affordable Care Act<br>OTC Over the Counter |
| <i>iron slow release 45 mg tab er</i>                      | 1    | ACA Affordable Care Act<br>OTC Over the Counter |
| <i>iron supplement 220 (44 fe) mg/5ml solution</i>         | 1    | ACA Affordable Care Act<br>OTC Over the Counter |
| <i>iron supplement childrens 75 (15 fe) mg/ml solution</i> | 1    | ACA Affordable Care Act<br>OTC Over the Counter |

| PRODUCT DESCRIPTION                              | TIER | LIMITS & RESTRICTIONS  |
|--|------|--|
| <i>pc pediatric iron drops 15 mg/ml solution</i> | 1    | ACA Affordable Care Act<br>OTC Over the Counter                          |
| <i>slow fe 45 mg tab er</i>                      | 1    | ACA Affordable Care Act<br>OTC Over the Counter                          |
| <i>sm slow release iron 45 mg tab er</i>         | 1    | ACA Affordable Care Act<br>OTC Over the Counter                          |
| <i>cvs folic acid 800 mcg tab</i>                | 1    | QL 100 EA / 30 day(s)<br>ACA Affordable Care Act<br>OTC Over the Counter |
| <i>folate 400 mcg tab</i>                        | 1    | QL 100 EA / 30 day(s)<br>ACA Affordable Care Act<br>OTC Over the Counter |
| <i>folic acid 1 mg tab</i>                       | 1    | RX4L Rx4Less Program   |
| <i>folic acid 400 mcg tab</i>                    | 1    | QL 100 EA / 30 day(s)<br>ACA Affordable Care Act<br>OTC Over the Counter |
| <i>folic acid 800 mcg tab</i>                    | 1    | QL 100 EA / 30 day(s)<br>ACA Affordable Care Act<br>OTC Over the Counter |
| <i>ft folic acid 400 mcg tab</i>                 | 1    | QL 100 EA / 30 day(s)<br>ACA Affordable Care Act<br>OTC Over the Counter |
| <i>ft folic acid 800 mcg tab</i>                 | 1    | QL 100 EA / 30 day(s)<br>ACA Affordable Care Act<br>OTC Over the Counter |
| <i>gnp folic acid 400 mcg tab</i>                | 1    | QL 100 EA / 30 day(s)<br>ACA Affordable Care Act<br>OTC Over the Counter |
| <i>kp folic acid 800 mcg tab</i>                 | 1    | QL 100 EA / 30 day(s)<br>ACA Affordable Care Act<br>OTC Over the Counter |

| PRODUCT DESCRIPTION                                  | TIER | LIMITS & RESTRICTIONS  |
|--|------|--|
| <i>qc folic acid 800 mcg tab</i>                     | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>ra folic acid 400 mcg tab</i>                     | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>ra folic acid 800 mcg tab</i>                     | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>sm folic acid 400 mcg tab</i>                     | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>true folic acid 400 mcg tab</i>                   | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>yl folic acid 400 mcg tab</i>                     | 1    | <ul style="list-style-type: none"> <li>QL 100 EA / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul> |
| <i>folbic 2.5-25-2 mg tab</i>                        | 1    | <ul style="list-style-type: none"> <li>OTC Over the Counter</li> </ul>   |
| <i>westab max 2.5-25-2 mg tab</i>                    | 1    | <ul style="list-style-type: none"> <li>OTC Over the Counter</li> </ul>   |
| AIRAVITE 2.5-25-1 MG TAB                             | 1    |  |
| <i>fa-vitamin b-6-vitamin b-12 2.2-25-0.5 mg tab</i> | 1    |  |
| <i>folbee 2.5-25-1 mg tab</i>                        | 1    | <ul style="list-style-type: none"> <li>OTC Over the Counter</li> </ul>   |
| FOLPLEX 2.2 2.2-25-0.5 MG TAB                        | 1    |  |
| NUFOL 2.5-25-1 MG TAB                                | 1    |  |
| <i>westab one 2.5-25-1 mg tab</i>                    | 1    | <ul style="list-style-type: none"> <li>OTC Over the Counter</li> </ul>   |
| ADVANTAGE INFANT FORMULA/IRON POWDER                 | 2    | <ul style="list-style-type: none"> <li>OTC Over the Counter</li> </ul>   |
| ALFAMINO INFANT POWDER                               | 2    | <ul style="list-style-type: none"> <li>OTC Over the Counter</li> </ul>   |
| ALSOY SOY FORMULA CONC                               | 2    | <ul style="list-style-type: none"> <li>OTC Over the Counter</li> </ul>   |

| PRODUCT DESCRIPTION                   | TIER | LIMITS & RESTRICTIONS |
|---------------------------------------|------|-----------------------|
| ALSOY SOY FORMULA POWDER              | 2    | OTC Over the Counter  |
| BABYS ONLY ORGANIC/DAIRY POWDER       | 2    | OTC Over the Counter  |
| BABYS ONLY ORGANIC/DHA & ARA POWDER   | 2    | OTC Over the Counter  |
| BABYS ONLY ORGANIC/SOY POWDER         | 2    | OTC Over the Counter  |
| BABYS ONLY ORGNIC/GENT DHA-ARA POWDER | 2    | OTC Over the Counter  |
| BABYS ONLY ORGNIC/GENTLE DAIRY POWDER | 2    | OTC Over the Counter  |
| BABYS ONLY ORGNIC/SENS DHA-ARA POWDER | 2    | OTC Over the Counter  |
| CALCILO XD POWDER                     | 2    | OTC Over the Counter  |
| CVS ADVANTAGE/IRON POWDER             | 2    | OTC Over the Counter  |
| CVS GENTLE INFANT FORMULA/IRON POWDER | 2    | OTC Over the Counter  |
| CVS INFANT FORMULA/IRON POWDER        | 2    | OTC Over the Counter  |
| CVS SENSITIVITY/IRON POWDER           | 2    | OTC Over the Counter  |
| CVS TENDER/IRON POWDER                | 2    | OTC Over the Counter  |
| CVS TODDLER BEGINNINGS-IRON POWDER    | 2    | OTC Over the Counter  |
| CVS TODDLER & INFANT/IRON POWDER      | 2    | OTC Over the Counter  |
| DR BROWN GOOD START GENTLE PRO POWDER | 2    | OTC Over the Counter  |
| DR BROWN GOOD START SOOTHE PRO POWDER | 2    | OTC Over the Counter  |
| DR BROWN GOOD ST SOY-EASE PRO POWDER  | 2    | OTC Over the Counter  |
| ELECARE DHA/ARA/IRON INFANT POWDER    | 2    | OTC Over the Counter  |
| ENFAGROW PREMIUM LIPIL POWDER         | 2    | OTC Over the Counter  |
| ENFAGROW PREMIUM OLDER TODDLER POWDER | 2    | OTC Over the Counter  |
| ENFAGROW PREMIUM TODDLER GENTL POWDER | 2    | OTC Over the Counter  |
| ENFAGROW PREMIUM TODDLER POWDER       | 2    | OTC Over the Counter  |
| ENFAMIL A.R. INFANT POWDER            | 2    | OTC Over the Counter  |
| ENFAMIL AR SPIT-UP POWDER             | 2    | OTC Over the Counter  |

| PRODUCT DESCRIPTION                   | TIER | LIMITS & RESTRICTIONS |
|---------------------------------------|------|-----------------------|
| ENFAMIL ENSPIRE GENTLEASE POWDER      | 2    | OTC Over the Counter  |
| ENFAMIL ENSPIRE/IRON POWDER           | 2    | OTC Over the Counter  |
| ENFAMIL ENSPIRE OPTIMUM POWDER        | 2    | OTC Over the Counter  |
| ENFAMIL GENTLEASE POWDER              | 2    | OTC Over the Counter  |
| ENFAMIL HUMAN MILK FORTIFIER CONC     | 2    | OTC Over the Counter  |
| ENFAMIL HUMAN MILK FORTIFIER PACKET   | 2    | OTC Over the Counter  |
| ENFAMIL INFANT POWDER                 | 2    | OTC Over the Counter  |
| ENFAMIL MILK-BASED W/IRON POWDER      | 2    | OTC Over the Counter  |
| ENFAMIL NEUROPRO ENFACARE POWDER      | 2    | OTC Over the Counter  |
| ENFAMIL NEUROPRO GENTLEASE PACKET     | 2    | OTC Over the Counter  |
| ENFAMIL NEUROPRO GENTLEASE POWDER     | 2    | OTC Over the Counter  |
| ENFAMIL NEUROPRO INFANT PACKET        | 2    | OTC Over the Counter  |
| ENFAMIL NEUROPRO INFANT POWDER        | 2    | OTC Over the Counter  |
| ENFAMIL NEUROPRO SENSITIVE POWDER     | 2    | OTC Over the Counter  |
| ENFAMIL NUTRAMIGEN LIPIL CONC         | 2    | OTC Over the Counter  |
| ENFAMIL NUTRAMIGEN PROBIOT LGG POWDER | 2    | OTC Over the Counter  |
| ENFAMIL NUTRAMIGEN TOD/ENF LGG POWDER | 2    | OTC Over the Counter  |
| ENFAMIL PREMIUM INFANT POWDER         | 2    | OTC Over the Counter  |
| ENFAMIL PREMIUM LIPIL CONC            | 2    | OTC Over the Counter  |
| ENFAMIL PREMIUM NEWBORN POWDER        | 2    | OTC Over the Counter  |
| ENFAMIL PROSOBEE LIPIL CONC           | 2    | OTC Over the Counter  |
| ENFAMIL PROSOBEE SOY POWDER           | 2    | OTC Over the Counter  |
| ENFAMIL REGULINE-IRON POWDER          | 2    | OTC Over the Counter  |
| EXTENSIVE HA POWDER                   | 2    | OTC Over the Counter  |
| GERBER GOOD START A2-IRON POWDER      | 2    | OTC Over the Counter  |

| PRODUCT DESCRIPTION                   | TIER | LIMITS & RESTRICTIONS |
|---------------------------------------|------|-----------------------|
| GERBER GOOD START A2-TODDLER POWDER   | 2    | OTC Over the Counter  |
| GERBER GOOD START GENTLE 2 POWDER     | 2    | OTC Over the Counter  |
| GERBER GOOD START GENTLE CONC         | 2    | OTC Over the Counter  |
| GERBER GOOD START GENTLE POWDER       | 2    | OTC Over the Counter  |
| GERBER GOOD START GENTLEPRO 2 POWDER  | 2    | OTC Over the Counter  |
| GERBER GOOD START GENTLEPRO/FE CONC   | 2    | OTC Over the Counter  |
| GERBER GOOD START GENTLEPRO/FE POWDER | 2    | OTC Over the Counter  |
| GERBER GOOD START GENTLEPRO POWDER    | 2    | OTC Over the Counter  |
| GERBER GOOD START GROW 3 POWDER       | 2    | OTC Over the Counter  |
| GERBER GOOD START NOURISH POWDER      | 2    | OTC Over the Counter  |
| GERBER GOOD START PROTECT/IRON POWDER | 2    | OTC Over the Counter  |
| GERBER GOOD START SOOTHE 1 POWDER     | 2    | OTC Over the Counter  |
| GERBER GOOD START SOOTHE 2 POWDER     | 2    | OTC Over the Counter  |
| GERBER GOOD START SOOTHE POWDER       | 2    | OTC Over the Counter  |
| GERBER GOOD START SOOTHEPRO/FE POWDER | 2    | OTC Over the Counter  |
| GERBER GOOD START SOOTHEPRO POWDER    | 2    | OTC Over the Counter  |
| GERBER GOOD START SOY/IRON CONC       | 2    | OTC Over the Counter  |
| GERBER GOOD START SOY/IRON POWDER     | 2    | OTC Over the Counter  |
| GERBER GOOD START SOY POWDER          | 2    | OTC Over the Counter  |
| GERBER GOOD START SUPREME/IRON CONC   | 2    | OTC Over the Counter  |
| GERBER GOOD START SUPREME/IRON POWDER | 2    | OTC Over the Counter  |
| GERBER GRADUATES GENTLE/IRON POWDER   | 2    | OTC Over the Counter  |
| GERBER GRADUATES PROTECT/IRON POWDER  | 2    | OTC Over the Counter  |
| GERBER GRADUATES SOOTHE POWDER        | 2    | OTC Over the Counter  |
| GERBER GRADUATES SOY/IRON POWDER      | 2    | OTC Over the Counter  |

| PRODUCT DESCRIPTION                   | TIER | LIMITS & RESTRICTIONS |
|---------------------------------------|------|-----------------------|
| GERBER NATURA STAGE 1 POWDER          | 2    | OTC Over the Counter  |
| GERBER NATURA STAGE 2 POWDER          | 2    | OTC Over the Counter  |
| GERBER NATURA STAGE 3 POWDER          | 2    | OTC Over the Counter  |
| GOOD START 2 ESSENTIALS/IRON CONC     | 2    | OTC Over the Counter  |
| GOOD START 2 ESSENTIALS SOY/FE POWDER | 2    | OTC Over the Counter  |
| GOOD START 2 SUPREME/IRON CONC        | 2    | OTC Over the Counter  |
| GOOD START 2 SUPREME/IRON POWDER      | 2    | OTC Over the Counter  |
| GOOD START ESSENTIALS/IRON POWDER     | 2    | OTC Over the Counter  |
| GOOD START ESSENTIALS SOY/IRON CONC   | 2    | OTC Over the Counter  |
| GOOD START ESSENTIALS SOY/IRON POWDER | 2    | OTC Over the Counter  |
| GOOD START/FE CONC                    | 2    | OTC Over the Counter  |
| GOOD START/FE POWDER                  | 2    | OTC Over the Counter  |
| GOOD START GENTLE PLUS CONC           | 2    | OTC Over the Counter  |
| GOOD START GENTLE PLUS POWDER         | 2    | OTC Over the Counter  |
| GOOD START NATURAL CULTURES POWDER    | 2    | OTC Over the Counter  |
| GOOD START POWDER                     | 2    | OTC Over the Counter  |
| GOOD START SOY PLUS 2 POWDER          | 2    | OTC Over the Counter  |
| GOOD START SUPREME/IRON CONC          | 2    | OTC Over the Counter  |
| GOOD START SUPREME/IRON POWDER        | 2    | OTC Over the Counter  |
| ISOMIL 2 POWDER                       | 2    | OTC Over the Counter  |
| ISOMIL/IRON CONC                      | 2    | OTC Over the Counter  |
| ISOMIL/IRON POWDER                    | 2    | OTC Over the Counter  |
| ISOMIL SF/IRON CONC                   | 2    | OTC Over the Counter  |
| ISOMIL SOY/IRON POWDER                | 2    | OTC Over the Counter  |
| MSUD ANALOG POWDER                    | 2    | OTC Over the Counter  |

| PRODUCT DESCRIPTION                 | TIER | LIMITS & RESTRICTIONS |
|-------------------------------------|------|-----------------------|
| NEOCATE SYNEO INFANT POWDER         | 2    | OTC Over the Counter  |
| PEPTICATE POWDER                    | 2    | OTC Over the Counter  |
| PERIFLEX INFANT POWDER              | 2    | OTC Over the Counter  |
| PHENYL-FREE 1 POWDER                | 2    | OTC Over the Counter  |
| PREGESTIMIL POWDER                  | 2    | OTC Over the Counter  |
| PREMIUM INFANT FORMULA/IRON POWDER  | 2    | OTC Over the Counter  |
| PURAMINO DHA/ARA POWDER             | 2    | OTC Over the Counter  |
| PURAMINO JR POWDER                  | 2    | OTC Over the Counter  |
| PURE BLISS ORG/A2 MILK/IRON POWDER  | 2    | OTC Over the Counter  |
| PURE BLISS ORGANIC/IRON POWDER      | 2    | OTC Over the Counter  |
| RCF CONC                            | 2    | OTC Over the Counter  |
| RCF LOW-IRON CONC                   | 2    | OTC Over the Counter  |
| SIMILAC 2 ADVANCE POWDER            | 2    | OTC Over the Counter  |
| SIMILAC 2-IRON POWDER               | 2    | OTC Over the Counter  |
| SIMILAC 360 TOTAL CARE 5 HMO POWDER | 2    | OTC Over the Counter  |
| SIMILAC 360 TOTAL CARE 5 HMO POWDER | 2    | OTC Over the Counter  |
| SIMILAC 360 TOTAL CARE POWDER       | 2    | OTC Over the Counter  |
| SIMILAC 360 TOTAL CARE SENS POWDER  | 2    | OTC Over the Counter  |
| SIMILAC ADVANCE COMPLETE POWDER     | 2    | OTC Over the Counter  |
| SIMILAC ADVANCE EARLY SHIELD CONC   | 2    | OTC Over the Counter  |
| SIMILAC ADVANCE EARLY SHIELD POWDER | 2    | OTC Over the Counter  |
| SIMILAC ADVANCE/IRON PACKET         | 2    | OTC Over the Counter  |
| SIMILAC ADVANCE-IRON POWDER         | 2    | OTC Over the Counter  |
| SIMILAC ADVANCE LAMEHADRIN POWDER   | 2    | OTC Over the Counter  |
| SIMILAC ADVANCE NON-GMO POWDER      | 2    | OTC Over the Counter  |

| PRODUCT DESCRIPTION                   | TIER | LIMITS & RESTRICTIONS |
|---------------------------------------|------|-----------------------|
| SIMILAC ADVANCE OPTIGRO/IRON POWDER   | 2    | OTC Over the Counter  |
| SIMILAC ADVANCE ORGANIC POWDER        | 2    | OTC Over the Counter  |
| SIMILAC ALIMENTUM-IRON POWDER         | 2    | OTC Over the Counter  |
| SIMILAC ALIMENTUM TODDLER POWDER      | 2    | OTC Over the Counter  |
| SIMILAC FOR SPIT-UP/OPTIGRO POWDER    | 2    | OTC Over the Counter  |
| SIMILAC FOR SPIT-UP POWDER            | 2    | OTC Over the Counter  |
| SIMILAC FOR SUPPLEMENTATION POWDER    | 2    | OTC Over the Counter  |
| SIMILAC GO & GROW EARLY SHIELD POWDER | 2    | OTC Over the Counter  |
| SIMILAC GO & GROW HMO POWDER          | 2    | OTC Over the Counter  |
| SIMILAC GO & GROW NON-GMO POWDER      | 2    | OTC Over the Counter  |
| SIMILAC GO & GROW OPTIGRO POWDER      | 2    | OTC Over the Counter  |
| SIMILAC GO & GROW TODDLER PACKET      | 2    | OTC Over the Counter  |
| SIMILAC GO & GROW TODDLER POWDER      | 2    | OTC Over the Counter  |
| SIMILAC HUMAN MILK FORTIFIER CONC     | 2    | OTC Over the Counter  |
| SIMILAC HUMAN MILK FORTIFIER POWDER   | 2    | OTC Over the Counter  |
| SIMILAC/IRON CONC                     | 2    | OTC Over the Counter  |
| SIMILAC/IRON PACKET                   | 2    | OTC Over the Counter  |
| SIMILAC/IRON POWDER                   | 2    | OTC Over the Counter  |
| SIMILAC LACTOSE FREE ADVANCE POWDER   | 2    | OTC Over the Counter  |
| SIMILAC LACTOSE FREE POWDER           | 2    | OTC Over the Counter  |
| SIMILAC LOW-IRON CONC                 | 2    | OTC Over the Counter  |
| SIMILAC LOW-IRON POWDER               | 2    | OTC Over the Counter  |
| SIMILAC NEOSURE OPTIGRO POWDER        | 2    | OTC Over the Counter  |
| SIMILAC NEOSURE POWDER                | 2    | OTC Over the Counter  |
| SIMILAC ORGANIC/A2 MILK/IRON POWDER   | 2    | OTC Over the Counter  |

| PRODUCT DESCRIPTION                   | TIER | LIMITS & RESTRICTIONS |
|---------------------------------------|------|-----------------------|
| SIMILAC ORGANIC/IRON POWDER           | 2    | OTC Over the Counter  |
| SIMILAC PM POWDER                     | 2    | OTC Over the Counter  |
| SIMILAC POWDER                        | 2    | OTC Over the Counter  |
| SIMILAC PRO-ADVANCE OPTIGRO POWDER    | 2    | OTC Over the Counter  |
| SIMILAC PRO-ADVANCE WITH IRON POWDER  | 2    | OTC Over the Counter  |
| SIMILAC PRO-SENSITIVE/IRON POWDER     | 2    | OTC Over the Counter  |
| SIMILAC PRO-SENSITIVE OPTIGRO POWDER  | 2    | OTC Over the Counter  |
| SIMILAC PRO-TOTAL COMFORT POWDER      | 2    | OTC Over the Counter  |
| SIMILAC PURE BLISS/IRON POWDER        | 2    | OTC Over the Counter  |
| SIMILAC PURE BLISS POWDER             | 2    | OTC Over the Counter  |
| SIMILAC SENSITIVE CONC                | 2    | OTC Over the Counter  |
| SIMILAC SENSITIVE EARLY SHIELD CONC   | 2    | OTC Over the Counter  |
| SIMILAC SENSITIVE EARLY SHIELD POWDER | 2    | OTC Over the Counter  |
| SIMILAC SENSITIVE FUSSINESS POWDER    | 2    | OTC Over the Counter  |
| SIMILAC SENSITIVE NON-GMO POWDER      | 2    | OTC Over the Counter  |
| SIMILAC SENSITIVE OPTIGRO/IRON POWDER | 2    | OTC Over the Counter  |
| SIMILAC SENSITIVE POWDER              | 2    | OTC Over the Counter  |
| SIMILAC SOY ISOMIL CONC               | 2    | OTC Over the Counter  |
| SIMILAC SOY ISOMIL PACKET             | 2    | OTC Over the Counter  |
| SIMILAC SOY ISOMIL POWDER             | 2    | OTC Over the Counter  |
| SIMILAC SPIT-UP OPTIGRO/IRON POWDER   | 2    | OTC Over the Counter  |
| SIMILAC TOTAL CMFRT OPTIGRO/FE POWDER | 2    | OTC Over the Counter  |
| SIMILAC TOTAL COMFORT POWDER          | 2    | OTC Over the Counter  |
| SOD ANAMIX EARLY YEARS POWDER         | 2    | OTC Over the Counter  |
| UCD ANAMIX INFANT POWDER              | 2    | OTC Over the Counter  |

| PRODUCT DESCRIPTION                              | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| XLEU ANALOG POWDER                               | 2    | OTC Over the Counter  |
| XLYS XTRP ANALOG POWDER                          | 2    | OTC Over the Counter  |
| XMET ANALOG POWDER                               | 2    | OTC Over the Counter  |
| XMTVI ANALOG POWDER                              | 2    | OTC Over the Counter  |
| XPHE-XTYR ANALOG POWDER                          | 2    | OTC Over the Counter  |
| XPTM ANALOG POWDER                               | 2    | OTC Over the Counter  |
| CORVITA 150 150-1.25 MG TAB                      | 3    |                       |
| <i>iferex 150 forte 150-25-1 mg-mcg-mg cap</i>   | 1    |                       |
| POLY-IRON 150 FORTE 150-25-1 MG-MCG-MG CAP       | 1    |                       |
| POLYSACCHARIDE IRON FORTE 150-25-1 MG-MCG-MG CAP | 1    |                       |
| ICAR-C PLUS 100-250-0.025-1 MG TAB               | 2    |                       |
| <i>levocarnitine 1 gm/10ml solution</i>          | 1    |                       |
| <i>levocarnitine 1 gm/10ml solution</i>          | 1    |                       |
| <i>levocarnitine 330 mg tab</i>                  | 1    |                       |
| <i>levocarnitine sf 1 gm/10ml solution</i>       | 1    |                       |
| AFLORA TAB                                       | 3    |                       |
| ANTIOXIDANT A/C/E/SELENIUM TAB                   | 1    | OTC Over the Counter  |
| ANTIOXIDANT VITAMINS TAB                         | 1    | OTC Over the Counter  |
| A THRU Z ADVANCED ADULT TAB                      | 1    | OTC Over the Counter  |
| A THRU Z ADVANCED TAB                            | 1    | OTC Over the Counter  |
| A THRU Z HIGH POTENCY TAB                        | 1    | OTC Over the Counter  |
| A THRU Z SELECT 50+ ADVANCED TAB                 | 1    | OTC Over the Counter  |
| A THRU Z SELECT 50+ MENS TAB                     | 1    | OTC Over the Counter  |
| A THRU Z SELECT ADVANCED TAB                     | 1    | OTC Over the Counter  |
| A THRU Z SELECT TAB                              | 1    | OTC Over the Counter  |
| A THRU Z SELECT ULTIMATE WOMEN TAB               | 1    | OTC Over the Counter  |
| A THRU Z ULTIMATE MENS TAB                       | 1    | OTC Over the Counter  |

| PRODUCT DESCRIPTION                | TIER | LIMITS & RESTRICTIONS |
|------------------------------------|------|-----------------------|
| BACMIN TAB                         | 3    |                       |
| BIOCEL TAB                         | 1    |                       |
| B-PLEX PLUS TAB                    | 1    |                       |
| CENTAVITE A-Z COMPLETE-MINERAL TAB | 1    | OTC Over the Counter  |
| CENTRAVITES 50 PLUS TAB            | 1    | OTC Over the Counter  |
| CENTRAVITES TAB                    | 1    | OTC Over the Counter  |
| CENTURY MATURE TAB                 | 1    | OTC Over the Counter  |
| CENTURY TAB                        | 1    | OTC Over the Counter  |
| CEROVITE SENIOR TAB                | 1    | OTC Over the Counter  |
| CERTAVITE/ANTIOXIDANTS TAB         | 1    | OTC Over the Counter  |
| COMPANION TAB                      | 1    | OTC Over the Counter  |
| COMPETE TAB                        | 1    | OTC Over the Counter  |
| COREVIA TAB                        | 3    |                       |
| CORVITA TAB                        | 3    |                       |
| CVS DAILY MULTIPLE FOR MEN TAB     | 1    | OTC Over the Counter  |
| CVS DAILY MULTIPLE WOMEN 50+ TAB   | 1    | OTC Over the Counter  |
| CVS EYE HEALTH & LUTEIN TAB        | 1    | OTC Over the Counter  |
| CVS ONE DAILY ESSENTIAL TAB        | 1    | OTC Over the Counter  |
| CVS ONE DAILY MENS FORMULA TAB     | 1    | OTC Over the Counter  |
| CVS ONE DAILY WOMENS FORMULA TAB   | 1    | OTC Over the Counter  |
| CVS SPECTRAVITE ADVANCED TAB       | 1    | OTC Over the Counter  |
| CVS SPECTRAVITE MEN 50+ TAB        | 1    | OTC Over the Counter  |
| CVS SPECTRAVITE MEN TAB            | 1    | OTC Over the Counter  |
| CVS SPECTRAVITE SENIOR TAB         | 1    | OTC Over the Counter  |
| CVS SPECTRAVITE ULTRA MENS TAB     | 1    | OTC Over the Counter  |
| CVS SPECTRAVITE WOMEN 50+ TAB      | 1    | OTC Over the Counter  |

| PRODUCT DESCRIPTION                | TIER | LIMITS & RESTRICTIONS |
|------------------------------------|------|-----------------------|
| CVS SPECTRAVITE WOMENS SENIOR TAB  | 1    | OTC Over the Counter  |
| CVS SPECTRAVITE WOMEN TAB          | 1    | OTC Over the Counter  |
| CVS WOMENS ACTIVE DAILY TAB        | 1    | OTC Over the Counter  |
| DAILY BETIC TAB                    | 1    | OTC Over the Counter  |
| DAILY COMBO MULTI VITAMINS TAB     | 1    | OTC Over the Counter  |
| DAILY MULTIPLE VITAMINS/MIN TAB    | 1    | OTC Over the Counter  |
| DAYAVITE TAB                       | 3    |                       |
| DEPLIN MA CAP                      | 3    |                       |
| DEPLINPRO MOOD HEALTH CAP          | 3    | OTC Over the Counter  |
| DERMACINRX MULTITAM TAB            | 3    |                       |
| DERMACINRX RIBOTIN-E TAB           | 3    |                       |
| DERMACINRX ZINTREXYL-C TAB         | 3    |                       |
| DIABETES HEALTH FORMULA TAB        | 1    | OTC Over the Counter  |
| DIALYVITE 800/ULTRA D TAB          | 1    | OTC Over the Counter  |
| DIALYVITE SUPREME D TAB            | 3    |                       |
| DIATROL TAB                        | 3    |                       |
| EQ COMPLETE MULTIVIT ADULT 50+ TAB | 1    | OTC Over the Counter  |
| EQL CENTURY MATURE MEN 50+ TAB     | 1    | OTC Over the Counter  |
| EQL CENTURY MATURE TAB             | 1    | OTC Over the Counter  |
| EQL CENTURY MATURE WOMEN 50+ TAB   | 1    | OTC Over the Counter  |
| EQL CENTURY TAB                    | 1    | OTC Over the Counter  |
| EQL ONE DAILY MENS 50+ ADVANCE TAB | 1    | OTC Over the Counter  |
| EQL ONE DAILY MENS HEALTH TAB      | 1    | OTC Over the Counter  |
| EQL ONE DAILY WOMENS 50+ ADV TAB   | 1    | OTC Over the Counter  |
| EQL VISION FORMULA TAB             | 1    | OTC Over the Counter  |
| EQ ONE DAILY WOMENS HEALTH TAB     | 1    | OTC Over the Counter  |
| ESSENTIAL BALANCE TAB              | 1    | OTC Over the Counter  |

| PRODUCT DESCRIPTION                | TIER | LIMITS & RESTRICTIONS |
|------------------------------------|------|-----------------------|
| ESSENTIA TAB                       | 1    | OTC Over the Counter  |
| EYE-VITES TAB                      | 1    | OTC Over the Counter  |
| FLORRAVITE TAB                     | 3    |                       |
| FLORRAXYL TAB                      | 3    |                       |
| FOLAGENT DHA CAP                   | 3    |                       |
| FOLAMAX TAB                        | 3    |                       |
| FOLAMED DHA CAP                    | 3    |                       |
| FOLAPRIME TAB                      | 3    |                       |
| FOLAREX TAB                        | 3    |                       |
| FOLASYNC DHA CAP                   | 3    |                       |
| FOLATEN TAB                        | 3    |                       |
| FOLIFLEX TAB                       | 3    |                       |
| FOLITIN-Z TAB                      | 3    |                       |
| FOLIXIA TAB                        | 3    |                       |
| GERIVITE COMPLETE TAB              | 1    | OTC Over the Counter  |
| GNP CENTURY MATURE WOMEN'S 50+ TAB | 1    | OTC Over the Counter  |
| GNP HAIR/SKIN/NAILS TAB            | 1    | OTC Over the Counter  |
| GNP HEALTHY EYES TAB               | 1    | OTC Over the Counter  |
| GNP MEGA MULTI FOR MEN TAB         | 1    | OTC Over the Counter  |
| GNP MEGA MULTI FOR WOMEN TAB       | 1    | OTC Over the Counter  |
| GNP ONE DAILY MENS HEALTH 50+ TAB  | 1    | OTC Over the Counter  |
| GNP ONE DAILY MENS/LYCOPENE TAB    | 1    | OTC Over the Counter  |
| GNP ONE DAILY WOMENS 50+ TAB       | 1    | OTC Over the Counter  |
| GNP ONE DAILY WOMENS TAB           | 1    | OTC Over the Counter  |
| GNP THERAPEUTIC-M TAB              | 1    | OTC Over the Counter  |
| HAIR SKIN AND NAILS FORMULA TAB    | 1    | OTC Over the Counter  |
| HAIR/SKIN/NAILS TAB                | 1    | OTC Over the Counter  |

| PRODUCT DESCRIPTION                     | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| HEALTHY EYES TAB                        | 1    | OTC Over the Counter  |
| HI-KOVITE 2-PART FORMULA TAB            | 1    | OTC Over the Counter  |
| <i>hm complete women tab</i>            | 1    | OTC Over the Counter  |
| <i>hm womens 50+ advanced daily tab</i> | 1    | OTC Over the Counter  |
| HYLAZINC TAB                            | 3    |                       |
| ICAPS MV TAB                            | 1    | OTC Over the Counter  |
| I-VITE TAB                              | 1    | OTC Over the Counter  |
| KEYFOLIC TAB                            | 3    |                       |
| KEYLOSA TAB                             | 3    |                       |
| KP ADULTS 50+ DAILY FORMULA TAB         | 1    | OTC Over the Counter  |
| KP ADULTS DAILY FORMULA TAB             | 1    | OTC Over the Counter  |
| KP MENS 50+ DAILY FORMULA TAB           | 1    | OTC Over the Counter  |
| KP MENS DAILY FORMULA TAB               | 1    | OTC Over the Counter  |
| KP VISION FORMULA/LUTEIN TAB            | 1    | OTC Over the Counter  |
| KP VISION FORMULA TAB                   | 1    | OTC Over the Counter  |
| KP WOMENS 50+ DAILY FORMULA TAB         | 1    | OTC Over the Counter  |
| KP WOMENS DAILY FORMULA TAB             | 1    | OTC Over the Counter  |
| LIVITA ADULTS LIQUID                    | 3    |                       |
| LYSIPLEX PLUS TAB                       | 1    |                       |
| MACUVITE EYE CARE TAB                   | 1    | OTC Over the Counter  |
| <i>macuvite/lutein tab</i>              | 1    | OTC Over the Counter  |
| MACUVITE TAB                            | 1    | OTC Over the Counter  |
| MAXIMUM DAILY GREEN TAB                 | 1    | OTC Over the Counter  |
| MEIJER ADVANCED FORMULA TAB             | 1    | OTC Over the Counter  |
| MENATROL CAP                            | 3    |                       |
| MENS LIFE PACK TAB                      | 1    | OTC Over the Counter  |

| PRODUCT DESCRIPTION               | TIER | LIMITS & RESTRICTIONS |
|-----------------------------------|------|-----------------------|
| MULTI COMPLETE/IRON TAB           | 1    | OTC Over the Counter  |
| MULTI FOR HER 50+ TAB             | 1    | OTC Over the Counter  |
| MULTI FOR HER TAB                 | 1    | OTC Over the Counter  |
| MULTI FOR HIM 50+ TAB             | 1    | OTC Over the Counter  |
| MULTI FOR HIM TAB                 | 1    | OTC Over the Counter  |
| MULTIPLE VITAMINS/WOMENS TAB      | 1    | OTC Over the Counter  |
| MULTIPLE VIT/MINERALS/NO IRON TAB | 1    | OTC Over the Counter  |
| MULTIPRO CAP                      | 1    |                       |
| MULTITOL-M TAB                    | 3    |                       |
| MULTIVITAMIN ADULTS 50+ TAB       | 1    | OTC Over the Counter  |
| MULTIVITAMIN ADULTS TAB           | 1    | OTC Over the Counter  |
| MULTIVITAMIN MEN 50+ TAB          | 1    | OTC Over the Counter  |
| MULTI VITAMIN/MINERALS TAB        | 1    | OTC Over the Counter  |
| MULTI-VITAMIN/MINERALS TAB        | 1    | OTC Over the Counter  |
| MULTIVITAMIN WOMEN 50+ TAB        | 1    | OTC Over the Counter  |
| MULTIVITAMIN WOMENS 50+ ADV TAB   | 1    | OTC Over the Counter  |
| MULTIVITAMIN WOMEN TAB            | 1    | OTC Over the Counter  |
| MYAMULTI TAB                      | 1    | OTC Over the Counter  |
| NEOVITE TAB                       | 3    |                       |
| NICADAN TAB                       | 3    |                       |
| NICAZEL FORTE TAB                 | 3    |                       |
| NICAZEL TAB                       | 3    |                       |
| NORIXA TAB                        | 3    |                       |
| NORVEXA TAB                       | 3    |                       |
| NUTRALYN TAB                      | 3    |                       |
| NUTRICAP TAB                      | 3    |                       |
| NUTRIFAC ZX TAB                   | 1    |                       |

| PRODUCT DESCRIPTION                     | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| OCUTABS-LUTEIN TAB                      | 1    | OTC Over the Counter  |
| OCUTABS TAB                             | 1    | OTC Over the Counter  |
| OCUVEL CAP                              | 3    |                       |
| OCUVITE EXTRA TAB                       | 1    | OTC Over the Counter  |
| OCUVITE EYE + MULTI TAB                 | 1    | OTC Over the Counter  |
| OCUVITE-LUTEIN TAB                      | 1    | OTC Over the Counter  |
| <i>one-a-day teen advantage/her tab</i> | 1    | OTC Over the Counter  |
| ONE DAILY 50 PLUS TAB                   | 1    | OTC Over the Counter  |
| ONE DAILY CALCIUM/IRON TAB              | 1    | OTC Over the Counter  |
| ONE DAILY COMPLETE FOR MEN TAB          | 1    | OTC Over the Counter  |
| ONE DAILY COMPLETE TAB                  | 1    | OTC Over the Counter  |
| ONE DAILY FOR MEN 50+ ADVANCED TAB      | 1    | OTC Over the Counter  |
| ONE DAILY FOR MEN/LYCOPENE TAB          | 1    | OTC Over the Counter  |
| ONE DAILY FOR WOMEN 50+ ADV TAB         | 1    | OTC Over the Counter  |
| ONE DAILY FOR WOMEN TAB                 | 1    | OTC Over the Counter  |
| ONE DAILY HEALTHY WEIGHT ADV TAB        | 1    | OTC Over the Counter  |
| ONE DAILY HEALTHY WEIGHT TAB            | 1    | OTC Over the Counter  |
| ONE DAILY MAXIMUM TAB                   | 1    | OTC Over the Counter  |
| ONE DAILY MENS 50+/LYCOPENE TAB         | 1    | OTC Over the Counter  |
| ONE DAILY MENS 50+ MULTIVIT TAB         | 1    | OTC Over the Counter  |
| ONE DAILY MENS HEALTH TAB               | 1    | OTC Over the Counter  |
| ONE DAILY MENS TAB                      | 1    | OTC Over the Counter  |
| ONE DAILY/MINERALS TAB                  | 1    | OTC Over the Counter  |
| ONE DAILY MULTIVITAMIN MEN TAB          | 1    | OTC Over the Counter  |
| ONE DAILY MULTIVITAMIN WOMEN TAB        | 1    | OTC Over the Counter  |
| ONE DAILY MULTIVIT/IRON-FREE TAB        | 1    | OTC Over the Counter  |

| PRODUCT DESCRIPTION                       | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| ONE-DAILY MULTI-VIT/MINERAL TAB           | 1    | OTC Over the Counter  |
| ONE DAILY WOMENS 50 PLUS TAB              | 1    | OTC Over the Counter  |
| ONE DAILY WOMENS 50+ TAB                  | 1    | OTC Over the Counter  |
| ONE DAILY WOMENS TAB                      | 1    | OTC Over the Counter  |
| ONEVITE TAB                               | 3    |                       |
| OPTIC-VITES TAB                           | 1    | OTC Over the Counter  |
| OPTIC-VITES WITH LUTEIN TAB               | 1    | OTC Over the Counter  |
| OPTIMUM PMS TAB                           | 1    | OTC Over the Counter  |
| OSTEOPRIME ULTRA TAB                      | 1    | OTC Over the Counter  |
| PREV-RX TAB                               | 3    |                       |
| PROFOLA TAB                               | 3    |                       |
| PROSIGHT TAB                              | 1    | OTC Over the Counter  |
| QC DAILY MULTIVIT/MULTIMINERAL TAB        | 1    | OTC Over the Counter  |
| QC HAIR SKIN & NAILS TAB                  | 1    | OTC Over the Counter  |
| QC MENS DAILY MULTIVITAMIN TAB            | 1    | OTC Over the Counter  |
| QC MULTI-VITE 50 & OVER TAB               | 1    | OTC Over the Counter  |
| QC MULTI-VITE TAB                         | 1    | OTC Over the Counter  |
| QC THERIN-M TAB                           | 1    | OTC Over the Counter  |
| QC WOMENS DAILY MULTIVITAMIN TAB          | 1    | OTC Over the Counter  |
| QUINTABS-M TAB                            | 1    | OTC Over the Counter  |
| <i>ra central-vite mens mature tab</i>    | 1    | OTC Over the Counter  |
| <i>ra central-vite womens mature tab</i>  | 1    | OTC Over the Counter  |
| <i>ra one daily maximum tab</i>           | 1    | OTC Over the Counter  |
| <i>ra one daily mens 50+ w/vit d3 tab</i> | 1    | OTC Over the Counter  |
| <i>ra one daily mens multi tab</i>        | 1    | OTC Over the Counter  |
| <i>ra one daily mens/vit d-3 tab</i>      | 1    | OTC Over the Counter  |

| PRODUCT DESCRIPTION                       | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| REMEDIENT CAP                             | 3    |                       |
| RENAPLEX TAB                              | 1    | OTC Over the Counter  |
| SENIOR TABS TAB                           | 1    | OTC Over the Counter  |
| SENTRY SENIOR TAB                         | 1    | OTC Over the Counter  |
| SENTRY TAB                                | 1    | OTC Over the Counter  |
| SIDEROL TAB                               | 3    |                       |
| <i>sm antioxidant vitamins tab</i>        | 1    | OTC Over the Counter  |
| <i>sm complete 50+ tab</i>                | 1    | OTC Over the Counter  |
| <i>sm complete 50+ ultimate mens tab</i>  | 1    | OTC Over the Counter  |
| <i>sm complete 50+ ultimate women tab</i> | 1    | OTC Over the Counter  |
| <i>sm complete advanced formula tab</i>   | 1    | OTC Over the Counter  |
| <i>sm complete senior formula tab</i>     | 1    | OTC Over the Counter  |
| <i>sm complete tab</i>                    | 1    | OTC Over the Counter  |
| <i>sm daily diet support tab</i>          | 1    | OTC Over the Counter  |
| <i>sm hair/skin/nails tab</i>             | 1    | OTC Over the Counter  |
| <i>sm opti-vitamins tab</i>               | 1    | OTC Over the Counter  |
| STRESS B COMPLEX/ANTIOXID/ZINC TAB        | 1    | OTC Over the Counter  |
| STRESSTABS ADVANCED TAB                   | 1    | OTC Over the Counter  |
| STROVITE ONE TAB                          | 3    |                       |
| SUPER AYTINAL 50 PLUS TAB                 | 1    | OTC Over the Counter  |
| SUPER AYTINAL TAB                         | 1    | OTC Over the Counter  |
| <i>super multiple tab</i>                 | 1    | OTC Over the Counter  |
| SUPER THERA VITE M TAB                    | 1    | OTC Over the Counter  |
| SUPER VITA-MINS TAB                       | 1    | OTC Over the Counter  |
| SUPPORT LIQUID                            | 3    |                       |
| THERABASIC-M TAB                          | 1    | OTC Over the Counter  |

| PRODUCT DESCRIPTION                   | TIER | LIMITS & RESTRICTIONS |
|---------------------------------------|------|-----------------------|
| <i>theradex m/beta carotene tab</i>   | 1    | OTC Over the Counter  |
| <i>theradex m tab</i>                 | 1    | OTC Over the Counter  |
| THERAPEUTIC FORMULA/HEMATINICS TAB    | 1    | OTC Over the Counter  |
| THERAPEUTIC-M TAB                     | 1    | OTC Over the Counter  |
| <i>theratrum complete 50 plus tab</i> | 1    | OTC Over the Counter  |
| THERATRUM COMPLETE 50 PLUS TAB        | 1    | OTC Over the Counter  |
| <i>theratrum complete tab</i>         | 1    | OTC Over the Counter  |
| THERATRUM COMPLETE TAB                | 1    | OTC Over the Counter  |
| THERA VITAL-M TAB                     | 1    | OTC Over the Counter  |
| THERA VITAL M TAB                     | 1    | OTC Over the Counter  |
| THRIVE FOR LIFE WOMENS TAB            | 1    | OTC Over the Counter  |
| TREXION CAP                           | 3    |                       |
| UDAMIN SP TAB                         | 3    |                       |
| ULTRACHOICE ADVANCED FORMULA TAB      | 1    | OTC Over the Counter  |
| ULTRACHOICE ADV FORMULA MATURE TAB    | 1    | OTC Over the Counter  |
| ULTRA FREEDA/IRON TAB                 | 1    | OTC Over the Counter  |
| ULTRA FREEDA TAB                      | 1    | OTC Over the Counter  |
| V-C FORTE CAP                         | 1    |                       |
| VENEXA FE TAB                         | 3    |                       |
| VENEXA TAB                            | 3    |                       |
| VENTRIXYL FE TAB                      | 3    |                       |
| VENTRIXYL TAB                         | 3    |                       |
| VIC-FORTE CAP                         | 1    |                       |
| VISION FORMULA/LUTEIN TAB             | 1    | OTC Over the Counter  |
| VISION VITAMINS TAB                   | 1    | OTC Over the Counter  |
| VITABASIC COMPLETE TAB                | 1    | OTC Over the Counter  |
| VITABASIC SENIOR TAB                  | 1    | OTC Over the Counter  |

| PRODUCT DESCRIPTION                   | TIER | LIMITS & RESTRICTIONS |
|---------------------------------------|------|-----------------------|
| VITACEL TAB                           | 1    |                       |
| VITA HAIR TAB                         | 1    | OTC Over the Counter  |
| VITAMINS A-D-E/SELENIUM TAB           | 1    | OTC Over the Counter  |
| VITAROCA PLUS TAB                     | 3    |                       |
| VITASCRIPT TAB                        | 3    |                       |
| VITA S FORTE TAB                      | 1    |                       |
| <i>vitatum complete tab</i>           | 1    | OTC Over the Counter  |
| VITRAMYN TAB                          | 3    |                       |
| VITRANOL FE TAB                       | 3    |                       |
| VITRANOL TAB                          | 3    |                       |
| VITREXATE FE TAB                      | 3    |                       |
| VITREXATE TAB                         | 3    |                       |
| VITREXYL + IRON TAB                   | 3    |                       |
| VITREXYL TAB                          | 3    |                       |
| <i>vitrum senior tab</i>              | 1    | OTC Over the Counter  |
| WELLFOLA TAB                          | 3    |                       |
| <i>womens daily form/fa/ca/fe tab</i> | 1    | OTC Over the Counter  |
| WOMENS DAILY FORMULA TAB              | 1    | OTC Over the Counter  |
| WOMENS LIFE PACK TAB                  | 1    | OTC Over the Counter  |
| WOMENS MULTIVITAMIN TAB               | 1    | OTC Over the Counter  |
| FOLGARD OS 500-1.1 MG TAB             | 3    |                       |
| ALFAMINO JUNIOR POWDER                | 2    | OTC Over the Counter  |
| CHICKEN/PEAS/CARROTS POWDER           | 2    | OTC Over the Counter  |
| KALE/QUINOA/BERRIES POWDER            | 2    | OTC Over the Counter  |
| LIPISTART POWDER                      | 2    | OTC Over the Counter  |
| PEDIASMART PEA PROTEIN POWDER         | 2    | OTC Over the Counter  |
| PKU START POWDER                      | 2    | OTC Over the Counter  |
| RESTORE FUSION RENAL SUPPORT POWDER   | 2    | OTC Over the Counter  |

| PRODUCT DESCRIPTION                              | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| RESTORE RENAL SUPPORT POWDER                     | 2    | OTC Over the Counter  |
| <i>cvx fish oil 1000 mg cap</i>                  | 1    | OTC Over the Counter  |
| <i>cvx natural fish oil 1000 mg cap</i>          | 1    | OTC Over the Counter  |
| <i>eql fish oil 1000 mg cap</i>                  | 1    | OTC Over the Counter  |
| <i>eql omega 3 fish oil 1000 mg cap</i>          | 1    | OTC Over the Counter  |
| <i>fish oil 1000 mg cap</i>                      | 1    | OTC Over the Counter  |
| <i>fish oil burp-less 1000 mg cap</i>            | 1    | OTC Over the Counter  |
| <i>fish oil concentrate 1000 mg cap</i>          | 1    | OTC Over the Counter  |
| <i>fish oil high potency 1000 mg cap</i>         | 1    | OTC Over the Counter  |
| <i>fish oil omega-3 1000 mg cap</i>              | 1    | OTC Over the Counter  |
| <i>fish oil/super potent/no burp 1000 mg cap</i> | 1    | OTC Over the Counter  |
| <i>gnp fish oil 1000 mg cap</i>                  | 1    | OTC Over the Counter  |
| <i>hm fish oil 1000 mg cap</i>                   | 1    | OTC Over the Counter  |
| <i>maxepa 1000 mg cap</i>                        | 1    | OTC Over the Counter  |
| <i>maximum epa 1000 mg cap</i>                   | 1    | OTC Over the Counter  |
| <i>norwegian salmon oil 1000 mg cap</i>          | 1    | OTC Over the Counter  |
| <i>omega 3 1000 mg cap</i>                       | 1    | OTC Over the Counter  |
| <i>omega-3 1000 mg cap</i>                       | 1    | OTC Over the Counter  |
| <i>omega-3 cf 1000 mg cap</i>                    | 1    | OTC Over the Counter  |
| <i>omega 3 fish oil 1000 mg cap</i>              | 1    | OTC Over the Counter  |
| <i>omega-3 fish oil 1000 mg cap</i>              | 1    | OTC Over the Counter  |
| <i>qc fish oil 1000 mg cap</i>                   | 1    | OTC Over the Counter  |
| <i>ra fish oil 1000 mg cap</i>                   | 1    | OTC Over the Counter  |
| <i>sb omega-3 fish oil 1000 mg cap</i>           | 1    | OTC Over the Counter  |
| <i>sea-omega 1000 mg cap</i>                     | 1    | OTC Over the Counter  |

| PRODUCT DESCRIPTION                             | TIER | LIMITS & RESTRICTIONS                      |
|---|------|--|
| <i>sm fish oil 1000 mg cap</i>                  | 1    | OTC Over the Counter                       |
| <i>super dha gems 1000 mg cap</i>               | 1    | OTC Over the Counter                       |
| <i>super omega-3 1000 mg cap</i>                | 1    | OTC Over the Counter                       |
| <i>theromega 1000 mg cap</i>                    | 1    | OTC Over the Counter                       |
| <i>ultra omega 3 1000 mg cap</i>                | 1    | OTC Over the Counter                       |
| FLORAFOL PEDIATRIC 0.25 MG/ML SUSPENSION        | 3    | PD Preventive Drug                         |
| FLORIVA PLUS 0.25 MG/ML SUSPENSION              | 3    | PD Preventive Drug                         |
| MULTIVITAMIN/FLUORIDE 0.25 MG CHEW TAB          | 1    | PD Preventive Drug<br>OTC Over the Counter |
| MULTIVITAMIN/FLUORIDE 0.25 MG/ML SUSPENSION     | 1    | PD Preventive Drug<br>OTC Over the Counter |
| MULTIVITAMIN/FLUORIDE 0.25 MG/ML SUSPENSION     | 3    | PD Preventive Drug                         |
| MULTI-VITAMIN/FLUORIDE 0.25 MG/ML SUSPENSION    | 1    | PD Preventive Drug                         |
| MULTIVITAMIN/FLUORIDE 0.5 MG CHEW TAB           | 1    | PD Preventive Drug<br>OTC Over the Counter |
| MULTIVITAMIN/FLUORIDE 0.5 MG/ML SUSPENSION      | 1    | PD Preventive Drug<br>OTC Over the Counter |
| MULTI-VITAMIN/FLUORIDE 0.5 MG/ML SUSPENSION     | 1    | PD Preventive Drug                         |
| MULTIVITAMIN/FLUORIDE 1 MG CHEW TAB             | 1    | PD Preventive Drug<br>OTC Over the Counter |
| POLY-VI-FLOR 0.25 MG/ML SUSPENSION              | 3    | PD Preventive Drug                         |
| QUFLORA PEDIATRIC 0.25 MG/ML SUSPENSION         | 3    | PD Preventive Drug                         |
| TRI-VI-FLOR 0.25 MG/ML SUSPENSION               | 3    | PD Preventive Drug                         |
| TRI-VITAMIN WITH FLUORIDE 0.25 MG/ML SUSPENSION | 3    | PD Preventive Drug                         |
| TRI-VITE/FLUORIDE 0.25 MG/ML SOLUTION           | 1    | PD Preventive Drug                         |
| TRI-VITE/FLUORIDE 0.5 MG/ML SOLUTION            | 1    | PD Preventive Drug                         |
| VITAMINS ACD-FLUORIDE 0.25 MG/ML SOLUTION       | 1    | PD Preventive Drug<br>OTC Over the Counter |

| PRODUCT DESCRIPTION                                | TIER | LIMITS & RESTRICTIONS                      |
|--|------|--|
| VITAMINS ACD-FLUORIDE 0.5 MG/ML SOLUTION           | 1    | PD Preventive Drug<br>OTC Over the Counter |
| MULTI-VITAMIN/FLUORIDE/IRON 0.25-10 MG/ML SOLUTION | 1    | PD Preventive Drug                         |
| POLY-VI-FLOR/IRON 0.25-7 MG/ML SUSPENSION          | 3    | PD Preventive Drug<br>OTC Over the Counter |
| EFFER-K 25 MEQ EFFER TAB                           | 1    |  |
| <i>klor-con/ef 25 meq effer tab</i>                | 1    |  |
| k-prime 25 meq effer tab                           | 1    |  |
| EFFER-K 10 MEQ EFFER TAB                           | 3    |  |
| EFFER-K 20 MEQ EFFER TAB                           | 3    |  |
| PRENATE 0.6-0.4 MG CHEW TAB                        | 3    |  |
| NEONATAL FE 90-1 MG TAB                            | 3    |  |
| COMPLETE NATAL DHA 29-1-200 & 200 MG MISC          | 3    |  |
| WESNATAL DHA COMPLETE 29-1-200 & 200 MG MISC       | 3    |  |
| OBSTETRIX DHA 29-1 & 350 MG MISC                   | 3    | OTC Over the Counter                       |
| NEONATAL + DHA 29-1 & 200 MG MISC                  | 3    |  |
| VITAFOL-OB+DHA 65-1 & 250 MG MISC                  | 3    |  |
| SELECT-OB+DHA 29-1 & 250 MG MISC                   | 3    |  |
| VITAFOL-ONE 29-1-200 MG CAP                        | 3    |  |
| NEONATAL 19 1 MG TAB                               | 3    |  |
| PRENATAL 19 29-1 MG TAB                            | 3    |  |
| PRENATAL 19 TAB                                    | 1    | OTC Over the Counter                       |
| SE-NATAL 19 29-1 MG TAB                            | 3    |  |
| ATABEX EC 29-1 MG TAB DR                           | 3    |  |
| INATAL GT TAB                                      | 1    |  |
| VINATE II 29-1 MG TAB                              | 3    |  |
| NATACHEW 28-1 MG CHEW TAB                          | 3    |  |
| CONCEPT DHA 53.5-38-1 MG CAP                       | 3    |  |
| TARON-C DHA 35-1 MG CAP                            | 3    |  |
| ENBRACE HR CAP                                     | 3    |  |

| PRODUCT DESCRIPTION                         | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| VITAFOL FE+ 90-0.6-0.4-200 MG CAP           | 3    |                       |
| VITAFOL ULTRA 29-0.6-0.4-200 MG CAP         | 3    |                       |
| VITAFOL GUMMIES 3.33-0.333-34.8 MG CHEW TAB | 3    |                       |
| C-NATE DHA 28-1-200 MG CAP                  | 3    |                       |
| RELNATE DHA 28-1-200 MG CAP                 | 3    |                       |
| VIVA DHA 28-1-200 MG CAP                    | 3    |                       |
| WESNATE DHA 28-1-200 MG CAP                 | 3    |                       |
| COMPLETENATE 29-1 MG CHEW TAB               | 3    |                       |
| CO-NATAL FA TAB                             | 3    |                       |
| MATRONEX 27-1 MG TAB                        | 3    |                       |
| M-NATAL PLUS 27-1 MG TAB                    | 3    |                       |
| NATALCHEW 29-1 MG CHEW TAB                  | 3    |                       |
| NATALVIT TAB                                | 3    |                       |
| NEONATAL COMPLETE 27-1 MG TAB               | 3    |                       |
| NEONATAL COMPLETE 29-1 MG TAB               | 3    |                       |
| NEONATAL PLUS 27-1 MG TAB                   | 3    |                       |
| NIVA-PLUS 27-1 MG TAB                       | 3    |                       |
| ONE VITE WOMENS PLUS 27-1 MG TAB            | 3    |                       |
| PNV 27-CA/FE/FA 60-1 MG TAB                 | 3    |                       |
| PRENATABS FA 29-1 MG TAB                    | 1    | OTC Over the Counter  |
| PRENATAL 19 29-1 MG CHEW TAB                | 3    |                       |
| PRENATAL 19 CHEW TAB                        | 3    |                       |
| PRENATAL 27-1 MG TAB                        | 3    |                       |
| PRENATAL PLUS 27-1 MG TAB                   | 3    |                       |
| PRENATAL PLUS VITAMIN/MINERAL 27-1 MG TAB   | 3    |                       |
| PRENATRIX 27-1 MG TAB                       | 3    |                       |
| PRENATRYL 27-1 MG TAB                       | 3    |                       |
| RELEVIA 27-1 MG TAB                         | 3    |                       |
| SE-NATAL 19 29-1 MG CHEW TAB                | 3    |                       |
| TRICARE TAB                                 | 3    |                       |

| PRODUCT DESCRIPTION                   | TIER | LIMITS & RESTRICTIONS |
|---------------------------------------|------|-----------------------|
| TRINATAL RX 1 60-1 MG TAB             | 3    |                       |
| TRINATE TAB                           | 1    |                       |
| VINATE ONE 60-1 MG TAB                | 3    |                       |
| VITAFOL-OB TAB                        | 3    |                       |
| VITATHELY WITH GINGER 27-1 MG TAB     | 3    |                       |
| WESTAB PLUS 27-1 MG TAB               | 3    |                       |
| PNV-SELECT 27-0.6-0.4 MG TAB          | 1    |                       |
| OB COMPLETE PREMIER 30-20-1 MG TAB    | 3    |                       |
| ELITE-OB 50-1.25 MG TAB               | 1    |                       |
| KOSHER PRENATAL PLUS IRON 30-1 MG TAB | 3    |                       |
| OB COMPLETE 50-1.25 MG TAB            | 1    |                       |
| PRENATABS RX 29-1 MG TAB              | 3    | OTC Over the Counter  |
| THRIVITE RX 29-1 MG TAB               | 3    |                       |
| SELECT-OB 29-0.6-0.4 MG CHEW TAB      | 3    |                       |
| SELECT-OB 29-1 MG CHEW TAB            | 3    |                       |
| NESTABS DHA 32-1 MG MISC              | 3    |                       |
| NESTABS 32-1 MG TAB                   | 3    |                       |
| PRENATE AM 1 MG TAB                   | 3    |                       |
| PRENATE ELITE 20-0.6-0.4 MG TAB       | 3    |                       |
| DUET DHA 400 25-1 & 400 MG MISC       | 3    |                       |
| PRENATAL-U 106.5-1 MG CAP             | 3    |                       |
| VINATE CARE 40-1 MG CHEW TAB          | 3    | OTC Over the Counter  |
| CONCEPT OB 130-92.4-1 MG CAP          | 3    |                       |
| FOLIVANE-OB 85-1 MG CAP               | 3    |                       |
| PROVIDA OB 20-20-1.25 MG CAP          | 3    |                       |
| VITATRUE 30-1.4 & 300 MG MISC         | 3    |                       |
| PRIMACARE 30-1-470 MG CAP             | 3    |                       |
| TRISTART DHA 31-0.6-0.4-200 MG CAP    | 3    |                       |
| PNV-DHA 27-0.6-0.4-300 MG CAP         | 3    |                       |
| PRENATE ENHANCE 28-0.6-0.4-400 MG CAP | 3    |                       |

| PRODUCT DESCRIPTION                                | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| PRENATE RESTORE 27-0.6-0.4-400 MG CAP              | 3    |                       |
| VITAMEDMD ONE RX/QUATREFOLIC 30-0.6-0.4-200 MG CAP | 3    |                       |
| WESCAP-PN DHA 27-0.6-0.4-300 MG CAP                | 3    |                       |
| PNV-OMEGA 28-0.6-0.4-340 MG CAP                    | 3    |                       |
| PRENA1 PEARL 30-1.4-200 MG CAP ER                  | 3    |                       |
| VITAPEARL 30-1.4-200 MG CAP ER                     | 3    |                       |
| NEEVO DHA 27-1.13 MG CAP                           | 3    |                       |
| VINATE DHA RF 27-1.13 MG CAP                       | 3    |                       |
| VITAFOL-NANO 18-0.6-0.4 MG TAB                     | 3    |                       |
| PRENATE DHA 18-0.6-0.4-300 MG CAP                  | 3    |                       |
| PRENATE ESSENTIAL 18-0.6-0.4-300 MG CAP            | 3    |                       |
| PRENATE PIXIE 10-0.6-0.4-200 MG CAP                | 3    |                       |
| NESTABS ONE 38-1-225 MG CAP                        | 3    |                       |
| PRENAISSANCE PLUS 28-1-250 MG CAP                  | 3    |                       |
| OB COMPLETE ONE 50-1-476 MG CAP                    | 3    |                       |
| OB COMPLETE PETITE 35-5-1-200 MG CAP               | 3    |                       |
| PRENATE MINI 18-0.6-0.4-350 MG CAP                 | 3    |                       |
| CITRANATAL 90 DHA 90-1 & 300 MG MISC               | 3    |                       |
| CITRANATAL ASSURE 35-1 & 300 MG MISC               | 3    |                       |
| CITRANATAL B-CALM 20-1 MG & 2 X 25 MG MISC         | 3    |                       |
| PNV-DHA+DOCUSATE 27-1.25-300 MG CAP                | 3    |                       |
| PRENAISSANCE 29-1.25-325 MG CAP                    | 3    |                       |
| CITRANATAL HARMONY 27-1-260 MG CAP                 | 3    |                       |
| CITRANATAL MEDLEY 27-1-200 MG CAP                  | 3    |                       |
| PRENA1 1.4 MG CHEW TAB                             | 3    |                       |
| VITAMEDMD REDICHEW RX 1.4 MG CHEW TAB              | 3    |                       |
| VITAFOL STRIPS 1 MG FILM                           | 3    |                       |
| OB COMPLETE/DHA 30-10-1-200 MG CAP                 | 3    |                       |
| <i>boost soothe liquid</i>                         | 2    | OTC Over the Counter  |
| <i>prosource no carb liquid</i>                    | 2    | OTC Over the Counter  |

| PRODUCT DESCRIPTION                                  | TIER | LIMITS & RESTRICTIONS   |
|--|------|-------------------------|
| <i>prosource protein liquid</i>                      | 2    | OTC Over the Counter    |
| SODIUM FLUORIDE 0.55 (0.25 F) MG CHEW TAB            | 1    | ACA Affordable Care Act |
| SODIUM FLUORIDE 1.1 (0.5 F) MG CHEW TAB              | 1    | ACA Affordable Care Act |
| SODIUM FLUORIDE 1.1 (0.5 F) MG/ML SOLUTION           | 1    | ACA Affordable Care Act |
| SODIUM FLUORIDE 1.1 (0.5 F) MG TAB                   | 1    | ACA Affordable Care Act |
| SODIUM FLUORIDE 2.2 (1 F) MG CHEW TAB                | 1    | ACA Affordable Care Act |
| SODIUM FLUORIDE 2.2 (1 F) MG TAB                     | 1    |                         |
| GASTROINTESTINAL AGENTS                              |      |                         |
| ANTI-CONSTIPATION AGENTS                             |      |                         |
| <i>constulose 10 gm/15ml solution</i>                | 1    |                         |
| <i>kristalose 10 gm packet</i>                       | 2    |                         |
| <i>kristalose 20 gm packet</i>                       | 3    |                         |
| <i>lactulose 10 gm/15ml solution</i>                 | 1    |                         |
| <i>lactulose 20 gm/30ml solution</i>                 | 1    |                         |
| <i>enulose 10 gm/15ml solution</i>                   | 1    |                         |
| <i>generlac 10 gm/15ml solution</i>                  | 1    |                         |
| <i>lactulose encephalopathy 10 gm/15ml solution</i>  | 1    |                         |
| LINZESS 145 MCG CAP                                  | 2    | QL 30 EA / 30 day(s)    |
| LINZESS 290 MCG CAP                                  | 2    | QL 30 EA / 30 day(s)    |
| LINZESS 72 MCG CAP                                   | 2    | QL 30 EA / 30 day(s)    |
| <i>lubiprostone 24 mcg cap</i>                       | 1    | QL 60 EA / 30 day(s)    |
| <i>lubiprostone 8 mcg cap</i>                        | 1    | QL 60 ea / 30 day(s)    |
| MOVANTIK 12.5 MG TAB                                 | 2    | QL 30 EA / 30 day(s)    |
| MOVANTIK 25 MG TAB                                   | 2    | QL 30 EA / 30 day(s)    |
| <i>gavilyte-n with flavor pack 420 gm recon soln</i> | 1    | ACA Affordable Care Act |
| <i>peg 3350-kcl-na bicarb-nacl 420 gm recon soln</i> | 1    | ACA Affordable Care Act |
| TRULANCE 3 MG TAB                                    | 2    | QL 30 EA / 30 day(s)    |

| PRODUCT DESCRIPTION                          | TIER | LIMITS & RESTRICTIONS                           |
|--|------|---|
| <i>clearlax 17 gm/scoop powder</i>           | 1    | ACA Affordable Care Act<br>OTC Over the Counter |
| <i>cvs purelax 17 gm/scoop powder</i>        | 1    | ACA Affordable Care Act<br>OTC Over the Counter |
| <i>eq clearlax 17 gm/scoop powder</i>        | 1    | ACA Affordable Care Act<br>OTC Over the Counter |
| <i>eqj clearlax 17 gm/scoop powder</i>       | 1    | ACA Affordable Care Act<br>OTC Over the Counter |
| <i>ft clearlax 17 gm/scoop powder</i>        | 1    | ACA Affordable Care Act<br>OTC Over the Counter |
| <i>gavilax 17 gm/scoop powder</i>            | 1    | ACA Affordable Care Act<br>OTC Over the Counter |
| <i>gentlelax 17 gm/scoop powder</i>          | 1    | ACA Affordable Care Act<br>OTC Over the Counter |
| <i>glycolax 17 gm/scoop powder</i>           | 1    | ACA Affordable Care Act<br>OTC Over the Counter |
| <i>gnp clearlax 17 gm/scoop powder</i>       | 1    | ACA Affordable Care Act<br>OTC Over the Counter |
| <i>goodsense clearlax 17 gm/scoop powder</i> | 1    | ACA Affordable Care Act<br>OTC Over the Counter |
| <i>hm clearlax 17 gm/scoop powder</i>        | 1    | ACA Affordable Care Act<br>OTC Over the Counter |
| <i>instalax 17 gm/scoop powder</i>           | 1    | ACA Affordable Care Act<br>OTC Over the Counter |
| <i>kls laxaclear 17 gm/scoop powder</i>      | 1    | ACA Affordable Care Act<br>OTC Over the Counter |
| <i>laxative osmotic 17 gm/scoop powder</i>   | 1    | ACA Affordable Care Act<br>OTC Over the Counter |
| <i>miralax 17 gm/scoop powder</i>            | 1    | ACA Affordable Care Act<br>OTC Over the Counter |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS                           |
|---|------|---|
| <i>mm clearlax 17 gm/scoop powder</i>                               | 1    | ACA Affordable Care Act<br>OTC Over the Counter |
| <i>peg 3350 17 gm/scoop powder</i>                                  | 1    | ACA Affordable Care Act<br>OTC Over the Counter |
| <i>polyethylene glycol 3350 17 gm/scoop powder</i>                  | 1    | ACA Affordable Care Act<br>OTC Over the Counter |
| <i>qc natura-lax 17 gm/scoop powder</i>                             | 1    | ACA Affordable Care Act<br>OTC Over the Counter |
| <i>ra laxative 17 gm/scoop powder</i>                               | 1    | ACA Affordable Care Act<br>OTC Over the Counter |
| <i>sb polyethylene glycol 3350 17 gm/scoop powder</i>               | 1    | ACA Affordable Care Act<br>OTC Over the Counter |
| <i>sm clearlax 17 gm/scoop powder</i>                               | 1    | ACA Affordable Care Act<br>OTC Over the Counter |
| <i>smooth lax 17 gm/scoop powder</i>                                | 1    | ACA Affordable Care Act<br>OTC Over the Counter |
| <i>true laxative 17 gm/scoop powder</i>                             | 1    | ACA Affordable Care Act<br>OTC Over the Counter |
| <i>na sulfate-k sulfate-mg sulf 17.5-3.13-1.6 gm/177ml solution</i> | 2    | ACA Affordable Care Act                         |
| <b>ANTI-DIARRHEAL AGENTS</b>  |      |   |
| <i>alosetron hcl 0.5 mg tab</i>                                     | 3    |   |
| <i>alosetron hcl 1 mg tab</i>                                       | 3    |   |
| MYTESI 125 MG TAB DR  | 3    |   |
| DIPHENOXYLATE-ATROPINE 2.5-0.025 MG/5ML LIQUID                      | 1    |   |
| <i>diphenoxylate-atropine 2.5-0.025 mg tab</i>                      | 1    |   |
| VIBERZI 100 MG TAB  | 3    | PA  |
| VIBERZI 75 MG TAB   | 3    | PA  |
| <i>loperamide hcl 2 mg cap</i>                                      | 1    |   |

| PRODUCT DESCRIPTION                               | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| ANTISPASMODICS, GASTROINTESTINAL                  |      |                       |
| <i>chlordiazepoxide-clidinium 5-2.5 mg cap</i>    | 1    |                       |
| CHLORDIAZEPOXIDE-CLIDINIUM 5-2.5 MG CAP           | 1    |                       |
| <i>dicyclomine hcl 10 mg/5ml solution</i>         | 1    |                       |
| <i>dicyclomine hcl 10 mg cap</i>                  | 1    |                       |
| <i>dicyclomine hcl 20 mg tab</i>                  | 1    |                       |
| <i>glycopyrrolate 1 mg/5ml solution</i>           | 3    | PA                    |
| <i>glycopyrrolate 1 mg tab</i>                    | 1    |                       |
| <i>glycopyrrolate 2 mg tab</i>                    | 1    |                       |
| <i>hyoscyamine sulfate 0.125 mg/5ml elixir</i>    | 1    |                       |
| HYOSCYAMINE SULFATE 0.125 MG/5ML ELIXIR           | 1    |                       |
| <i>hyoscyamine sulfate 0.125 mg/ml solution</i>   | 1    |                       |
| HYOSCYAMINE SULFATE 0.125 MG/ML SOLUTION          | 1    |                       |
| <i>hyoscyamine sulfate 0.125 mg sl tab</i>        | 1    |                       |
| HYOSCYAMINE SULFATE 0.125 MG SL TAB               | 1    |                       |
| <i>hyoscyamine sulfate 0.125 mg tab</i>           | 1    |                       |
| HYOSCYAMINE SULFATE 0.125 MG TAB                  | 1    |                       |
| <i>hyoscyamine sulfate 0.125 mg tab disp</i>      | 1    |                       |
| HYOSCYAMINE SULFATE 0.125 MG TAB DISP             | 1    |                       |
| <i>hyoscyamine sulfate er 0.375 mg tab er 12h</i> | 1    |                       |
| HYOSCYAMINE SULFATE ER 0.375 MG TAB ER 12H        | 1    |                       |
| HYOSCYAMINE SULFATE SL 0.125 MG SL TAB            | 1    |                       |
| HYOSYNE 0.125 MG/5ML ELIXIR                       | 1    |                       |
| HYOSYNE 0.125 MG/ML SOLUTION                      | 1    |                       |
| NULEV 0.125 MG TAB DISP                           | 1    |                       |
| OSCIMIN 0.125 MG SL TAB                           | 1    |                       |
| OSCIMIN 0.125 MG TAB                              | 1    |                       |
| <i>methscopolamine bromide 2.5 mg tab</i>         | 1    |                       |
| <i>methscopolamine bromide 5 mg tab</i>           | 1    |                       |

| PRODUCT DESCRIPTION                                       | TIER | LIMITS & RESTRICTIONS   |
|---|------|-------------------------|
| <b>GASTROINTESTINAL AGENTS, OTHER</b>                     |      |                         |
| AMOXICILL-CLARITHRO-LANSOPRAZ 500 & 500 & 30 MG THER PACK | 2    |                         |
| <i>bismuth/metronidaz/tetracyclin 140-125-125 mg cap</i>  | 2    |                         |
| <i>bis subcit-metronid-tetracyc 140-125-125 mg cap</i>    | 2    |                         |
| ORLISTAT 120 MG CAP                                       | 3    | PA                      |
| GAVILYTE-C 240 GM RECON SOLN                              | 1    | ACA Affordable Care Act |
| <i>gavilyte-g 236 gm recon soln</i>                       | 1    | ACA Affordable Care Act |
| <i>peg-3350/electrolytes 236 gm recon soln</i>            | 1    | ACA Affordable Care Act |
| GATTEX 5 MG KIT   | 3    | PA<br>SP Specialty      |
| <i>ursodiol 250 mg tab</i>                                | 1    |                         |
| <i>ursodiol 300 mg cap</i>                                | 1    |                         |
| <i>ursodiol 500 mg tab</i>                                | 1    |                         |
| VOQUEZNA 10 MG TAB  | 3    | PA                      |
| VOQUEZNA 20 MG TAB  | 3    | PA                      |
| <b>HISTAMINE2 (H2) RECEPTOR ANTAGONISTS</b>               |      |                         |
| <i>cimetidine 200 mg tab</i>                              | 3    |                         |
| <i>cimetidine 300 mg tab</i>                              | 1    |                         |
| <i>cimetidine 400 mg tab</i>                              | 1    |                         |
| <i>cimetidine 800 mg tab</i>                              | 3    |                         |
| <i>cimetidine hcl 300 mg/5ml solution</i>                 | 1    |                         |
| <i>famotidine 20 mg tab</i>                               | 1    |                         |
| <i>famotidine 40 mg/5ml recon susp</i>                    | 3    |                         |
| <i>famotidine 40 mg tab</i>                               | 1    |                         |
| <i>nizatidine 150 mg cap</i>                              | 3    |                         |
| NIZATIDINE 300 MG CAP                                     | 3    |                         |
| <b>PROTECTANTS</b>  |      |                         |
| <i>misoprostol 100 mcg tab</i>                            | 1    |                         |

| PRODUCT DESCRIPTION                              | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>misoprostol 100 mcg tab</i>                   | 1    |                       |
| <i>misoprostol 200 mcg tab</i>                   | 1    |                       |
| <i>misoprostol 200 mcg tab</i>                   | 1    |                       |
| <i>sucralfate 1 gm/10ml suspension</i>           | 2    |                       |
| <i>sucralfate 1 gm tab</i>                       | 1    |                       |
| <b>PROTON PUMP INHIBITORS</b>                    |      |                       |
| <i>cvs esomeprazole magnesium 20 mg cap dr</i>   | 1    | OTC Over the Counter  |
| <i>eq esomeprazole magnesium 20 mg cap dr</i>    | 1    | OTC Over the Counter  |
| <i>esomeprazole magnesium 10 mg packet</i>       | 3    |                       |
| <i>esomeprazole magnesium 20 mg cap dr</i>       | 1    | OTC Over the Counter  |
| <i>esomeprazole magnesium 20 mg cap dr</i>       | 2    |                       |
| <i>esomeprazole magnesium 20 mg packet</i>       | 3    |                       |
| <i>esomeprazole magnesium 40 mg cap dr</i>       | 2    |                       |
| <i>esomeprazole magnesium 40 mg packet</i>       | 3    |                       |
| <i>ft acid reducer 20 mg cap dr</i>              | 1    | OTC Over the Counter  |
| <i>gnp esomeprazole magnesium 20 mg cap dr</i>   | 1    | OTC Over the Counter  |
| <i>goodsense esomeprazole 20 mg cap dr</i>       | 1    | OTC Over the Counter  |
| <i>hm esomeprazole magnesium dr 20 mg cap dr</i> | 1    | OTC Over the Counter  |
| <i>kls esomeprazole magnesium 20 mg cap dr</i>   | 1    | OTC Over the Counter  |
| <i>nexium 24hr 20 mg cap dr</i>                  | 1    | OTC Over the Counter  |
| <i>nexium 24hr clear minis 20 mg cap dr</i>      | 1    | OTC Over the Counter  |
| <i>qc esomeprazole magnesium 20 mg cap dr</i>    | 1    | OTC Over the Counter  |
| <i>ra esomeprazole magnesium 20 mg cap dr</i>    | 1    | OTC Over the Counter  |
| <i>sm esomeprazole magnesium 20 mg cap dr</i>    | 1    | OTC Over the Counter  |
| <i>lansoprazole 15 mg cap dr</i>                 | 2    |                       |
| <i>lansoprazole 15 mg tab dr disp</i>            | 2    |                       |
| <i>lansoprazole 30 mg cap dr</i>                 | 2    |                       |
| <i>lansoprazole 30 mg tab dr disp</i>            | 2    |                       |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>omeprazole 10 mg cap dr</i>   | 2    |                       |
| <i>omeprazole 20 mg cap dr</i>   | 2    |                       |
| <i>omeprazole 40 mg cap dr</i>   | 2    |                       |
| <i>cvs omeprazole-sod bicarbonate 20-1100 mg cap</i>                     | 1    | OTC Over the Counter  |
| <i>goodsense omep/sod bicarb 20-1100 mg cap</i>                          | 1    | OTC Over the Counter  |
| <i>omeprazole-sodium bicarbonate 20-1100 mg cap</i>                      | 1    | OTC Over the Counter  |
| <i>zegerid otc 20-1100 mg cap</i>  | 1    | OTC Over the Counter  |
| FIRST-PANTOPRAZOLE 4 MG/ML SUSPENSION                                    | 2    |                       |
| <i>pantoprazole sodium 20 mg tab dr</i>                                  | 2    |                       |
| <i>pantoprazole sodium 40 mg tab dr</i>                                  | 2    |                       |
| <i>rabeprazole sodium 20 mg tab dr</i>                                   | 3    | QL 60 ea / 30 day(s)  |
| GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT |      |                       |
| STRENSIQ 18 MG/0.45ML SOLUTION   | 3    | PA<br>SP Specialty    |
| STRENSIQ 28 MG/0.7ML SOLUTION  | 3    | PA<br>SP Specialty    |
| STRENSIQ 40 MG/ML SOLUTION   | 3    | PA<br>SP Specialty    |
| STRENSIQ 80 MG/0.8ML SOLUTION  | 3    | PA<br>SP Specialty    |
| <i>cromolyn sodium 100 mg/5ml conc</i>                                   | 3    | PD Preventive Drug    |
| <i>l-glutamine 5 gm packet</i>   | 3    | PA<br>SP Specialty    |
| RAVICTI 1.1 GM/ML LIQUID   | 3    | PA<br>SP Specialty    |
| TEGSEDI 284 MG/1.5ML SOLN PRSYR  | 3    | PA<br>SP Specialty    |
| JOENJA 70 MG TAB   | 3    | PA<br>SP Specialty    |

| PRODUCT DESCRIPTION                 | TIER | LIMITS & RESTRICTIONS |
|-------------------------------------|------|-----------------------|
| LIVMARLI 19 MG/ML SOLUTION          | 3    | PA<br>SP Specialty    |
| LIVMARLI 9.5 MG/ML SOLUTION         | 3    | PA<br>SP Specialty    |
| <i>miglustat 100 mg cap</i>         | 3    | SP Specialty          |
| <i>miglustat 100 mg cap</i>         | 3    | SP Specialty          |
| <i>yargesa 100 mg cap</i>           | 3    | SP Specialty          |
| OPFOLDA 65 MG CAP                   | 3    | PA<br>SP Specialty    |
| BYLVAY 1200 MCG CAP                 | 3    | PA<br>SP Specialty    |
| BYLVAY 400 MCG CAP                  | 3    | PA<br>SP Specialty    |
| BYLVAY (PELLETS) 200 MCG CAP SPRINK | 3    | PA<br>SP Specialty    |
| BYLVAY (PELLETS) 600 MCG CAP SPRINK | 3    | PA<br>SP Specialty    |
| SKYCLARYS 50 MG CAP                 | 3    | PA<br>SP Specialty    |
| SOHONOS 10 MG CAP                   | 3    | PA<br>SP Specialty    |
| SOHONOS 1.5 MG CAP                  | 3    | PA<br>SP Specialty    |
| SOHONOS 1 MG CAP                    | 3    | PA<br>SP Specialty    |
| SOHONOS 2.5 MG CAP                  | 3    | PA<br>SP Specialty    |
| SOHONOS 5 MG CAP                    | 3    | PA<br>SP Specialty    |

| PRODUCT DESCRIPTION                   | TIER | LIMITS & RESTRICTIONS |
|---------------------------------------|------|-----------------------|
| CREON 12000-38000 UNIT CP DR PART     | 2    |                       |
| CREON 24000-76000 UNIT CP DR PART     | 2    |                       |
| CREON 3000-9500 UNIT CP DR PART       | 2    |                       |
| CREON 36000-114000 UNIT CP DR PART    | 2    |                       |
| CREON 6000-19000 UNIT CP DR PART      | 2    |                       |
| PANCREAZE 10500-35500 UNIT CP DR PART | 3    |                       |
| PANCREAZE 16800-56800 UNIT CP DR PART | 3    |                       |
| PANCREAZE 21000-54700 UNIT CP DR PART | 3    |                       |
| PANCREAZE 2600-8800 UNIT CP DR PART   | 3    |                       |
| PANCREAZE 37000-97300 UNIT CP DR PART | 3    |                       |
| PANCREAZE 4200-14200 UNIT CP DR PART  | 3    |                       |
| PERTZYE 16000-57500 UNIT CP DR PART   | 3    |                       |
| PERTZYE 16000 UNIT CP DR PART         | 3    |                       |
| PERTZYE 24000-86250 UNIT CP DR PART   | 3    |                       |
| ZENPEP 10000-32000 UNIT CP DR PART    | 2    |                       |
| ZENPEP 15000-47000 UNIT CP DR PART    | 2    |                       |
| ZENPEP 20000-63000 UNIT CP DR PART    | 2    |                       |
| ZENPEP 25000-79000 UNIT CP DR PART    | 2    |                       |
| ZENPEP 3000-10000 UNIT CP DR PART     | 2    |                       |
| ZENPEP 40000-126000 UNIT CP DR PART   | 2    |                       |
| ZENPEP 5000-24000 UNIT CP DR PART     | 2    |                       |
| ZENPEP 60000-189600 UNIT CP DR PART   | 2    |                       |
| SUCRAID 8500 UNIT/ML SOLUTION         | 3    | PA<br>SP Specialty    |
| <i>javygtor 100 mg packet</i>         | 3    | PA<br>SP Specialty    |
| <i>javygtor 100 mg tab</i>            | 3    | PA<br>SP Specialty    |
| <i>javygtor 500 mg packet</i>         | 3    | PA<br>SP Specialty    |

| PRODUCT DESCRIPTION                                  | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>sapropterin dihydrochloride 100 mg packet</i>     | 3    | PA<br>SP Specialty    |
| <i>sapropterin dihydrochloride 100 mg tab</i>        | 3    | PA<br>SP Specialty    |
| <i>sapropterin dihydrochloride 500 mg packet</i>     | 3    | PA<br>SP Specialty    |
| <i>zelvysia 100 mg packet</i>                        | 3    | PA<br>SP Specialty    |
| <i>zelvysia 500 mg packet</i>                        | 3    | PA<br>SP Specialty    |
| <i>sodium phenylbutyrate 3 gm/tsp powder</i>         | 1    | PA<br>SP Specialty    |
| <i>sodium phenylbutyrate 500 mg tab</i>              | 3    | PA<br>SP Specialty    |
| VYNDAQEL 20 MG CAP                                   | 3    | PA<br>SP Specialty    |
| DAYBUE 200 MG/ML SOLUTION                            | 3    | PA<br>SP Specialty    |
| VOXZOGO 0.4 MG RECON SOLN                            | 3    | PA<br>SP Specialty    |
| VOXZOGO 0.56 MG RECON SOLN                           | 3    | PA<br>SP Specialty    |
| VOXZOGO 1.2 MG RECON SOLN                            | 3    | PA<br>SP Specialty    |
| GENITOURINARY AGENTS                                 |      |                       |
| ANTISPASMODICS, URINARY                              |      |                       |
| <i>darifenacin hydrobromide er 15 mg tab er 24h</i>  | 3    |                       |
| <i>darifenacin hydrobromide er 7.5 mg tab er 24h</i> | 3    |                       |
| MYRBETRIQ 25 MG TAB ER 24H                           | 2    |                       |

| PRODUCT DESCRIPTION                            | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| MYRBETRIQ 50 MG TAB ER 24H                     | 2    |                       |
| MYRBETRIQ 8 MG/ML SRER                         | 2    |                       |
| GELNIQUE 10 % GEL                              | 2    |                       |
| <i>oxybutynin chloride 5 mg/5ml solution</i>   | 1    |                       |
| <i>oxybutynin chloride 5 mg tab</i>            | 1    |                       |
| <i>oxybutynin chloride 5 mg tab</i>            | 1    |                       |
| <i>oxybutynin chloride er 10 mg tab er 24h</i> | 1    |                       |
| <i>oxybutynin chloride er 10 mg tab er 24h</i> | 1    |                       |
| <i>oxybutynin chloride er 15 mg tab er 24h</i> | 1    |                       |
| <i>oxybutynin chloride er 15 mg tab er 24h</i> | 1    |                       |
| <i>oxybutynin chloride er 5 mg tab er 24h</i>  | 1    |                       |
| <i>oxybutynin chloride er 5 mg tab er 24h</i>  | 1    |                       |
| <i>solifenacin succinate 10 mg tab</i>         | 2    |                       |
| <i>solifenacin succinate 5 mg tab</i>          | 2    |                       |
| <i>tolterodine tartrate 1 mg tab</i>           | 2    |                       |
| <i>tolterodine tartrate 2 mg tab</i>           | 2    |                       |
| <i>tolterodine tartrate er 2 mg cap er 24h</i> | 2    |                       |
| <i>tolterodine tartrate er 4 mg cap er 24h</i> | 2    |                       |
| <i>tropium chloride 20 mg tab</i>              | 2    |                       |
| <i>tropium chloride er 60 mg cap er 24h</i>    | 2    |                       |
| GEMTESA 75 MG TAB                              | 3    | QL 30 EA / 30 day(s)  |
| <b>BENIGN PROSTATIC HYPERTROPHY AGENTS</b>     |      |                       |
| <i>alfuzosin hcl er 10 mg tab er 24h</i>       | 1    |                       |
| CARDURA XL 4 MG TAB ER 24H                     | 3    |                       |
| CARDURA XL 8 MG TAB ER 24H                     | 3    |                       |
| <i>dutasteride 0.5 mg cap</i>                  | 2    |                       |
| <i>finasteride 5 mg tab</i>                    | 1    |                       |
| <i>silodosin 4 mg cap</i>                      | 2    |                       |
| <i>silodosin 8 mg cap</i>                      | 2    |                       |
| <i>tadalafil 10 mg tab</i>                     | 3    | QL 4 EA / 30 day(s)   |

| PRODUCT DESCRIPTION                    | TIER | LIMITS & RESTRICTIONS                           |
|--|------|---|
| <i>tadalafil 20 mg tab</i>             | 3    | QL 4 EA / 30 day(s)                             |
| <i>tadalafil 2.5 mg tab</i>            | 3    | QL 4 EA / 30 day(s)                             |
| <i>tadalafil 5 mg tab</i>              | 3    | QL 30 EA / 30 day(s)                            |
| <i>tadalafil (pah) 20 mg tab</i>       | 3    | QL 4 EA / 30 day(s)<br>PA<br>SP Specialty       |
| <i>tamsulosin hcl 0.4 mg cap</i>       | 1    |   |
| GENITOURINARY AGENTS, OTHER            |      |   |
| CAVERJECT 20 MCG RECON SOLN            | 3    | QL 6 EA / 30 day(s)                             |
| CAVERJECT 20 MCG RECON SOLN            | 3    | QL 6 EA / 30 day(s)                             |
| CAVERJECT 40 MCG RECON SOLN            | 3    | QL 6 EA / 30 day(s)                             |
| EDEX (2 CARTRIDGE) 10 MCG KIT          | 3    | QL 6 EA / 30 day(s)                             |
| EDEX (2 CARTRIDGE) 20 MCG KIT          | 3    | QL 6 EA / 30 day(s)                             |
| EDEX (2 CARTRIDGE) 40 MCG KIT          | 3    | QL 6 EA / 30 day(s)                             |
| EDEX (6 CARTRIDGE) 10 MCG KIT          | 3    | QL 6 EA / 30 day(s)                             |
| EDEX (6 CARTRIDGE) 20 MCG KIT          | 3    | QL 6 EA / 30 day(s)                             |
| EDEX (6 CARTRIDGE) 40 MCG KIT          | 3    | QL 6 EA / 30 day(s)                             |
| MUSE 1000 MCG PELLETT                  | 3    | QL 6 EA / 30 day(s)                             |
| MUSE 250 MCG PELLETT                   | 3    | QL 6 EA / 30 day(s)                             |
| MUSE 500 MCG PELLETT                   | 3    | QL 6 EA / 30 day(s)                             |
| <i>bethanechol chloride 10 mg tab</i>  | 1    |   |
| <i>bethanechol chloride 25 mg tab</i>  | 1    |   |
| <i>bethanechol chloride 50 mg tab</i>  | 1    |   |
| <i>bethanechol chloride 5 mg tab</i>   | 1    |   |
| ENCARE 100 MG SUPPOS                   | 2    | ACA Affordable Care Act<br>OTC Over the Counter |
| OPTIONS GYNOL II CONTRACEPTIVE 3 % GEL | 2    | ACA Affordable Care Act<br>OTC Over the Counter |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS                           |
|--|------|---|
| TODAY SPONGE 1000 MG MISC                                  | 2    | ACA Affordable Care Act<br>OTC Over the Counter |
| VCF VAGINAL CONTRACEPTIVE 28 % FILM                        | 2    | ACA Affordable Care Act<br>OTC Over the Counter |
| VCF VAGINAL CONTRACEPTIVE 4 % GEL                          | 2    | ACA Affordable Care Act<br>OTC Over the Counter |
| ELMIRON 100 MG CAP   | 2    |   |
| <i>phenazo 200 mg tab</i>                                  | 1    |   |
| <i>phenazopyridine hcl 100 mg tab</i>                      | 1    |   |
| PHENAZOPYRIDINE HCL 100 MG TAB                             | 1    |   |
| <i>phenazopyridine hcl 200 mg tab</i>                      | 1    |   |
| PHENAZOPYRIDINE HCL 200 MG TAB                             | 1    |   |
| PHOSPHA 250 NEUTRAL 155-852-130 MG TAB                     | 1    |   |
| PHOSPHOROUS 155-852-130 MG TAB                             | 1    |   |
| PHOSPHO-TRIN 250 NEUTRAL 155-852-130 MG TAB                | 1    |   |
| WES-PHOS 250 NEUTRAL 155-852-130 MG TAB                    | 1    |   |
| <i>sildenafil citrate 100 mg tab</i>                       | 2    | QL 4 EA / 30 day(s)                             |
| <i>sildenafil citrate 25 mg tab</i>                        | 2    | QL 4 EA / 30 day(s)                             |
| <i>sildenafil citrate 50 mg tab</i>                        | 2    | QL 4 EA / 30 day(s)                             |
| <i>tiopronin 100 mg tab</i>                                | 3    | PA<br>SP Specialty                              |
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) |      |   |
| <i>alclometasone dipropionate 0.05 % cream</i>             | 1    |   |
| <i>betamethasone dipropionate aug 0.05 % cream</i>         | 1    |   |
| <i>betamethasone dipropionate aug 0.05 % lotion</i>        | 1    |   |
| <i>betamethasone dipropionate 0.05 % ointment</i>          | 1    |   |
| <i>clobetasol propionate e 0.05 % cream</i>                | 1    |   |
| ACTHAR 80 UNIT/ML GEL                                      | 3    | PA<br>SP Specialty                              |

| PRODUCT DESCRIPTION                                      | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>desonide 0.05 % lotion</i>                            | 1    |                       |
| <i>dexamethasone 0.5 mg/5ml elixir</i>                   | 1    |                       |
| <i>dexamethasone 0.5 mg/5ml elixir</i>                   | 1    |                       |
| DEXAMETHASONE 0.5 MG/5ML SOLUTION                        | 1    |                       |
| <i>dexamethasone 0.5 mg tab</i>                          | 1    |                       |
| <i>dexamethasone 0.5 mg tab</i>                          | 1    |                       |
| <i>dexamethasone 0.75 mg tab</i>                         | 1    |                       |
| <i>dexamethasone 0.75 mg tab</i>                         | 1    |                       |
| <i>dexamethasone 1.5 mg tab</i>                          | 1    |                       |
| <i>dexamethasone 1.5 mg tab</i>                          | 1    |                       |
| <i>dexamethasone 1 mg tab</i>                            | 1    |                       |
| <i>dexamethasone 1 mg tab</i>                            | 1    |                       |
| <i>dexamethasone 2 mg tab</i>                            | 1    |                       |
| <i>dexamethasone 2 mg tab</i>                            | 1    |                       |
| <i>dexamethasone 4 mg tab</i>                            | 1    |                       |
| <i>dexamethasone 4 mg tab</i>                            | 1    |                       |
| <i>dexamethasone 6 mg tab</i>                            | 1    |                       |
| <i>dexamethasone 6 mg tab</i>                            | 1    |                       |
| DEXAMETHASONE INTENSOL 1 MG/ML CONC                      | 2    |                       |
| <i>dexamethasone sodium phosphate 20 mg/5ml solution</i> | 1    | PA                    |
| <i>dexamethasone sodium phosphate 20 mg/5ml solution</i> | 1    | PA                    |
| DEXAMETHASONE SODIUM PHOSPHATE 4 MG/ML SOLN PRSYR        | 1    |                       |
| <i>dexamethasone sodium phosphate 4 mg/ml solution</i>   | 1    |                       |
| <i>dexamethasone sodium phosphate 4 mg/ml solution</i>   | 1    |                       |
| <i>fludrocortisone acetate 0.1 mg tab</i>                | 1    |                       |
| ANUCORT-HC 25 MG SUPPOS                                  | 1    |                       |
| ANUSOL-HC 25 MG SUPPOS                                   | 1    |                       |
| HEMMOREX-HC 25 MG SUPPOS                                 | 1    |                       |
| HEMMOREX-HC 30 MG SUPPOS                                 | 1    |                       |

| PRODUCT DESCRIPTION                                     | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>hydrocortisone acetate 25 mg suppos</i>              | 1    |                       |
| HYDROCORTISONE ACETATE 25 MG SUPPOS                     | 1    |                       |
| <i>hydrocortisone acetate 30 mg suppos</i>              | 1    |                       |
| HYDROCORTISONE ACETATE 30 MG SUPPOS                     | 1    |                       |
| <i>hydrocortisone butyrate 0.1 % ointment</i>           | 1    |                       |
| HYDROCORTISONE BUTYRATE 0.1 % OINTMENT                  | 1    |                       |
| SOLU-CORTEF 100 MG RECON SOLN                           | 1    |                       |
| <i>hydrocortisone valerate 0.2 % ointment</i>           | 1    |                       |
| MEDROL 2 MG TAB   | 2    |                       |
| <i>methylprednisolone 16 mg tab</i>                     | 1    |                       |
| <i>methylprednisolone 16 mg tab</i>                     | 1    |                       |
| <i>methylprednisolone 32 mg tab</i>                     | 1    |                       |
| <i>methylprednisolone 32 mg tab</i>                     | 1    |                       |
| <i>methylprednisolone 4 mg tab</i>                      | 1    |                       |
| <i>methylprednisolone 4 mg tab</i>                      | 1    |                       |
| <i>methylprednisolone 4 mg tab thpk</i>                 | 1    |                       |
| <i>methylprednisolone 4 mg tab thpk</i>                 | 1    |                       |
| <i>methylprednisolone 8 mg tab</i>                      | 1    |                       |
| <i>methylprednisolone 8 mg tab</i>                      | 1    |                       |
| <i>mifepristone 300 mg tab</i>                          | 3    | PA<br>SP Specialty    |
| <i>mometasone furoate 0.1 % cream</i>                   | 1    |                       |
| <i>mometasone furoate 0.1 % ointment</i>                | 1    |                       |
| <i>prednisolone 15 mg/5ml solution</i>                  | 1    |                       |
| PREDNISOLONE SODIUM PHOSPHATE 10 MG TAB DISP            | 2    |                       |
| <i>prednisolone sodium phosphate 15 mg/5ml solution</i> | 1    |                       |
| <i>prednisolone sodium phosphate 15 mg/5ml solution</i> | 1    |                       |
| PREDNISOLONE SODIUM PHOSPHATE 15 MG TAB DISP            | 2    |                       |
| <i>prednisolone sodium phosphate 25 mg/5ml solution</i> | 1    |                       |
| PREDNISOLONE SODIUM PHOSPHATE 30 MG TAB DISP            | 2    |                       |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>prednisolone sodium phosphate 5 mg/5ml solution</i>            | 1    |                       |
| <i>prednisolone sodium phosphate 6.7 (5 base) mg/5ml solution</i> | 1    |                       |
| <i>prednisolone sodium phosphate 6.7 (5 base) mg/5ml solution</i> | 1    |                       |
| <i>prednisone 10 mg (21) tab thpk</i>                             | 1    |                       |
| <i>prednisone 10 mg (21) tab thpk</i>                             | 1    |                       |
| <i>prednisone 10 mg (48) tab thpk</i>                             | 1    |                       |
| <i>prednisone 10 mg (48) tab thpk</i>                             | 1    |                       |
| <i>prednisone 10 mg tab</i>                                       | 1    | RX4L Rx4Less Program  |
| <i>prednisone 10 mg tab</i>                                       | 1    | RX4L Rx4Less Program  |
| <i>prednisone 1 mg tab</i>  | 1    |                       |
| <i>prednisone 1 mg tab</i>  | 1    |                       |
| <i>prednisone 20 mg tab</i>                                       | 1    |                       |
| <i>prednisone 20 mg tab</i>                                       | 1    |                       |
| <i>prednisone 2.5 mg tab</i>                                      | 1    |                       |
| <i>prednisone 2.5 mg tab</i>                                      | 1    |                       |
| <i>prednisone 50 mg tab</i>                                       | 1    |                       |
| <i>prednisone 50 mg tab</i>                                       | 1    |                       |
| <i>prednisone 5 mg (21) tab thpk</i>                              | 1    |                       |
| <i>prednisone 5 mg (21) tab thpk</i>                              | 1    |                       |
| <i>prednisone 5 mg (48) tab thpk</i>                              | 1    |                       |
| <i>prednisone 5 mg (48) tab thpk</i>                              | 1    |                       |
| PREDNISONE 5 MG/5ML SOLUTION                                      | 1    |                       |
| <i>prednisone 5 mg tab</i>  | 1    | RX4L Rx4Less Program  |
| <i>prednisone 5 mg tab</i>  | 1    | RX4L Rx4Less Program  |
| PREDNISONE INTENSOL 5 MG/ML CONC                                  | 1    |                       |
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)      |      |                       |
| OVIDREL 250 MCG/0.5ML SOLN PRSYR                                  | 2    | PA<br>SP Specialty    |
| CHORIONIC GONADOTROPIN 10000 UNIT RECON SOLN                      | 2    | PA<br>SP Specialty    |

| PRODUCT DESCRIPTION                                  | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| PREGNYL 10000 UNIT RECON SOLN                        | 2    | PA<br>SP Specialty    |
| <i>desmopressin acetate 0.1 mg tab</i>               | 1    |                       |
| <i>desmopressin acetate 0.2 mg tab</i>               | 1    |                       |
| NOCDURNA 27.7 MCG SL TAB                             | 3    | PA                    |
| NOCDURNA 55.3 MCG SL TAB                             | 3    | PA                    |
| <i>desmopressin acetate spray 0.01 % solution</i>    | 1    |                       |
| DESMOPRESSIN ACETATE SPRAY 0.01 % SOLUTION           | 1    |                       |
| <i>desmopressin ace spray refrig 0.01 % solution</i> | 1    |                       |
| ORIAHNN 300-1-0.5 & 300 MG CAP THPK                  | 2    | PA                    |
| FOLLISTIM AQ 300 UNT/0.36ML SOLUTION                 | 2    | PA<br>SP Specialty    |
| FOLLISTIM AQ 600 UNT/0.72ML SOLUTION                 | 2    | PA<br>SP Specialty    |
| FOLLISTIM AQ 900 UNT/1.08ML SOLUTION                 | 2    | PA<br>SP Specialty    |
| INCRELEX 40 MG/4ML SOLUTION                          | 3    | PA<br>SP Specialty    |
| MENOPUR 75 UNIT RECON SOLN                           | 2    | PA<br>SP Specialty    |
| MYFEMBREE 40-1-0.5 MG TAB                            | 2    | PA                    |
| GENOTROPIN 12 MG CARTRIDGE                           | 3    | PA<br>SP Specialty    |
| GENOTROPIN 5 MG CARTRIDGE                            | 3    | PA<br>SP Specialty    |
| GENOTROPIN MINIQUICK 0.2 MG PRSYR                    | 3    | PA<br>SP Specialty    |
| GENOTROPIN MINIQUICK 0.4 MG PRSYR                    | 3    | PA<br>SP Specialty    |

| PRODUCT DESCRIPTION                      | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| GENOTROPIN MINIQUICK 0.6 MG PRSYR        | 3    | PA<br>SP Specialty    |
| GENOTROPIN MINIQUICK 0.8 MG PRSYR        | 3    | PA<br>SP Specialty    |
| GENOTROPIN MINIQUICK 1.2 MG PRSYR        | 3    | PA<br>SP Specialty    |
| GENOTROPIN MINIQUICK 1.4 MG PRSYR        | 3    | PA<br>SP Specialty    |
| GENOTROPIN MINIQUICK 1.6 MG PRSYR        | 3    | PA<br>SP Specialty    |
| GENOTROPIN MINIQUICK 1.8 MG PRSYR        | 3    | PA<br>SP Specialty    |
| GENOTROPIN MINIQUICK 1 MG PRSYR          | 3    | PA<br>SP Specialty    |
| GENOTROPIN MINIQUICK 2 MG PRSYR          | 3    | PA<br>SP Specialty    |
| HUMATROPE 12 MG CARTRIDGE                | 3    | PA<br>SP Specialty    |
| HUMATROPE 24 MG CARTRIDGE                | 3    | PA<br>SP Specialty    |
| HUMATROPE 6 MG CARTRIDGE                 | 3    | PA<br>SP Specialty    |
| NORDITROPIN FLEXPRO 10 MG/1.5ML SOLN PEN | 2    | PA<br>SP Specialty    |
| NORDITROPIN FLEXPRO 15 MG/1.5ML SOLN PEN | 2    | PA<br>SP Specialty    |
| NORDITROPIN FLEXPRO 30 MG/3ML SOLN PEN   | 2    | PA<br>SP Specialty    |
| NORDITROPIN FLEXPRO 5 MG/1.5ML SOLN PEN  | 2    | PA<br>SP Specialty    |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| NUTROPIN AQ NUSPIN 10 10 MG/2ML SOLN PEN                                  | 3    | PA<br>SP Specialty    |
| NUTROPIN AQ NUSPIN 20 20 MG/2ML SOLN PEN                                  | 3    | PA<br>SP Specialty    |
| NUTROPIN AQ NUSPIN 5 5 MG/2ML SOLN PEN                                    | 3    | PA<br>SP Specialty    |
| OMNITROPE 10 MG/1.5ML SOLN CART   | 2    | PA<br>SP Specialty    |
| OMNITROPE 5.8 MG RECON SOLN   | 2    | PA<br>SP Specialty    |
| OMNITROPE 5 MG/1.5ML SOLN CART  | 2    | PA<br>SP Specialty    |
| SAIZEN 5 MG RECON SOLN  | 3    | PA<br>SP Specialty    |
| SEROSTIM 4 MG RECON SOLN  | 2    | PA<br>SP Specialty    |
| SEROSTIM 5 MG RECON SOLN  | 2    | PA<br>SP Specialty    |
| SEROSTIM 6 MG RECON SOLN  | 2    | PA<br>SP Specialty    |
| EGRIFTA SV 2 MG RECON SOLN  | 3    | PA<br>SP Specialty    |
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) |      |                       |
| ANDROGENS   |      |                       |
| <i>danazol 100 mg cap</i>   | 1    |                       |
| <i>danazol 200 mg cap</i>   | 1    |                       |
| <i>danazol 50 mg cap</i>  | 1    |                       |
| <i>testosterone 12.5 mg/act (1%) gel</i>                                  | 2    | QL 300 GM / 30 day(s) |
| TESTOSTERONE 12.5 MG/ACT (1%) GEL   | 2    | QL 300 GM / 30 day(s) |

| PRODUCT DESCRIPTION                              | TIER | LIMITS & RESTRICTIONS   |
|--|------|-------------------------|
| <i>testosterone 1.62 % gel</i>                   | 2    | QL 150 GM / 30 day(s)   |
| <i>testosterone 20.25 mg/1.25gm (1.62%) gel</i>  | 2    | QL 150 GM / 30 day(s)   |
| TESTOSTERONE 20.25 MG/1.25GM (1.62%) GEL         | 2    | QL 150 GM / 30 day(s)   |
| <i>testosterone 20.25 mg/act (1.62%) gel</i>     | 2    | QL 150 GM / 30 day(s)   |
| <i>testosterone 25 mg/2.5gm (1%) gel</i>         | 2    | QL 300 GM / 30 day(s)   |
| <i>testosterone 40.5 mg/2.5gm (1.62%) gel</i>    | 2    | QL 150 GM / 30 day(s)   |
| <i>testosterone 50 mg/5gm (1%) gel</i>           | 2    | QL 300 GM / 30 day(s)   |
| TESTOSTERONE 50 MG/5GM (1%) GEL                  | 2    | QL 300 GM / 30 day(s)   |
| <i>depo-testosterone 100 mg/ml solution</i>      | 1    |                         |
| <i>depo-testosterone 200 mg/ml solution</i>      | 1    |                         |
| <i>testosterone cypionate 100 mg/ml solution</i> | 1    |                         |
| <i>testosterone cypionate 200 mg/ml solution</i> | 1    |                         |
| TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION        | 1    |                         |
| XYOSTED 100 MG/0.5ML SOLN A-INJ                  | 3    | QL 2 ml / 28 day(s)     |
| XYOSTED 50 MG/0.5ML SOLN A-INJ                   | 3    | QL 2 ml / 28 day(s)     |
| XYOSTED 75 MG/0.5ML SOLN A-INJ                   | 3    | QL 2 ml / 28 day(s)     |
| <b>ESTROGENS</b>                                 |      |                         |
| <i>clomid 50 mg tab</i>                          | 2    |                         |
| <i>clomiphene citrate 50 mg tab</i>              | 2    |                         |
| <i>milophene 50 mg tab</i>                       | 2    |                         |
| DUAVEE 0.45-20 MG TAB                            | 3    |                         |
| PREMPHASE 0.625-5 MG TAB                         | 2    |                         |
| PREMPRO 0.3-1.5 MG TAB                           | 2    |                         |
| PREMPRO 0.45-1.5 MG TAB                          | 2    |                         |
| PREMPRO 0.625-2.5 MG TAB                         | 2    |                         |
| PREMPRO 0.625-5 MG TAB                           | 2    |                         |
| <i>apri 0.15-30 mg-mcg tab</i>                   | 1    | ACA Affordable Care Act |
| <i>cyred eq 0.15-30 mg-mcg tab</i>               | 1    | ACA Affordable Care Act |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS   |
|---|------|-------------------------|
| <i>enskyce 0.15-30 mg-mcg tab</i>                                 | 1    | ACA Affordable Care Act |
| <i>isibloom 0.15-30 mg-mcg tab</i>                                | 1    | ACA Affordable Care Act |
| <i>juleber 0.15-30 mg-mcg tab</i>                                 | 1    | ACA Affordable Care Act |
| <i>kalliga 0.15-30 mg-mcg tab</i>                                 | 1    | ACA Affordable Care Act |
| <i>reclipsen 0.15-30 mg-mcg tab</i>                               | 1    | ACA Affordable Care Act |
| <i>azurette 0.15-0.02/0.01 mg (21/5) tab</i>                      | 1    | ACA Affordable Care Act |
| <i>desogestrel-ethinyl estradiol 0.15-0.02/0.01 mg (21/5) tab</i> | 1    | ACA Affordable Care Act |
| <i>kariva 0.15-0.02/0.01 mg (21/5) tab</i>                        | 1    | ACA Affordable Care Act |
| <i>pimtrea 0.15-0.02/0.01 mg (21/5) tab</i>                       | 1    | ACA Affordable Care Act |
| <i>simliya 0.15-0.02/0.01 mg (21/5) tab</i>                       | 1    | ACA Affordable Care Act |
| <i>viorele 0.15-0.02/0.01 mg (21/5) tab</i>                       | 1    | ACA Affordable Care Act |
| <i>volnea 0.15-0.02/0.01 mg (21/5) tab</i>                        | 1    | ACA Affordable Care Act |
| VELIVET 0.1/0.125/0.15 -0.025 MG TAB                              | 1    | ACA Affordable Care Act |
| NEXTSTELLIS 3-14.2 MG TAB   | 2    | ACA Affordable Care Act |
| <i>drospirenone-ethinyl estradiol 3-0.02 mg tab</i>               | 1    | ACA Affordable Care Act |
| <i>drospirenone-ethinyl estradiol 3-0.03 mg tab</i>               | 1    | ACA Affordable Care Act |
| <i>jasmiel 3-0.02 mg tab</i>                                      | 1    | ACA Affordable Care Act |
| <i>loryna 3-0.02 mg tab</i>                                       | 1    | ACA Affordable Care Act |
| <i>lo-zumandimine 3-0.02 mg tab</i>                               | 1    | ACA Affordable Care Act |
| <i>nikki 3-0.02 mg tab</i>  | 1    | ACA Affordable Care Act |
| <i>ocella 3-0.03 mg tab</i>                                       | 1    | ACA Affordable Care Act |
| <i>syeda 3-0.03 mg tab</i>  | 1    | ACA Affordable Care Act |
| <i>vestura 3-0.02 mg tab</i>                                      | 1    | ACA Affordable Care Act |
| <i>zumandimine 3-0.03 mg tab</i>                                  | 1    | ACA Affordable Care Act |
| <i>drospiren-eth estrad-levomefol 3-0.02-0.451 mg tab</i>         | 3    | ACA Affordable Care Act |

| PRODUCT DESCRIPTION                                       | TIER | LIMITS & RESTRICTIONS   |
|---|------|-------------------------|
| <i>drosipren-eth estrad-levomefol 3-0.03-0.451 mg tab</i> | 3    | ACA Affordable Care Act |
| <i>tydemy 3-0.03-0.451 mg tab</i>                         | 3    | ACA Affordable Care Act |
| MENEST 0.3 MG TAB   | 3    |                         |
| MENEST 0.625 MG TAB                                       | 3    |                         |
| MENEST 1.25 MG TAB  | 3    |                         |
| MENEST 2.5 MG TAB   | 3    |                         |
| ALORA 0.025 MG/24HR PATCH TW                              | 3    |                         |
| ALORA 0.075 MG/24HR PATCH TW                              | 3    |                         |
| ALORA 0.1 MG/24HR PATCH TW                                | 3    |                         |
| DIVIGEL 0.25 MG/0.25GM GEL                                | 3    |                         |
| DIVIGEL 0.5 MG/0.5GM GEL                                  | 3    |                         |
| DIVIGEL 0.75 MG/0.75GM GEL                                | 3    |                         |
| DIVIGEL 1.25 MG/1.25GM GEL                                | 3    |                         |
| DIVIGEL 1 MG/GM GEL                                       | 3    |                         |
| <i>dotti 0.025 mg/24hr patch tw</i>                       | 2    |                         |
| <i>dotti 0.0375 mg/24hr patch tw</i>                      | 2    |                         |
| <i>dotti 0.05 mg/24hr patch tw</i>                        | 2    |                         |
| <i>dotti 0.075 mg/24hr patch tw</i>                       | 2    |                         |
| <i>dotti 0.1 mg/24hr patch tw</i>                         | 2    |                         |
| ELESTRIN 0.52 MG/0.87 GM (0.06%) GEL                      | 3    |                         |
| <i>estradiol 0.025 mg/24hr patch tw</i>                   | 2    |                         |
| <i>estradiol 0.025 mg/24hr patch wk</i>                   | 1    |                         |
| <i>estradiol 0.0375 mg/24hr patch tw</i>                  | 2    |                         |
| <i>estradiol 0.0375 mg/24hr patch wk</i>                  | 1    |                         |
| <i>estradiol 0.05 mg/24hr patch tw</i>                    | 2    |                         |
| <i>estradiol 0.05 mg/24hr patch wk</i>                    | 1    |                         |
| <i>estradiol 0.06 mg/24hr patch wk</i>                    | 1    |                         |
| <i>estradiol 0.075 mg/24hr patch tw</i>                   | 2    |                         |
| <i>estradiol 0.075 mg/24hr patch wk</i>                   | 1    |                         |
| <i>estradiol 0.1 mg/24hr patch tw</i>                     | 2    |                         |

| PRODUCT DESCRIPTION                                | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>estradiol 0.1 mg/24hr patch wk</i>              | 1    |                       |
| <i>estradiol 0.25 mg/0.25gm gel</i>                | 3    |                       |
| <i>estradiol 0.5 mg/0.5gm gel</i>                  | 3    |                       |
| <i>estradiol 0.5 mg tab</i>                        | 1    |                       |
| <i>estradiol 0.75 mg/0.75gm gel</i>                | 3    |                       |
| <i>estradiol 0.75 mg/1.25 gm (0.06%) gel</i>       | 3    |                       |
| <i>estradiol 1.25 mg/1.25gm gel</i>                | 3    |                       |
| <i>estradiol 1 mg/gm gel</i>                       | 3    |                       |
| <i>estradiol 1 mg tab</i>                          | 1    |                       |
| <i>estradiol 2 mg tab</i>                          | 1    |                       |
| EVAMIST 1.53 MG/SPRAY SOLUTION                     | 3    |                       |
| <i>lyllana 0.025 mg/24hr patch tw</i>              | 2    |                       |
| <i>lyllana 0.0375 mg/24hr patch tw</i>             | 2    |                       |
| <i>lyllana 0.05 mg/24hr patch tw</i>               | 2    |                       |
| <i>lyllana 0.075 mg/24hr patch tw</i>              | 2    |                       |
| <i>lyllana 0.1 mg/24hr patch tw</i>                | 2    |                       |
| MENOSTAR 14 MCG/24HR PATCH WK                      | 3    |                       |
| FEMRING 0.05 MG/24HR RING                          | 3    | QL 1 EA / 90 day(s)   |
| FEMRING 0.1 MG/24HR RING                           | 3    | QL 1 EA / 90 day(s)   |
| DEPO-ESTRADIOL 5 MG/ML OIL                         | 3    |                       |
| CLIMARA PRO 0.045-0.015 MG/DAY PATCH WK            | 2    |                       |
| <i>abigale 1-0.5 mg tab</i>                        | 1    |                       |
| <i>abigale lo 0.5-0.1 mg tab</i>                   | 1    |                       |
| <i>amabelz 0.5-0.1 mg tab</i>                      | 1    |                       |
| COMBIPATCH 0.05-0.14 MG/DAY PATCH TW               | 3    |                       |
| COMBIPATCH 0.05-0.25 MG/DAY PATCH TW               | 3    |                       |
| <i>estradiol-norethindrone acet 0.5-0.1 mg tab</i> | 1    |                       |
| <i>estradiol-norethindrone acet 1-0.5 mg tab</i>   | 1    |                       |
| <i>mimvey 1-0.5 mg tab</i>                         | 1    |                       |
| BIJUVA 0.5-100 MG CAP                              | 2    |                       |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS   |
|---|------|-------------------------|
| BIJUVA 1-100 MG CAP   | 2    |                         |
| <i>estradiol 0.01 % cream</i>                                 | 1    |                         |
| <i>estradiol 10 mcg tab</i>                                   | 1    |                         |
| ESTRING 7.5 MCG/24HR RING                                     | 3    |                         |
| <i>yuvafem 10 mcg tab</i>                                     | 1    |                         |
| DELESTROGEN 20 MG/ML OIL                                      | 3    |                         |
| DELESTROGEN 40 MG/ML OIL                                      | 3    |                         |
| <i>estradiol valerate 10 mg/ml oil</i>                        | 1    |                         |
| <i>estradiol valerate 20 mg/ml oil</i>                        | 1    |                         |
| <i>estradiol valerate 40 mg/ml oil</i>                        | 1    |                         |
| NATAZIA 3/2-2/2-3/1 MG TAB                                    | 2    | ACA Affordable Care Act |
| PREMARIN 0.3 MG TAB   | 2    |                         |
| PREMARIN 0.45 MG TAB  | 2    |                         |
| PREMARIN 0.625 MG TAB   | 2    |                         |
| PREMARIN 0.9 MG TAB   | 2    |                         |
| PREMARIN 1.25 MG TAB  | 2    |                         |
| PREMARIN 25 MG RECON SOLN                                     | 3    |                         |
| PREMARIN 0.625 MG/GM CREAM                                    | 2    |                         |
| <i>ethynodiol diac-eth estradiol 1-35 mg-mcg tab</i>          | 1    | ACA Affordable Care Act |
| <i>ethynodiol diac-eth estradiol 1-50 mg-mcg tab</i>          | 1    | ACA Affordable Care Act |
| <i>kelnor 1/35 1-35 mg-mcg tab</i>                            | 1    | ACA Affordable Care Act |
| <i>kelnor 1/50 1-50 mg-mcg tab</i>                            | 1    | ACA Affordable Care Act |
| <i>valtya 1/35 1-35 mg-mcg tab</i>                            | 1    | ACA Affordable Care Act |
| <i>valtya 1/50 1-50 mg-mcg tab</i>                            | 1    | ACA Affordable Care Act |
| <i>zovia 1/35 (28) 1-35 mg-mcg tab</i>                        | 1    | ACA Affordable Care Act |
| <i>eluryng 0.12-0.015 mg/24hr ring</i>                        | 2    | ACA Affordable Care Act |
| <i>enilloring 0.12-0.015 mg/24hr ring</i>                     | 2    | ACA Affordable Care Act |
| <i>etonogestrel-ethinyl estradiol 0.12-0.015 mg/24hr ring</i> | 2    | ACA Affordable Care Act |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS   |
|--|------|-------------------------|
| <i>haloette 0.12-0.015 mg/24hr ring</i>                          | 2    | ACA Affordable Care Act |
| <i>afirmelle 0.1-20 mg-mcg tab</i>                               | 1    | ACA Affordable Care Act |
| <i>altavera 0.15-30 mg-mcg tab</i>                               | 1    | ACA Affordable Care Act |
| <i>aubra eq 0.1-20 mg-mcg tab</i>                                | 1    | ACA Affordable Care Act |
| <i>aviane 0.1-20 mg-mcg tab</i>                                  | 1    | ACA Affordable Care Act |
| <i>ayuna 0.15-30 mg-mcg tab</i>                                  | 1    | ACA Affordable Care Act |
| <i>chateal eq 0.15-30 mg-mcg tab</i>                             | 1    | ACA Affordable Care Act |
| <i>delyla 0.1-20 mg-mcg tab</i>                                  | 1    | ACA Affordable Care Act |
| <i>falmina 0.1-20 mg-mcg tab</i>                                 | 1    | ACA Affordable Care Act |
| <i>kurvelo 0.15-30 mg-mcg tab</i>                                | 1    | ACA Affordable Care Act |
| <i>lessina 0.1-20 mg-mcg tab</i>                                 | 1    | ACA Affordable Care Act |
| <i>levonorgestrel-ethinyl estrad 0.1-20 mg-mcg tab</i>           | 1    | ACA Affordable Care Act |
| <i>levonorgestrel-ethinyl estrad 0.15-30 mg-mcg tab</i>          | 1    | ACA Affordable Care Act |
| <i>levora 0.15/30 (28) 0.15-30 mg-mcg tab</i>                    | 1    | ACA Affordable Care Act |
| <i>lutera 0.1-20 mg-mcg tab</i>                                  | 1    | ACA Affordable Care Act |
| <i>marlissa 0.15-30 mg-mcg tab</i>                               | 1    | ACA Affordable Care Act |
| <i>portia-28 0.15-30 mg-mcg tab</i>                              | 1    | ACA Affordable Care Act |
| <i>sronyx 0.1-20 mg-mcg tab</i>                                  | 1    | ACA Affordable Care Act |
| <i>vienva 0.1-20 mg-mcg tab</i>                                  | 1    | ACA Affordable Care Act |
| <i>enpresse-28 50-30/75-40/ 125-30 mcg tab</i>                   | 1    | ACA Affordable Care Act |
| <i>levonest 50-30/75-40/ 125-30 mcg tab</i>                      | 1    | ACA Affordable Care Act |
| <i>levonorg-eth estrad triphasic 50-30/75-40/ 125-30 mcg tab</i> | 1    | ACA Affordable Care Act |
| <i>trivora (28) 50-30/75-40/ 125-30 mcg tab</i>                  | 1    | ACA Affordable Care Act |
| <i>ashlyna 0.15-0.03 &amp;0.01 mg tab</i>                        | 1    | ACA Affordable Care Act |
| <i>camrese 0.15-0.03 &amp;0.01 mg tab</i>                        | 1    | ACA Affordable Care Act |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS                          |
|--|------|--|
| <i>camrese lo 0.1-0.02 &amp; 0.01 mg tab</i>                     | 1    | ACA Affordable Care Act                        |
| <i>daysee 0.15-0.03 &amp; 0.01 mg tab</i>                        | 1    | ACA Affordable Care Act                        |
| <i>iclevia 0.15-0.03 mg tab</i>                                  | 1    | ACA Affordable Care Act                        |
| <i>introvale 0.15-0.03 mg tab</i>                                | 1    | ACA Affordable Care Act                        |
| <i>jaimiess 0.15-0.03 &amp; 0.01 mg tab</i>                      | 1    | ACA Affordable Care Act                        |
| <i>jolessa 0.15-0.03 mg tab</i>                                  | 1    | ACA Affordable Care Act                        |
| <i>levonorgest-eth est &amp; eth est 42-21-21-7 days tab</i>     | 2    | ACA Affordable Care Act                        |
| <i>levonorgest-eth estrad 91-day 0.1-0.02 &amp; 0.01 mg tab</i>  | 1    | ACA Affordable Care Act                        |
| <i>levonorgest-eth estrad 91-day 0.15-0.03 &amp; 0.01 mg tab</i> | 1    | ACA Affordable Care Act                        |
| <i>levonorgest-eth estrad 91-day 0.15-0.03 mg tab</i>            | 1    | ACA Affordable Care Act                        |
| <i>lojaimiess 0.1-0.02 &amp; 0.01 mg tab</i>                     | 1    | ACA Affordable Care Act                        |
| <i>rivelsa 42-21-21-7 days tab</i>                               | 2    | ACA Affordable Care Act                        |
| <i>rosyrah 42-21-21-7 days tab</i>                               | 2    | ACA Affordable Care Act                        |
| <i>setlakin 0.15-0.03 mg tab</i>                                 | 1    | ACA Affordable Care Act                        |
| <i>simpesse 0.15-0.03 &amp; 0.01 mg tab</i>                      | 1    | ACA Affordable Care Act                        |
| <i>amethyst 90-20 mcg tab</i>                                    | 1    | ACA Affordable Care Act                        |
| <i>dolishale 90-20 mcg tab</i>                                   | 1    | ACA Affordable Care Act                        |
| <i>levonorgestrel-ethinyl estrad 90-20 mcg tab</i>               | 1    | ACA Affordable Care Act                        |
| <i>norelgestromin-eth estradiol 150-35 mcg/24hr patch wk</i>     | 2    | QL 3 EA / 28 day(s)<br>ACA Affordable Care Act |
| XULANE   | 2    | QL 3 EA / 28 day(s)<br>ACA Affordable Care Act |
| ZAFEMY   | 2    | QL 3 EA / 28 day(s)<br>ACA Affordable Care Act |
| <i>zafemy 150-35 mcg/24hr patch wk</i>                           | 2    | QL 3 EA / 28 day(s)<br>ACA Affordable Care Act |

| PRODUCT DESCRIPTION                             | TIER | LIMITS & RESTRICTIONS   |
|---|------|-------------------------|
| <i>aurovela 24 fe 1-20 mg-mcg(24) tab</i>       | 1    | ACA Affordable Care Act |
| <i>aurovela fe 1/20 1-20 mg-mcg tab</i>         | 1    | ACA Affordable Care Act |
| <i>aurovela fe 1.5/30 1.5-30 mg-mcg tab</i>     | 1    | ACA Affordable Care Act |
| <i>blisovi 24 fe 1-20 mg-mcg(24) tab</i>        | 1    | ACA Affordable Care Act |
| <i>blisovi fe 1/20 1-20 mg-mcg tab</i>          | 1    | ACA Affordable Care Act |
| <i>blisovi fe 1.5/30 1.5-30 mg-mcg tab</i>      | 1    | ACA Affordable Care Act |
| <i>charlotte 24 fe 1-20 mg-mcg(24) chew tab</i> | 3    | ACA Affordable Care Act |
| <i>feirza 1/20 1-20 mg-mcg tab</i>              | 1    | ACA Affordable Care Act |
| <i>feirza 1.5/30 1.5-30 mg-mcg tab</i>          | 1    | ACA Affordable Care Act |
| <i>finzala 1-20 mg-mcg(24) chew tab</i>         | 3    | ACA Affordable Care Act |
| <i>gemmily 1-20 mg-mcg(24) cap</i>              | 2    | ACA Affordable Care Act |
| <i>hailey 24 fe 1-20 mg-mcg(24) tab</i>         | 1    | ACA Affordable Care Act |
| <i>hailey fe 1/20 1-20 mg-mcg tab</i>           | 1    | ACA Affordable Care Act |
| <i>hailey fe 1.5/30 1.5-30 mg-mcg tab</i>       | 1    | ACA Affordable Care Act |
| <i>junel fe 1/20 1-20 mg-mcg tab</i>            | 1    | ACA Affordable Care Act |
| <i>junel fe 1.5/30 1.5-30 mg-mcg tab</i>        | 1    | ACA Affordable Care Act |
| <i>junel fe 24 1-20 mg-mcg(24) tab</i>          | 1    | ACA Affordable Care Act |
| <i>larin 24 fe 1-20 mg-mcg(24) tab</i>          | 1    | ACA Affordable Care Act |
| <i>larin fe 1/20 1-20 mg-mcg tab</i>            | 1    | ACA Affordable Care Act |
| <i>larin fe 1.5/30 1.5-30 mg-mcg tab</i>        | 1    | ACA Affordable Care Act |
| <i>loestrin fe 1/20 1-20 mg-mcg tab</i>         | 1    | ACA Affordable Care Act |
| <i>loestrin fe 1.5/30 1.5-30 mg-mcg tab</i>     | 1    | ACA Affordable Care Act |
| <i>merzee 1-20 mg-mcg(24) cap</i>               | 2    | ACA Affordable Care Act |
| <i>mibelas 24 fe 1-20 mg-mcg(24) chew tab</i>   | 3    | ACA Affordable Care Act |
| <i>microgestin 24 fe 1-20 mg-mcg tab</i>        | 1    | ACA Affordable Care Act |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS   |
|---|------|-------------------------|
| <i>microgestin fe 1/20 1-20 mg-mcg tab</i>                      | 1    | ACA Affordable Care Act |
| <i>microgestin fe 1.5/30 1.5-30 mg-mcg tab</i>                  | 1    | ACA Affordable Care Act |
| <i>norethin ace-eth estrad-fe 1-20 mg-mcg(24) cap</i>           | 2    | ACA Affordable Care Act |
| <i>norethin ace-eth estrad-fe 1-20 mg-mcg(24) chew tab</i>      | 3    | ACA Affordable Care Act |
| <i>norethin ace-eth estrad-fe 1-20 mg-mcg tab</i>               | 1    | ACA Affordable Care Act |
| <i>norethin ace-eth estrad-fe 1.5-30 mg-mcg tab</i>             | 1    | ACA Affordable Care Act |
| <i>tarina 24 fe 1-20 mg-mcg(24) tab</i>                         | 1    | ACA Affordable Care Act |
| <i>tarina fe 1/20 eq 1-20 mg-mcg tab</i>                        | 1    | ACA Affordable Care Act |
| <i>taysofy 1-20 mg-mcg(24) cap</i>                              | 2    | ACA Affordable Care Act |
| <i>fyavolv 0.5-2.5 mg-mcg tab</i>                               | 3    |                         |
| <i>fyavolv 1-5 mg-mcg tab</i>                                   | 3    |                         |
| <i>jinteli 1-5 mg-mcg tab</i>                                   | 3    |                         |
| <i>norethindrone-eth estradiol 0.5-2.5 mg-mcg tab</i>           | 3    |                         |
| <i>norethindrone-eth estradiol 1-5 mg-mcg tab</i>               | 3    |                         |
| <i>norethindron-ethinyl estrad-fe 1-20/1-30/1-35 mg-mcg tab</i> | 1    | ACA Affordable Care Act |
| <i>tilia fe 1-20/1-30/1-35 mg-mcg tab</i>                       | 1    | ACA Affordable Care Act |
| <i>tri-legest fe 1-20/1-30/1-35 mg-mcg tab</i>                  | 1    | ACA Affordable Care Act |
| <i>xarah fe 1-20/1-30/1-35 mg-mcg tab</i>                       | 1    | ACA Affordable Care Act |
| LO LOESTRIN FE 1 MG-10 MCG / 10 MCG TAB                         | 2    | ACA Affordable Care Act |
| <i>aurovela 1/20 1-20 mg-mcg tab</i>                            | 1    | ACA Affordable Care Act |
| <i>aurovela 1.5/30 1.5-30 mg-mcg tab</i>                        | 1    | ACA Affordable Care Act |
| <i>hailey 1.5/30 1.5-30 mg-mcg tab</i>                          | 1    | ACA Affordable Care Act |
| <i>junel 1/20 1-20 mg-mcg tab</i>                               | 1    | ACA Affordable Care Act |
| <i>junel 1.5/30 1.5-30 mg-mcg tab</i>                           | 1    | ACA Affordable Care Act |
| <i>larin 1/20 1-20 mg-mcg tab</i>                               | 1    | ACA Affordable Care Act |
| <i>larin 1.5/30 1.5-30 mg-mcg tab</i>                           | 1    | ACA Affordable Care Act |

| PRODUCT DESCRIPTION                                     | TIER | LIMITS & RESTRICTIONS   |
|---|------|-------------------------|
| <i>loestrin 1/20 (21) 1-20 mg-mcg tab</i>               | 1    | ACA Affordable Care Act |
| <i>loestrin 1.5/30 (21) 1.5-30 mg-mcg tab</i>           | 1    | ACA Affordable Care Act |
| <i>luizza 1/20 1-20 mg-mcg tab</i>                      | 1    | ACA Affordable Care Act |
| <i>luizza 1.5/30 1.5-30 mg-mcg tab</i>                  | 1    | ACA Affordable Care Act |
| <i>microgestin 1/20 1-20 mg-mcg tab</i>                 | 1    | ACA Affordable Care Act |
| <i>microgestin 1.5/30 1.5-30 mg-mcg tab</i>             | 1    | ACA Affordable Care Act |
| <i>norethindrone acet-ethinyl est 1-20 mg-mcg tab</i>   | 1    | ACA Affordable Care Act |
| <i>norethindrone acet-ethinyl est 1.5-30 mg-mcg tab</i> | 1    | ACA Affordable Care Act |
| <i>alyacen 1/35 1-35 mg-mcg tab</i>                     | 1    | ACA Affordable Care Act |
| <i>balziva 0.4-35 mg-mcg tab</i>                        | 1    | ACA Affordable Care Act |
| <i>briellyn 0.4-35 mg-mcg tab</i>                       | 1    | ACA Affordable Care Act |
| <i>dasetta 1/35 1-35 mg-mcg tab</i>                     | 1    | ACA Affordable Care Act |
| <i>necon 0.5/35 (28) 0.5-35 mg-mcg tab</i>              | 1    | ACA Affordable Care Act |
| <i>nortrel 0.5/35 (28) 0.5-35 mg-mcg tab</i>            | 1    | ACA Affordable Care Act |
| <i>nortrel 1/35 (21) 1-35 mg-mcg tab</i>                | 1    | ACA Affordable Care Act |
| <i>nortrel 1/35 (28) 1-35 mg-mcg tab</i>                | 1    | ACA Affordable Care Act |
| <i>nylia 1/35 1-35 mg-mcg tab</i>                       | 1    | ACA Affordable Care Act |
| <i>philith 0.4-35 mg-mcg tab</i>                        | 1    | ACA Affordable Care Act |
| <i>vyfemla 0.4-35 mg-mcg tab</i>                        | 1    | ACA Affordable Care Act |
| <i>wera 0.5-35 mg-mcg tab</i>                           | 1    | ACA Affordable Care Act |
| <i>alyacen 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>           | 1    | ACA Affordable Care Act |
| ARANELLE 0.5/1/0.5-35 MG-MCG TAB                        | 1    | ACA Affordable Care Act |
| <i>dasetta 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>           | 1    | ACA Affordable Care Act |
| <i>leena 0.5/1/0.5-35 mg-mcg tab</i>                    | 1    | ACA Affordable Care Act |
| <i>nortrel 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>           | 1    | ACA Affordable Care Act |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS   |
|---|------|-------------------------|
| <i>nylia 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>                         | 1    | ACA Affordable Care Act |
| <i>galbriela 0.8-25 mg-mcg chew tab</i>                             | 1    | ACA Affordable Care Act |
| <i>kaitlib fe 0.8-25 mg-mcg chew tab</i>                            | 1    | ACA Affordable Care Act |
| <i>layolis fe 0.8-25 mg-mcg chew tab</i>                            | 1    | ACA Affordable Care Act |
| <i>norethin-eth estradiol-fe 0.4-35 mg-mcg chew tab</i>             | 1    | ACA Affordable Care Act |
| <i>norethin-eth estradiol-fe 0.8-25 mg-mcg chew tab</i>             | 1    | ACA Affordable Care Act |
| <i>wymzya fe 0.4-35 mg-mcg chew tab</i>                             | 1    | ACA Affordable Care Act |
| <i>xelria fe 0.4-35 mg-mcg chew tab</i>                             | 1    | ACA Affordable Care Act |
| <i>estarylla 0.25-35 mg-mcg tab</i>                                 | 1    | ACA Affordable Care Act |
| <i>mili 0.25-35 mg-mcg tab</i>                                      | 1    | ACA Affordable Care Act |
| <i>mono-linyah 0.25-35 mg-mcg tab</i>                               | 1    | ACA Affordable Care Act |
| <i>norgestimate-eth estradiol 0.25-35 mg-mcg tab</i>                | 1    | ACA Affordable Care Act |
| <i>nymyo 0.25-35 mg-mcg tab</i>                                     | 1    | ACA Affordable Care Act |
| <i>sprintec 28 0.25-35 mg-mcg tab</i>                               | 1    | ACA Affordable Care Act |
| <i>vylibra 0.25-35 mg-mcg tab</i>                                   | 1    | ACA Affordable Care Act |
| <i>norgestim-eth estrad triphasic 0.18/0.215/0.25 mg-25 mcg tab</i> | 1    | ACA Affordable Care Act |
| <i>norgestim-eth estrad triphasic 0.18/0.215/0.25 mg-35 mcg tab</i> | 1    | ACA Affordable Care Act |
| <i>tri-estarylla 0.18/0.215/0.25 mg-35 mcg tab</i>                  | 1    | ACA Affordable Care Act |
| <i>tri-linyah 0.18/0.215/0.25 mg-35 mcg tab</i>                     | 1    | ACA Affordable Care Act |
| <i>tri-lo-estarylla 0.18/0.215/0.25 mg-25 mcg tab</i>               | 1    | ACA Affordable Care Act |
| <i>tri-lo-marzia 0.18/0.215/0.25 mg-25 mcg tab</i>                  | 1    | ACA Affordable Care Act |
| <i>tri-lo-mili 0.18/0.215/0.25 mg-25 mcg tab</i>                    | 1    | ACA Affordable Care Act |
| <i>tri-lo-sprintec 0.18/0.215/0.25 mg-25 mcg tab</i>                | 1    | ACA Affordable Care Act |
| <i>tri-mili 0.18/0.215/0.25 mg-35 mcg tab</i>                       | 1    | ACA Affordable Care Act |
| <i>tri-nymyo 0.18/0.215/0.25 mg-35 mcg tab</i>                      | 1    | ACA Affordable Care Act |

| PRODUCT DESCRIPTION                                 | TIER | LIMITS & RESTRICTIONS                            |
|---|------|--|
| <i>tri-sprintec 0.18/0.215/0.25 mg-35 mcg tab</i>   | 1    | ACA Affordable Care Act                          |
| <i>tri-vylibra 0.18/0.215/0.25 mg-35 mcg tab</i>    | 1    | ACA Affordable Care Act                          |
| <i>tri-vylibra lo 0.18/0.215/0.25 mg-25 mcg tab</i> | 1    | ACA Affordable Care Act                          |
| <i>cryselle 0.3-30 mg-mcg tab</i>                   | 1    | ACA Affordable Care Act                          |
| <i>cryselle-28 0.3-30 mg-mcg tab</i>                | 1    | ACA Affordable Care Act                          |
| <i>elinest 0.3-30 mg-mcg tab</i>                    | 1    | ACA Affordable Care Act                          |
| <i>low-ogestrel 0.3-30 mg-mcg tab</i>               | 1    | ACA Affordable Care Act                          |
| <i>turqoz 0.3-30 mg-mcg tab</i>                     | 1    | ACA Affordable Care Act                          |
| OSPHENA 60 MG TAB                                   | 2    |  |
| <i>raloxifene hcl 60 mg tab</i>                     | 2    | PD Preventive Drug                               |
| ANNOVERA 0.013-0.15 MG/24HR RING                    | 3    | QLC 1 EA / 365 day(s)<br>ACA Affordable Care Act |
| PROGESTINS  |      |  |
| SLYND 4 MG TAB                                      | 3    | ACA Affordable Care Act                          |
| NEXPLANON 68 MG IMPLANT                             | 3    | ACA Affordable Care Act                          |
| PHEXX 1.8-1-0.4 % GEL                               | 3    | ACA Affordable Care Act                          |
| PHEXXI 1.8-1-0.4 % GEL                              | 3    | ACA Affordable Care Act                          |
| KYLEENA 19.5 MG IUD                                 | 3    | ACA Affordable Care Act                          |
| LILETTA (52 MG) 20.1 MCG/DAY IUD                    | 2    | ACA Affordable Care Act                          |
| MIRENA (52 MG) 21 MCG/DAY IUD                       | 2    | ACA Affordable Care Act                          |
| SKYLA 13.5 MG IUD                                   | 3    | ACA Affordable Care Act                          |
| <i>medroxyprogesterone acetate 10 mg tab</i>        | 1    |  |
| <i>medroxyprogesterone acetate 10 mg tab</i>        | 1    |  |
| <i>medroxyprogesterone acetate 2.5 mg tab</i>       | 1    |  |
| <i>medroxyprogesterone acetate 2.5 mg tab</i>       | 1    |  |
| <i>medroxyprogesterone acetate 5 mg tab</i>         | 1    |  |
| <i>medroxyprogesterone acetate 5 mg tab</i>         | 1    |  |

| PRODUCT DESCRIPTION                                     | TIER | LIMITS & RESTRICTIONS   |
|---|------|-------------------------|
| DEPO-SUBQ PROVERA 104 104 MG/0.65ML SUSP PRSYR          | 3    | ACA Affordable Care Act |
| <i>medroxyprogesterone acetate 150 mg/ml suspension</i> | 1    | ACA Affordable Care Act |
| <i>medroxyprogesterone acetate 150 mg/ml suspension</i> | 1    | ACA Affordable Care Act |
| <i>medroxyprogesterone acetate 150 mg/ml susp prsy</i>  | 1    | ACA Affordable Care Act |
| <i>medroxyprogesterone acetate 150 mg/ml susp prsy</i>  | 1    | ACA Affordable Care Act |
| <i>megestrol acetate 20 mg tab</i>                      | 1    |                         |
| <i>megestrol acetate 400 mg/10ml suspension</i>         | 1    |                         |
| <i>megestrol acetate 40 mg/ml suspension</i>            | 1    |                         |
| <i>megestrol acetate 40 mg tab</i>                      | 1    |                         |
| <i>megestrol acetate 800 mg/20ml suspension</i>         | 1    |                         |
| <i>megestrol acetate 625 mg/5ml suspension</i>          | 2    |                         |
| MEGESTROL ACETATE 625 MG/5ML SUSPENSION                 | 2    |                         |
| <i>gallifrey 5 mg tab</i>                               | 1    |                         |
| <i>norethindrone acetate 5 mg tab</i>                   | 1    |                         |
| <i>camila 0.35 mg tab</i>                               | 1    | ACA Affordable Care Act |
| <i>deblitane 0.35 mg tab</i>                            | 1    | ACA Affordable Care Act |
| <i>emzahh 0.35 mg tab</i>                               | 1    | ACA Affordable Care Act |
| <i>errin 0.35 mg tab</i>                                | 1    | ACA Affordable Care Act |
| <i>heather 0.35 mg tab</i>                              | 1    | ACA Affordable Care Act |
| <i>incassia 0.35 mg tab</i>                             | 1    | ACA Affordable Care Act |
| <i>jencycla 0.35 mg tab</i>                             | 1    | ACA Affordable Care Act |
| <i>lyleq 0.35 mg tab</i>                                | 1    | ACA Affordable Care Act |
| <i>lyza 0.35 mg tab</i>                                 | 1    | ACA Affordable Care Act |
| <i>meleya 0.35 mg tab</i>                               | 1    | ACA Affordable Care Act |
| <i>nora-be 0.35 mg tab</i>                              | 1    | ACA Affordable Care Act |
| <i>norethindrone 0.35 mg tab</i>                        | 1    | ACA Affordable Care Act |
| <i>norethindrone 0.35 mg tab</i>                        | 1    | ACA Affordable Care Act |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS   |
|--|------|-------------------------|
| <i>norlyroc 0.35 mg tab</i>                                | 1    | ACA Affordable Care Act |
| <i>orquidea 0.35 mg tab</i>                                | 1    | ACA Affordable Care Act |
| <i>sharobel 0.35 mg tab</i>                                | 1    | ACA Affordable Care Act |
| <i>progesterone 100 mg cap</i>                             | 1    |                         |
| <i>progesterone 200 mg cap</i>                             | 1    |                         |
| <i>progesterone 50 mg/ml oil</i>                           | 1    | PA                      |
| CRINONE 4 % GEL  | 2    | PA                      |
| CRINONE 8 % GEL  | 2    | PA                      |
| ENDOMETRIN 100 MG INSERT                                   | 3    | PA                      |
| <i>progesterone 100 mg insert</i>                          | 3    | PA                      |
| ELLA 30 MG TAB   | 3    | ACA Affordable Care Act |
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) |      |                         |
| <i>euthyrox 100 mcg tab</i>                                | 1    |                         |
| <i>euthyrox 112 mcg tab</i>                                | 1    |                         |
| <i>euthyrox 125 mcg tab</i>                                | 1    |                         |
| <i>euthyrox 137 mcg tab</i>                                | 1    |                         |
| <i>euthyrox 150 mcg tab</i>                                | 1    |                         |
| <i>euthyrox 175 mcg tab</i>                                | 1    |                         |
| <i>euthyrox 200 mcg tab</i>                                | 1    |                         |
| <i>euthyrox 25 mcg tab</i>                                 | 1    |                         |
| <i>euthyrox 50 mcg tab</i>                                 | 1    |                         |
| <i>euthyrox 75 mcg tab</i>                                 | 1    |                         |
| <i>euthyrox 88 mcg tab</i>                                 | 1    |                         |
| <i>levo-t 100 mcg tab</i>                                  | 1    |                         |
| <i>levo-t 112 mcg tab</i>                                  | 1    |                         |
| <i>levo-t 125 mcg tab</i>                                  | 1    |                         |
| <i>levo-t 137 mcg tab</i>                                  | 1    |                         |
| <i>levo-t 150 mcg tab</i>                                  | 1    |                         |
| <i>levo-t 175 mcg tab</i>                                  | 1    |                         |

| PRODUCT DESCRIPTION                     | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>levo-t 200 mcg tab</i>               | 1    |                       |
| <i>levo-t 25 mcg tab</i>                | 1    |                       |
| <i>levo-t 300 mcg tab</i>               | 1    |                       |
| <i>levo-t 50 mcg tab</i>                | 1    |                       |
| <i>levo-t 75 mcg tab</i>                | 1    |                       |
| <i>levo-t 88 mcg tab</i>                | 1    |                       |
| LEVOTHYROXINE SODIUM 100 MCG CAP        | 3    |                       |
| <i>levothyroxine sodium 100 mcg tab</i> | 1    |                       |
| LEVOTHYROXINE SODIUM 112 MCG CAP        | 3    |                       |
| <i>levothyroxine sodium 112 mcg tab</i> | 1    |                       |
| LEVOTHYROXINE SODIUM 125 MCG CAP        | 3    |                       |
| <i>levothyroxine sodium 125 mcg tab</i> | 1    |                       |
| LEVOTHYROXINE SODIUM 137 MCG CAP        | 3    |                       |
| <i>levothyroxine sodium 137 mcg tab</i> | 1    |                       |
| LEVOTHYROXINE SODIUM 13 MCG CAP         | 3    |                       |
| LEVOTHYROXINE SODIUM 150 MCG CAP        | 3    |                       |
| <i>levothyroxine sodium 150 mcg tab</i> | 1    |                       |
| LEVOTHYROXINE SODIUM 175 MCG CAP        | 3    |                       |
| <i>levothyroxine sodium 175 mcg tab</i> | 1    |                       |
| LEVOTHYROXINE SODIUM 200 MCG CAP        | 3    |                       |
| <i>levothyroxine sodium 200 mcg tab</i> | 1    |                       |
| LEVOTHYROXINE SODIUM 25 MCG CAP         | 3    |                       |
| <i>levothyroxine sodium 25 mcg tab</i>  | 1    |                       |
| <i>levothyroxine sodium 300 mcg tab</i> | 1    |                       |
| LEVOTHYROXINE SODIUM 50 MCG CAP         | 3    |                       |
| <i>levothyroxine sodium 50 mcg tab</i>  | 1    |                       |
| LEVOTHYROXINE SODIUM 75 MCG CAP         | 3    |                       |
| <i>levothyroxine sodium 75 mcg tab</i>  | 1    |                       |
| LEVOTHYROXINE SODIUM 88 MCG CAP         | 3    |                       |
| <i>levothyroxine sodium 88 mcg tab</i>  | 1    |                       |

| PRODUCT DESCRIPTION        | TIER | LIMITS & RESTRICTIONS |
|----------------------------|------|-----------------------|
| <i>levoxyl 100 mcg tab</i> | 1    |                       |
| <i>levoxyl 112 mcg tab</i> | 1    |                       |
| <i>levoxyl 125 mcg tab</i> | 1    |                       |
| <i>levoxyl 137 mcg tab</i> | 1    |                       |
| <i>levoxyl 150 mcg tab</i> | 1    |                       |
| <i>levoxyl 175 mcg tab</i> | 1    |                       |
| <i>levoxyl 200 mcg tab</i> | 1    |                       |
| <i>levoxyl 25 mcg tab</i>  | 1    |                       |
| <i>levoxyl 50 mcg tab</i>  | 1    |                       |
| <i>levoxyl 75 mcg tab</i>  | 1    |                       |
| <i>levoxyl 88 mcg tab</i>  | 1    |                       |
| SYNTHROID 100 MCG TAB      | 2    |                       |
| SYNTHROID 112 MCG TAB      | 2    |                       |
| SYNTHROID 125 MCG TAB      | 2    |                       |
| SYNTHROID 137 MCG TAB      | 2    |                       |
| SYNTHROID 150 MCG TAB      | 2    |                       |
| SYNTHROID 175 MCG TAB      | 2    |                       |
| SYNTHROID 200 MCG TAB      | 2    |                       |
| SYNTHROID 25 MCG TAB       | 2    |                       |
| SYNTHROID 300 MCG TAB      | 2    |                       |
| SYNTHROID 50 MCG TAB       | 2    |                       |
| SYNTHROID 75 MCG TAB       | 2    |                       |
| SYNTHROID 88 MCG TAB       | 2    |                       |
| TIROSINT 100 MCG CAP       | 3    |                       |
| TIROSINT 112 MCG CAP       | 3    |                       |
| TIROSINT 125 MCG CAP       | 3    |                       |
| TIROSINT 137 MCG CAP       | 3    |                       |
| TIROSINT 13 MCG CAP        | 3    |                       |
| TIROSINT 150 MCG CAP       | 3    |                       |
| TIROSINT 175 MCG CAP       | 3    |                       |

| PRODUCT DESCRIPTION                   | TIER | LIMITS & RESTRICTIONS |
|---------------------------------------|------|-----------------------|
| TIROSINT 200 MCG CAP                  | 3    |                       |
| TIROSINT 25 MCG CAP                   | 3    |                       |
| TIROSINT 37.5 MCG CAP                 | 3    |                       |
| TIROSINT 44 MCG CAP                   | 3    |                       |
| TIROSINT 50 MCG CAP                   | 3    |                       |
| TIROSINT 62.5 MCG CAP                 | 3    |                       |
| TIROSINT 75 MCG CAP                   | 3    |                       |
| TIROSINT 88 MCG CAP                   | 3    |                       |
| TIROSINT-SOL 37.5 MCG/ML SOLUTION     | 3    |                       |
| TIROSINT-SOL 44 MCG/ML SOLUTION       | 3    |                       |
| TIROSINT-SOL 62.5 MCG/ML SOLUTION     | 3    |                       |
| <i>unithroid 100 mcg tab</i>          | 1    |                       |
| <i>unithroid 112 mcg tab</i>          | 1    |                       |
| <i>unithroid 125 mcg tab</i>          | 1    |                       |
| <i>unithroid 137 mcg tab</i>          | 1    |                       |
| <i>unithroid 150 mcg tab</i>          | 1    |                       |
| <i>unithroid 175 mcg tab</i>          | 1    |                       |
| <i>unithroid 200 mcg tab</i>          | 1    |                       |
| <i>unithroid 25 mcg tab</i>           | 1    |                       |
| <i>unithroid 300 mcg tab</i>          | 1    |                       |
| <i>unithroid 50 mcg tab</i>           | 1    |                       |
| <i>unithroid 75 mcg tab</i>           | 1    |                       |
| <i>unithroid 88 mcg tab</i>           | 1    |                       |
| CYTOMEL 25 MCG TAB                    | 2    |                       |
| CYTOMEL 50 MCG TAB                    | 3    |                       |
| CYTOMEL 5 MCG TAB                     | 2    |                       |
| <i>liomny 25 mcg tab</i>              | 1    |                       |
| <i>liomny 50 mcg tab</i>              | 1    |                       |
| <i>liomny 5 mcg tab</i>               | 1    |                       |
| <i>liothyronine sodium 25 mcg tab</i> | 1    |                       |

| PRODUCT DESCRIPTION                   | TIER | LIMITS & RESTRICTIONS |
|---------------------------------------|------|-----------------------|
| <i>liothyronine sodium 50 mcg tab</i> | 1    |                       |
| <i>liothyronine sodium 5 mcg tab</i>  | 1    |                       |
| ADTHYZA 120 MG TAB                    | 1    |                       |
| ADTHYZA 15 MG TAB                     | 1    |                       |
| ADTHYZA 30 MG TAB                     | 1    |                       |
| ADTHYZA 60 MG TAB                     | 1    |                       |
| ADTHYZA 90 MG TAB                     | 1    |                       |
| ARMOUR THYROID 120 MG TAB             | 1    |                       |
| ARMOUR THYROID 15 MG TAB              | 1    |                       |
| ARMOUR THYROID 180 MG TAB             | 1    |                       |
| ARMOUR THYROID 240 MG TAB             | 1    |                       |
| ARMOUR THYROID 300 MG TAB             | 1    |                       |
| ARMOUR THYROID 30 MG TAB              | 1    |                       |
| ARMOUR THYROID 60 MG TAB              | 1    |                       |
| ARMOUR THYROID 90 MG TAB              | 1    |                       |
| EVEXITHROID 120 MG TAB                | 1    |                       |
| EVEXITHROID 15 MG TAB                 | 1    |                       |
| EVEXITHROID 180 MG TAB                | 1    |                       |
| EVEXITHROID 30 MG TAB                 | 1    |                       |
| EVEXITHROID 60 MG TAB                 | 1    |                       |
| EVEXITHROID 90 MG TAB                 | 1    |                       |
| NIVA THYROID 120 MG TAB               | 1    |                       |
| NIVA THYROID 15 MG TAB                | 1    |                       |
| NIVA THYROID 30 MG TAB                | 1    |                       |
| NIVA THYROID 60 MG TAB                | 1    |                       |
| NIVA THYROID 90 MG TAB                | 1    |                       |
| NP THYROID 120 MG TAB                 | 1    |                       |
| NP THYROID 15 MG TAB                  | 1    |                       |
| NP THYROID 30 MG TAB                  | 1    |                       |
| NP THYROID 60 MG TAB                  | 1    |                       |

| PRODUCT DESCRIPTION                               | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| NP THYROID 90 MG TAB                              | 1    |                       |
| THYROID 120 MG TAB                                | 1    |                       |
| THYROID 15 MG TAB                                 | 1    |                       |
| THYROID 30 MG TAB                                 | 1    |                       |
| THYROID 60 MG TAB                                 | 1    |                       |
| THYROID 90 MG TAB                                 | 1    |                       |
| HORMONAL AGENTS, SUPPRESSANT (PITUITARY)          |      |                       |
| <i>cabergoline 0.5 mg tab</i>                     | 1    |                       |
| <i>cetorelix acetate 0.25 mg kit</i>              | 2    | PA                    |
| CETROTIDE 0.25 MG KIT                             | 2    | PA                    |
| ORLISSA 150 MG TAB                                | 2    | PA                    |
| ORLISSA 200 MG TAB                                | 2    | PA                    |
| <i>fyremadel 250 mcg/0.5ml soln prsyr</i>         | 2    | PA<br>SP Specialty    |
| <i>ganirelix acetate 250 mcg/0.5ml soln prsyr</i> | 2    | PA<br>SP Specialty    |
| <i>leuprolide acetate 1 mg/0.2ml kit</i>          | 1    | SP Specialty          |
| LUPRON DEPOT (1-MONTH) 3.75 MG KIT                | 2    | SP Specialty          |
| LUPRON DEPOT (1-MONTH) 7.5 MG KIT                 | 2    | SP Specialty          |
| LUPRON DEPOT (3-MONTH) 11.25 MG KIT               | 2    | SP Specialty          |
| LUPRON DEPOT (3-MONTH) 22.5 MG KIT                | 2    | SP Specialty          |
| LUPRON DEPOT (4-MONTH) 30 MG KIT                  | 2    | SP Specialty          |
| LUPRON DEPOT (6-MONTH) 45 MG KIT                  | 2    | SP Specialty          |
| LUPRON DEPOT-PED (3-MONTH) 30 MG KIT              | 2    | SP Specialty          |
| SYNAREL 2 MG/ML SOLUTION                          | 2    |                       |
| <i>octreotide acetate 1000 mcg/ml solution</i>    | 2    | SP Specialty          |
| OCTREOTIDE ACETATE 100 MCG/ML SOLN PRSYR          | 2    | SP Specialty          |

| PRODUCT DESCRIPTION                             | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>octreotide acetate 100 mcg/ml solution</i>   | 2    | SP Specialty          |
| <i>octreotide acetate 200 mcg/ml solution</i>   | 2    | SP Specialty          |
| OCTREOTIDE ACETATE 500 MCG/ML SOLN PRSYR        | 2    | SP Specialty          |
| <i>octreotide acetate 500 mcg/ml solution</i>   | 2    | SP Specialty          |
| OCTREOTIDE ACETATE 50 MCG/ML SOLN PRSYR         | 2    | SP Specialty          |
| <i>octreotide acetate 50 mcg/ml solution</i>    | 2    | SP Specialty          |
| SIGNIFOR 0.3 MG/ML SOLUTION                     | 3    | PA<br>SP Specialty    |
| SIGNIFOR 0.6 MG/ML SOLUTION                     | 3    | PA<br>SP Specialty    |
| SIGNIFOR 0.9 MG/ML SOLUTION                     | 3    | PA<br>SP Specialty    |
| SOMAVERT 10 MG RECON SOLN                       | 2    | SP Specialty          |
| SOMAVERT 15 MG RECON SOLN                       | 2    | SP Specialty          |
| SOMAVERT 20 MG RECON SOLN                       | 2    | SP Specialty          |
| SOMAVERT 25 MG RECON SOLN                       | 2    | SP Specialty          |
| SOMAVERT 30 MG RECON SOLN                       | 2    | SP Specialty          |
| ORGOVYX 120 MG TAB                              | 3    | PA<br>SP Specialty    |
| HORMONAL AGENTS, SUPPRESSANT (THYROID)          |      |                       |
| ANTITHYROID AGENTS                              |      |                       |
| <i>methimazole 10 mg tab</i>                    | 1    |                       |
| <i>methimazole 10 mg tab</i>                    | 1    |                       |
| <i>methimazole 5 mg tab</i>                     | 1    |                       |
| <i>methimazole 5 mg tab</i>                     | 1    |                       |
| POTASSIUM IODIDE (EXPECTORANT) 1 GM/ML SOLUTION | 3    |                       |
| <i>propylthiouracil 50 mg tab</i>               | 1    |                       |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS                      |
|--|------|--|
| IMMUNOLOGICAL AGENTS                                       |      |  |
| ANGIOEDEMA AGENTS  |      |  |
| BERINERT 500 UNIT KIT                                      | 3    | PA<br>SP Specialty                         |
| KALBITOR 10 MG/ML SOLUTION                                 | 3    | PA<br>SP Specialty                         |
| FIRAZYR 30 MG/3ML SOLN PRSYR                               | 3    | SP Specialty                               |
| <i>icatibant acetate 30 mg/3ml soln prsyrr</i>             | 3    | SP Specialty                               |
| <i>sajazir 30 mg/3ml soln prsyrr</i>                       | 3    | SP Specialty                               |
| TAKHZYRO 150 MG/ML SOLN PRSYR                              | 3    | PA<br>SP Specialty                         |
| TAKHZYRO 300 MG/2ML SOLN PRSYR                             | 3    | PA<br>SP Specialty                         |
| TAKHZYRO 300 MG/2ML SOLUTION                               | 3    | PA<br>SP Specialty                         |
| IMMUNOLOGICAL AGENTS, OTHER                                |      |  |
| OTEZLA 10 & 20 & 30 MG TAB THPK                            | 2    | QL 55 EA / 28 day(s)<br>PA<br>SP Specialty |
| OTEZLA 4 X 10 & 51 X20 MG TAB THPK                         | 2    | QL 55 EA / 28 DAYS<br>PA<br>SP Specialty   |
| OTEZLA/OTEZLA XR INITIATION PK 10&20&30&(ER)75 MG TAB THPK | 2    | QL 41 EA / 28 day(s)<br>PA<br>SP Specialty |
| BENLYSTA 200 MG/ML SOLN A-INJ                              | 3    | PA<br>SP Specialty                         |
| BENLYSTA 200 MG/ML SOLN PRSYR                              | 3    | PA<br>SP Specialty                         |

| PRODUCT DESCRIPTION                           | TIER | LIMITS & RESTRICTIONS   |
|---|------|---|
| DUPIXENT 200 MG/1.14ML SOLN A-INJ             | 2    | PA<br>SP Specialty  |
| DUPIXENT 200 MG/1.14ML SOLN PRSYR             | 2    | PA<br>SP Specialty  |
| DUPIXENT 300 MG/2ML SOLN A-INJ                | 2    | PA<br>SP Specialty  |
| DUPIXENT 300 MG/2ML SOLN PRSYR                | 2    | PA<br>SP Specialty  |
| TREMFYA 100 MG/ML SOLN PRSYR                  | 2    | PA<br>QLC 1 ML / 56 days<br>SP Specialty                        |
| TREMFYA ONE-PRESS 100 MG/ML SOLN PEN          | 2    | PA<br>QLC 1 ML / 56 days<br>SP Specialty                        |
| TREMFYA PEN 100 MG/ML SOLN A-INJ              | 2    | PA<br>QLC 1 ML / 56 days<br>SP Specialty                        |
| TREMFYA 200 MG/2ML SOLN PRSYR                 | 2    | PA<br>QLC 2 mL / 28 days<br>SP Specialty                        |
| TREMFYA-CD/UC INDUCTION 200 MG/2ML SOLN A-INJ | 2    | QL 4 ML / 28 day(s)<br>PA<br>QLC 2 mL / 28 days<br>SP Specialty |
| TREMFYA PEN 200 MG/2ML SOLN A-INJ             | 2    | PA<br>QLC 2 mL / 28 days<br>SP Specialty                        |
| XOLAIR 150 MG/ML SOLN PRSYR                   | 2    | QL 2 ml / 28 day(s)<br>PA<br>SP Specialty                       |

| PRODUCT DESCRIPTION                                       | TIER | LIMITS & RESTRICTIONS   |
|---|------|---|
| XOLAIR 300 MG/2ML SOLN PRSYR                              | 2    | <ul style="list-style-type: none"> <li>QL 4 ml / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul> |
| XOLAIR 75 MG/0.5ML SOLN PRSYR                             | 2    | <ul style="list-style-type: none"> <li>QL 1 ml / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul> |
| PALFORZIA (120 MG DAILY DOSE) 20 MG & 100 MG CSPK         | 3    | <ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>                              |
| PALFORZIA (12 MG DAILY DOSE) 2 X 1 MG & 10 MG CSPK        | 3    | <ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>                              |
| PALFORZIA (160 MG DAILY DOSE) 3 X 20 MG & 100 MG CSPK     | 3    | <ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>                              |
| PALFORZIA (1 MG DAILY DOSE) 1 X 1 MG CSPK                 | 3    | <ul style="list-style-type: none"> <li>QL 15 EA / 15 DAYS</li> <li>PA</li> <li>SP Specialty</li> </ul>  |
| PALFORZIA (200 MG DAILY DOSE) 2 X 100 MG CSPK             | 3    | <ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>                              |
| PALFORZIA (20 MG DAILY DOSE) 20 MG CSPK                   | 3    | <ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>                              |
| PALFORZIA (240 MG DAILY DOSE) 2 X 20 MG & 2 X 100 MG CSPK | 3    | <ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>                              |
| PALFORZIA (300 MG MAINTENANCE) 300 MG PACKET              | 3    | <ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>                              |
| PALFORZIA (300 MG TITRATION) 300 MG PACKET                | 3    | <ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>                              |
| PALFORZIA (3 MG DAILY DOSE) 3 X 1 MG CSPK                 | 3    | <ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>                              |
| PALFORZIA (40 MG DAILY DOSE) 2 X 20 MG CSPK               | 3    | <ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>                              |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS                        |
|--|------|--|
| PALFORZIA (6 MG DAILY DOSE) 6 X 1 MG CSPK                    | 3    | PA<br>SP Specialty                           |
| PALFORZIA (80 MG DAILY DOSE) 4 X 20 MG CSPK                  | 3    | PA<br>SP Specialty                           |
| PALFORZIA INITIAL DOSE 1-3YRS 0.5 & 1 & 1.5 & 3 MG CSPK      | 3    | QL 7 EA / 1 day(s)<br>PA<br>SP Specialty     |
| PALFORZIA INITIAL DOSE 4-17YRS 0.5 & 1 & 1.5 & 3 & 6 MG CSPK | 3    | PA<br>SP Specialty                           |
| PALFORZIA INITIAL ESCALATION 0.5 & 1 & 1.5 & 3 & 6 MG CSPK   | 3    | PA<br>SP Specialty                           |
| EMPAVELI 1080 MG/20ML SOLUTION                               | 3    | PA   |
| ARCALYST 220 MG RECON SOLN                                   | 3    | PA<br>SP Specialty                           |
| SKYRIZI 150 MG/ML SOLN PRSYR                                 | 2    | PA<br>QLC 1 ML / 84 days<br>SP Specialty     |
| SKYRIZI PEN 150 MG/ML SOLN A-INJ                             | 2    | PA<br>QLC 1 ML / 84 days<br>SP Specialty     |
| SKYRIZI 180 MG/1.2ML SOLN CART                               | 2    | PA<br>QLC 1.2 ML / 56 days<br>SP Specialty   |
| SKYRIZI 360 MG/2.4ML SOLN CART                               | 2    | PA<br>QLC 2.4 ML / 56 days<br>SP Specialty   |
| KEVZARA 150 MG/1.14ML SOLN A-INJ                             | 3    | QL 2.28 mL / 28 day(s)<br>PA<br>SP Specialty |
| KEVZARA 150 MG/1.14ML SOLN PRSYR                             | 3    | QL 2.28 mL / 28 day(s)<br>PA<br>SP Specialty |

| PRODUCT DESCRIPTION                               | TIER | LIMITS & RESTRICTIONS  |
|---|------|--|
| KEVZARA 200 MG/1.14ML SOLN A-INJ                  | 3    | <ul style="list-style-type: none"> <li>QL 2.28 mL / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul> |
| KEVZARA 200 MG/1.14ML SOLN PRSYR                  | 3    | <ul style="list-style-type: none"> <li>QL 2.28 mL / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul> |
| ENSPRYNG 120 MG/ML SOLN PRSYR                     | 3    | <ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>                                 |
| COSENTYX 150 MG/ML SOLN PRSYR                     | 2    | <ul style="list-style-type: none"> <li>QL 1 ML / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>    |
| COSENTYX (300 MG DOSE) 150 MG/ML SOLN PRSYR       | 2    | <ul style="list-style-type: none"> <li>QL 2 ML / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>    |
| COSENTYX 75 MG/0.5ML SOLN PRSYR                   | 2    | <ul style="list-style-type: none"> <li>QL 0.5 mL / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>  |
| COSENTYX SENSOREADY (300 MG) 150 MG/ML SOLN A-INJ | 2    | <ul style="list-style-type: none"> <li>QL 2 ML / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>    |
| COSENTYX SENSOREADY PEN 150 MG/ML SOLN A-INJ      | 2    | <ul style="list-style-type: none"> <li>QL 1 ML / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>    |
| COSENTYX UNOREADY 300 MG/2ML SOLN A-INJ           | 2    | <ul style="list-style-type: none"> <li>QL 2 mL / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>    |
| TEZSPIRE 210 MG/1.91ML SOLN A-INJ                 | 2    | <ul style="list-style-type: none"> <li>QL 1.91 ml / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul> |
| XELJANZ 10 MG TAB                                 | 2    | <ul style="list-style-type: none"> <li>QL 60 EA / 30 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>   |

| PRODUCT DESCRIPTION                | TIER | LIMITS & RESTRICTIONS   |
|------------------------------------|------|---|
| XELJANZ 1 MG/ML SOLUTION           | 2    | <ul style="list-style-type: none"> <li>QL 240 mL / 24 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>                             |
| XELJANZ 5 MG TAB                   | 2    | <ul style="list-style-type: none"> <li>QL 60 EA / 30 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>                              |
| STELARA 45 MG/0.5ML SOLN PRSYR     | 2    | <ul style="list-style-type: none"> <li>QL 0.5 mL / 84 days</li> <li>PA</li> <li>QLC 0.5 mL / 84 days</li> <li>SP Specialty</li> </ul> |
| STELARA 45 MG/0.5ML SOLUTION       | 2    | <ul style="list-style-type: none"> <li>QL 0.5 mL / 84 days</li> <li>PA</li> <li>QLC 0.5 mL / 84 days</li> <li>SP Specialty</li> </ul> |
| STELARA 90 MG/ML SOLN PRSYR        | 2    | <ul style="list-style-type: none"> <li>QL 1 mL / 56 days</li> <li>PA</li> <li>QLC 1 ML / 56 days</li> <li>SP Specialty</li> </ul>     |
| USTEKINUMAB 45 MG/0.5ML SOLN PRSYR | 2    | <ul style="list-style-type: none"> <li>QL 0.5 mL / 84 days</li> <li>PA</li> <li>QLC 0.5 mL / 84 days</li> <li>SP Specialty</li> </ul> |
| USTEKINUMAB 45 MG/0.5ML SOLUTION   | 2    | <ul style="list-style-type: none"> <li>QL 0.5 mL / 84 days</li> <li>PA</li> <li>QLC 0.5 mL / 84 days</li> <li>SP Specialty</li> </ul> |
| USTEKINUMAB 90 MG/ML SOLN PRSYR    | 2    | <ul style="list-style-type: none"> <li>QL 1 mL / 56 days</li> <li>PA</li> <li>QLC 1 ML / 56 days</li> <li>SP Specialty</li> </ul>     |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS   |
|--|------|---|
| IMMUNOSUPPRESSANTS   |      |   |
| HUMIRA 10 MG/0.1ML PREF SY KT  | 2    | <ul style="list-style-type: none"> <li>QL 2 EA / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul> |
| HUMIRA (2 PEN) 40 MG/0.4ML AUT-IJ KIT                                  | 2    | <ul style="list-style-type: none"> <li>QL 4 EA / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul> |
| HUMIRA (2 PEN) 40 MG/0.8ML AUT-IJ KIT                                  | 2    | <ul style="list-style-type: none"> <li>QL 4 EA / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul> |
| HUMIRA (2 PEN) 80 MG/0.8ML AUT-IJ KIT                                  | 2    | <ul style="list-style-type: none"> <li>QL 2 ea / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul> |
| HUMIRA (2 SYRINGE) 20 MG/0.2ML PREF SY KT                              | 2    | <ul style="list-style-type: none"> <li>QL 2 EA / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul> |
| HUMIRA (2 SYRINGE) 40 MG/0.4ML PREF SY KT                              | 2    | <ul style="list-style-type: none"> <li>QL 4 EA / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul> |
| HUMIRA (2 SYRINGE) 40 MG/0.8ML PREF SY KT                              | 2    | <ul style="list-style-type: none"> <li>QL 4 ea / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul> |
| HUMIRA-CD/UC/HS STARTER 80 MG/0.8ML AUT-IJ KIT                         | 2    | <ul style="list-style-type: none"> <li>QL 3 EA / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul> |
| HUMIRA-PED $\geq$ 40KG CROHNS START 80 MG/0.8ML PREF SY KT             | 2    | <ul style="list-style-type: none"> <li>QL 3 EA / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul> |
| HUMIRA-PED $<$ 40KG CROHNS STARTER 80 MG/0.8ML & 40MG/0.4ML PREF SY KT | 2    | <ul style="list-style-type: none"> <li>QL 2 EA / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul> |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS   |
|--|------|---|
| HUMIRA-PED>=40KG UC STARTER 80 MG/0.8ML AUT-IJ KIT                 | 2    | <ul style="list-style-type: none"> <li>QL 4 ea / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul> |
| HUMIRA-PSORIASIS/UVEIT STARTER 80 MG/0.8ML & 40MG/0.4ML AUT-IJ KIT | 2    | <ul style="list-style-type: none"> <li>QL 3 ea / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul> |
| <i>azasan 100 mg tab</i>   | 2    |   |
| <i>azasan 75 mg tab</i>  | 2    |   |
| <i>azathioprine 100 mg tab</i>                                     | 2    |   |
| <i>azathioprine 50 mg tab</i>                                      | 1    |   |
| <i>azathioprine 50 mg tab</i>                                      | 1    |   |
| <i>azathioprine 75 mg tab</i>                                      | 2    |   |
| IMURAN 50 MG TAB   | 2    |   |
| <i>cyclosporine 100 mg cap</i>                                     | 1    |   |
| <i>cyclosporine 25 mg cap</i>                                      | 1    |   |
| SANDIMMUNE 100 MG CAP  | 2    | SP Specialty  |
| SANDIMMUNE 100 MG/ML SOLUTION                                      | 2    | SP Specialty  |
| SANDIMMUNE 25 MG CAP   | 2    | SP Specialty  |
| <i>cyclosporine modified 100 mg cap</i>                            | 1    |   |
| <i>cyclosporine modified 100 mg cap</i>                            | 1    |   |
| <i>cyclosporine modified 100 mg/ml solution</i>                    | 1    |   |
| <i>cyclosporine modified 25 mg cap</i>                             | 1    |   |
| <i>cyclosporine modified 25 mg cap</i>                             | 1    |   |
| <i>cyclosporine modified 50 mg cap</i>                             | 1    |   |
| <i>gengraf 100 mg cap</i>  | 1    |   |
| <i>gengraf 100 mg/ml solution</i>                                  | 1    |   |
| <i>gengraf 25 mg cap</i>   | 1    |   |
| NEORAL 100 MG CAP  | 2    |   |
| NEORAL 100 MG/ML SOLUTION  | 2    |   |
| NEORAL 25 MG CAP   | 2    |   |

| PRODUCT DESCRIPTION                            | TIER | LIMITS & RESTRICTIONS   |
|--|------|---|
| ENBREL 25 MG/0.5ML SOLN PRSYR                  | 2    | <ul style="list-style-type: none"> <li>QL 4 mL / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul> |
| ENBREL 25 MG/0.5ML SOLUTION                    | 2    | <ul style="list-style-type: none"> <li>QL 4 mL / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul> |
| ENBREL 50 MG/ML SOLN PRSYR                     | 2    | <ul style="list-style-type: none"> <li>QL 4 mL / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul> |
| ENBREL MINI 50 MG/ML SOLN CART                 | 2    | <ul style="list-style-type: none"> <li>QL 4 mL / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul> |
| ENBREL SURECLICK 50 MG/ML SOLN A-INJ           | 2    | <ul style="list-style-type: none"> <li>QL 4 mL / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul> |
| <i>everolimus 0.25 mg tab</i>                  | 3    | <ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>                              |
| <i>everolimus 0.5 mg tab</i>                   | 3    | <ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>                              |
| <i>everolimus 0.75 mg tab</i>                  | 3    | <ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>                              |
| <i>everolimus 1 mg tab</i>                     | 3    | <ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>                              |
| ZORTRESS 1 MG TAB                              | 3    | <ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>                              |
| <i>leflunomide 10 mg tab</i>                   | 1    |   |
| <i>leflunomide 20 mg tab</i>                   | 1    |   |
| <i>methotrexate sodium 2.5 mg tab</i>          | 1    |   |
| METHOTREXATE SODIUM 50 MG/2ML SOLUTION         | 1    |   |
| METHOTREXATE SODIUM (PF) 1000 MG/40ML SOLUTION | 1    |   |

| PRODUCT DESCRIPTION                                | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>methotrexate sodium (pf) 1 gm/40ml solution</i> | 1    |                       |
| METHOTREXATE SODIUM (PF) 1 GM/40ML SOLUTION        | 1    |                       |
| <i>methotrexate sodium (pf) 50 mg/2ml solution</i> | 1    |                       |
| TREXALL 10 MG TAB                                  | 2    |                       |
| TREXALL 15 MG TAB                                  | 2    |                       |
| TREXALL 5 MG TAB                                   | 2    |                       |
| TREXALL 7.5 MG TAB                                 | 2    |                       |
| CELLCEPT 200 MG/ML RECON SUSP                      | 2    |                       |
| CELLCEPT 250 MG CAP                                | 2    |                       |
| CELLCEPT 500 MG TAB                                | 2    |                       |
| <i>mycophenolate mofetil 200 mg/ml recon susp</i>  | 2    |                       |
| <i>mycophenolate mofetil 250 mg cap</i>            | 1    |                       |
| <i>mycophenolate mofetil 500 mg tab</i>            | 1    |                       |
| <i>mycophenolate sodium 180 mg tab dr</i>          | 2    |                       |
| <i>mycophenolate sodium 360 mg tab dr</i>          | 2    |                       |
| <i>mycophenolic acid 180 mg tab dr</i>             | 2    |                       |
| <i>mycophenolic acid 360 mg tab dr</i>             | 2    |                       |
| MYFORTIC 180 MG TAB DR                             | 3    |                       |
| MYFORTIC 360 MG TAB DR                             | 3    |                       |
| RAPAMUNE 0.5 MG TAB                                | 3    | SP Specialty          |
| RAPAMUNE 1 MG/ML SOLUTION                          | 2    |                       |
| RAPAMUNE 1 MG TAB                                  | 3    | SP Specialty          |
| RAPAMUNE 2 MG TAB                                  | 3    | SP Specialty          |
| <i>sirolimus 0.5 mg tab</i>                        | 2    |                       |
| <i>sirolimus 1 mg/ml solution</i>                  | 2    |                       |
| <i>sirolimus 1 mg tab</i>                          | 2    |                       |
| <i>sirolimus 2 mg tab</i>                          | 2    |                       |
| PROGRAF 0.5 MG CAP                                 | 2    | SP Specialty          |
| PROGRAF 1 MG CAP                                   | 2    | SP Specialty          |

| PRODUCT DESCRIPTION                    | TIER | LIMITS & RESTRICTIONS                      |
|--|------|--|
| PROGRAF 5 MG CAP                       | 2    | SP Specialty                               |
| <i>tacrolimus 0.5 mg cap</i>           | 1    |  |
| <i>tacrolimus 1 mg cap</i>             | 1    |  |
| <i>tacrolimus 5 mg cap</i>             | 1    |  |
| XELJANZ XR 11 MG TAB ER 24H            | 2    | QL 30 EA / 30 day(s)<br>PA<br>SP Specialty |
| XELJANZ XR 22 MG TAB ER 24H            | 2    | QL 30 EA / 30 day(s)<br>PA<br>SP Specialty |
| RINVOQ 15 MG TAB ER 24H                | 2    | QL 30 EA / 30 day(s)<br>PA<br>SP Specialty |
| RINVOQ 30 MG TAB ER 24H                | 2    | QL 30 EA / 30 day(s)<br>PA<br>SP Specialty |
| RINVOQ 45 MG TAB ER 24H                | 2    | QL 30 EA / 30 day(s)<br>PA<br>SP Specialty |
| LUPKYNIS 7.9 MG CAP                    | 3    | PA   |
| VACCINES                               |      |  |
| MNEXSPIKE 10 MCG/0.2ML SUSP PRSYR      | 3    | ACA Affordable Care Act                    |
| INFLAMMATORY BOWEL DISEASE AGENTS      |      |  |
| AMINOSALICYLATES                       |      |  |
| <i>balsalazide disodium 750 mg cap</i> | 1    |  |
| <i>mesalamine 1000 mg suppos</i>       | 2    |  |
| <i>mesalamine 1.2 gm tab dr</i>        | 2    |  |
| <i>mesalamine 400 mg cap dr</i>        | 2    |  |
| MESALAMINE 400 MG CAP DR               | 2    |  |
| <i>mesalamine 4 gm enema</i>           | 1    |  |

| PRODUCT DESCRIPTION                              | TIER | LIMITS & RESTRICTIONS                      |
|--|------|--|
| <i>mesalamine 800 mg tab dr</i>                  | 2    |  |
| <i>mesalamine er 0.375 gm cap er 24h</i>         | 1    |  |
| <i>mesalamine er 500 mg cap er</i>               | 2    |  |
| PENTASA 250 MG CAP ER                            | 2    |  |
| SFROWASA 4 GM/60ML ENEMA                         | 2    |  |
| <i>mesalamine-cleanser 4 gm kit</i>              | 1    |  |
| DIPENTUM 250 MG CAP                              | 3    |  |
| <i>sulfasalazine 500 mg tab</i>                  | 1    |  |
| <i>sulfasalazine 500 mg tab dr</i>               | 1    |  |
| GLUCOCORTICOIDS                                  |      |  |
| <i>budesonide 3 mg cp dr part</i>                | 1    |  |
| <i>budesonide er 9 mg tab er 24h</i>             | 3    | QLC 90 EA / 365 days                       |
| TARPEYO 4 MG CAP DR                              | 3    | PA   |
| <i>hydrocortisone 10 mg tab</i>                  | 1    |  |
| <i>hydrocortisone 20 mg tab</i>                  | 1    |  |
| <i>hydrocortisone 5 mg tab</i>                   | 1    |  |
| CORTIFOAM 10 % FOAM                              | 2    |  |
| <i>hydrocortisone 100 mg/60ml enema</i>          | 1    |  |
| METABOLIC BONE DISEASE AGENTS                    |      |  |
| TYMLOS 3120 MCG/1.56ML SOLN PEN                  | 2    | QL 1.56 ML / 30 day(s)<br>SP Specialty     |
| <i>alendronate sodium 10 mg tab</i>              | 1    | PD Preventive Drug                         |
| <i>alendronate sodium 35 mg tab</i>              | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| ALENDRONATE SODIUM 5 MG TAB                      | 1    | PD Preventive Drug                         |
| <i>alendronate sodium 70 mg/75ml solution</i>    | 1    | PD Preventive Drug                         |
| <i>alendronate sodium 70 mg tab</i>              | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>calcitonin (salmon) 200 unit/act solution</i> | 1    | PD Preventive Drug                         |

| PRODUCT DESCRIPTION                                       | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>calcitonin (salmon) 200 unit/ml solution</i>           | 2    | PD Preventive Drug    |
| <i>calcitriol 0.25 mcg cap</i>                            | 1    |                       |
| <i>calcitriol 0.5 mcg cap</i>                             | 1    |                       |
| <i>calcitriol 1 mcg/ml solution</i>                       | 1    |                       |
| <i>aqueous vitamin d 10 mcg/ml liquid</i>                 | 1    | OTC Over the Counter  |
| <i>baby ddrops 10 mcg /0.028ml liquid</i>                 | 1    | OTC Over the Counter  |
| <i>baby super daily d3 10 mcg /0.028ml liquid</i>         | 1    | OTC Over the Counter  |
| <i>baby vitamin d3 10 mcg /0.028ml liquid</i>             | 1    | OTC Over the Counter  |
| <i>bprotected pedia d-vite 10 mcg/ml liquid</i>           | 1    | OTC Over the Counter  |
| <i>cvs d3 10 mcg (400 unit) cap</i>                       | 1    | OTC Over the Counter  |
| <i>d3 10 mcg (400 unit) chew tab</i>                      | 1    | OTC Over the Counter  |
| <i>d3 high potency 10 mcg (400 unit) tab</i>              | 1    | OTC Over the Counter  |
| <i>d3 kids 10 mcg (400 unit) chew tab</i>                 | 1    | OTC Over the Counter  |
| <i>D3 LIQUID 25 MCG/0.04ML LIQUID</i>                     | 1    | OTC Over the Counter  |
| <i>d-400 10 mcg (400 unit) tab</i>                        | 1    | OTC Over the Counter  |
| <i>delta d3 10 mcg (400 unit) tab</i>                     | 1    | OTC Over the Counter  |
| <i>d-vi-sol 10 mcg/ml liquid</i>                          | 1    | OTC Over the Counter  |
| <i>d-vite pediatric 10 mcg/ml liquid</i>                  | 1    | OTC Over the Counter  |
| <i>eql vitamin d3 10 mcg (400 unit) cap</i>               | 1    | OTC Over the Counter  |
| <i>gnp vitamin d 10 mcg (400 unit) chew tab</i>           | 1    | OTC Over the Counter  |
| <i>gnp vitamin d3 10 mcg (400 unit) tab</i>               | 1    | OTC Over the Counter  |
| <i>healthy kids vitamin d3 10 mcg (400 unit) chew tab</i> | 1    | OTC Over the Counter  |
| <i>kp vitamin d 10 mcg (400 unit) chew tab</i>            | 1    | OTC Over the Counter  |
| <i>pharmacist choice d-vitamin 400 unit/ml liquid</i>     | 1    | OTC Over the Counter  |
| <i>qc vitamin d3 10 mcg (400 unit) tab</i>                | 1    | OTC Over the Counter  |
| <i>sm vitamin d 10 mcg (400 unit) tab</i>                 | 1    | OTC Over the Counter  |

| PRODUCT DESCRIPTION                                      | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>true vitamin d3 10 mcg (400 unit) cap</i>             | 1    | OTC Over the Counter  |
| <i>true vitamin d3 10 mcg (400 unit) tab</i>             | 1    | OTC Over the Counter  |
| <i>vitamin d 10 mcg/ml liquid</i>                        | 1    | OTC Over the Counter  |
| <i>vitamin d3 10 mcg (400 unit) cap</i>                  | 1    | OTC Over the Counter  |
| <i>vitamin d3 10 mcg (400 unit) chew tab</i>             | 1    | OTC Over the Counter  |
| <i>vitamin d3 10 mcg (400 unit) tab</i>                  | 1    | OTC Over the Counter  |
| <i>vitamin d3 10 mcg/ml liquid</i>                       | 1    | OTC Over the Counter  |
| <i>vitamin d (cholecalciferol) 10 mcg (400 unit) cap</i> | 1    | OTC Over the Counter  |
| <i>vitamin d (cholecalciferol) 10 mcg (400 unit) tab</i> | 1    | OTC Over the Counter  |
| <i>vitamin d infant 10 mcg/ml liquid</i>                 | 1    | OTC Over the Counter  |
| <i>cinacalcet hcl 30 mg tab</i>                          | 2    | SP Specialty          |
| <i>cinacalcet hcl 60 mg tab</i>                          | 2    | SP Specialty          |
| <i>cinacalcet hcl 90 mg tab</i>                          | 2    | SP Specialty          |
| DOXERCALCIFEROL 0.5 MCG CAP                              | 2    |                       |
| DOXERCALCIFEROL 1 MCG CAP                                | 2    |                       |
| DOXERCALCIFEROL 2.5 MCG CAP                              | 2    |                       |
| <i>ergocalciferol 1.25 mg (50000 ut) cap</i>             | 1    |                       |
| <i>vitamin d (ergocalciferol) 1.25 mg (50000 ut) cap</i> | 1    |                       |
| <i>vitamin d (ergocalciferol) 50000 unit cap</i>         | 1    |                       |
| <i>ibandronate sodium 150 mg tab</i>                     | 3    | PD Preventive Drug    |
| <i>paricalcitol 1 mcg cap</i>                            | 2    |                       |
| <i>paricalcitol 2 mcg cap</i>                            | 2    |                       |
| <i>paricalcitol 4 mcg cap</i>                            | 2    |                       |
| <i>risedronate sodium 150 mg tab</i>                     | 1    | PD Preventive Drug    |
| <i>risedronate sodium 30 mg tab</i>                      | 2    | PD Preventive Drug    |
| <i>risedronate sodium 35 mg tab</i>                      | 1    | PD Preventive Drug    |
| <i>risedronate sodium 35 mg tab dr</i>                   | 3    | PD Preventive Drug    |

| PRODUCT DESCRIPTION                   | TIER | LIMITS & RESTRICTIONS   |
|---------------------------------------|------|---|
| <i>risedronate sodium 5 mg tab</i>    | 2    | PD Preventive Drug  |
| FORTEO 560 MCG/2.24ML SOLN PEN        | 2    | QLC 760 ML / 999 day(s)<br>SP Specialty                           |
| MISCELLANEOUS THERAPEUTIC AGENTS      |      |   |
| ALCOHOL SWABS                         | 1    | OTC Over the Counter  |
| <i>iv prep wipes 70 % pad</i>         | 2    | OTC Over the Counter  |
| BARIUM SULFATE POWDER                 | 3    |   |
| CONTOUR MONITOR DEVICE                | 2    | QLC 1 EA/180 day(s)<br>PD Preventive Drug<br>OTC Over the Counter |
| CONTOUR NEXT EZ W/DEVICE KIT          | 2    | PD Preventive Drug<br>OTC Over the Counter                        |
| CONTOUR NEXT GEN MONITOR W/DEVICE KIT | 2    | QLC 1 EA/180 day(s)<br>PD Preventive Drug<br>OTC Over the Counter |
| CONTOUR NEXT LINK W/DEVICE KIT        | 2    | PD Preventive Drug<br>OTC Over the Counter                        |
| CONTOUR NEXT MONITOR W/DEVICE KIT     | 2    | PD Preventive Drug<br>OTC Over the Counter                        |
| CONTOUR NEXT ONE KIT                  | 2    | PD Preventive Drug<br>OTC Over the Counter                        |
| CONTOUR PLUS BLUE W/DEVICE KIT        | 2    | QLC 1 EA / 180 DAYS<br>PD Preventive Drug<br>OTC Over the Counter |
| FEMCAP 22 MM DEVICE                   | 2    | ACA Affordable Care Act   |
| FEMCAP 26 MM DEVICE                   | 2    | ACA Affordable Care Act   |
| FEMCAP 30 MM DEVICE                   | 2    | ACA Affordable Care Act   |
| DEXCOM G6 RECEIVER DEVICE             | 2    | QLC 1 / 365 days  |

| PRODUCT DESCRIPTION                  | TIER | LIMITS & RESTRICTIONS   |
|--------------------------------------|------|-------------------------|
| DEXCOM G7 RECEIVER DEVICE            | 2    | QLC 1 / 365 days        |
| FREESTYLE LIBRE 14 DAY READER DEVICE | 2    | QLC 1 / 365 days        |
| FREESTYLE LIBRE 2 READER DEVICE      | 2    | QLC 1 / 365 days        |
| FREESTYLE LIBRE 3 READER DEVICE      | 2    | QLC 1 / 365 Days        |
| DEXCOM G6 SENSOR MISC                | 2    | QL 3 / 30 day(s)        |
| DEXCOM G7 15 DAY SENSOR MISC         | 2    | QL 2 EA / 30 day(s)     |
| DEXCOM G7 SENSOR MISC                | 2    | QL 3 / 30 day(s)        |
| FREESTYLE LIBRE 14 DAY SENSOR MISC   | 2    | QL 2 / 28 day(s)        |
| FREESTYLE LIBRE 2 PLUS SENSOR MISC   | 2    | QL 2 EA / 28 day(s)     |
| FREESTYLE LIBRE 2 SENSOR MISC        | 2    | QL 2 / 28 day(s)        |
| FREESTYLE LIBRE 3 PLUS SENSOR MISC   | 2    | QL 2 EA / 28 DAYS       |
| FREESTYLE LIBRE 3 SENSOR MISC        | 2    | QL 2 / 28 day(s)        |
| DEXCOM G6 TRANSMITTER MISC           | 2    | QLC 1 / 84 days         |
| MIUDELLA INTRAUTERINE COPPER IUD     | 3    | ACA Affordable Care Act |
| PARAGARD INTRAUTERINE COPPER IUD     | 3    | ACA Affordable Care Act |
| FIXODENT EXTRA HOLD POWDER           | 3    | OTC Over the Counter    |
| KLUTCH POWDER                        | 3    | OTC Over the Counter    |
| POLIGRIP SUPER STRONG EX ST POWDER   | 3    | OTC Over the Counter    |
| CAYA DIAPHRAGM                       | 2    | ACA Affordable Care Act |
| OMNIFLEX DIAPHRAGM DIAPHRAGM         | 2    | ACA Affordable Care Act |
| WIDE-SEAL DIAPHRAGM 60 2 % DIAPHRAGM | 2    | ACA Affordable Care Act |
| WIDE-SEAL DIAPHRAGM 65 2 % DIAPHRAGM | 2    | ACA Affordable Care Act |
| WIDE-SEAL DIAPHRAGM 70 2 % DIAPHRAGM | 2    | ACA Affordable Care Act |
| WIDE-SEAL DIAPHRAGM 75 2 % DIAPHRAGM | 2    | ACA Affordable Care Act |
| WIDE-SEAL DIAPHRAGM 80 2 % DIAPHRAGM | 2    | ACA Affordable Care Act |

| PRODUCT DESCRIPTION                                | TIER | LIMITS & RESTRICTIONS                         |
|--|------|---|
| WIDE-SEAL DIAPHRAGM 85 2 % DIAPHRAGM               | 2    | ACA Affordable Care Act                       |
| WIDE-SEAL DIAPHRAGM 90 2 % DIAPHRAGM               | 2    | ACA Affordable Care Act                       |
| WIDE-SEAL DIAPHRAGM 95 2 % DIAPHRAGM               | 2    | ACA Affordable Care Act                       |
| FIRST-MOUTHWASH BLM SUSPENSION                     | 1    |   |
| D-XYLOSE POWDER                                    | 3    |   |
| SOLIRIS 300 MG/30ML SOLUTION                       | 3    | PA<br>SP Specialty                            |
| VOWST CAP  | 3    | PA<br>SP Specialty                            |
| VEOZAH 45 MG TAB                                   | 3    | PA  |
| CONTOUR NEXT TEST STRIP                            | 2    | QL 100 EA / 30 day(s)<br>OTC Over the Counter |
| CONTOUR PLUS TEST STRIP                            | 2    | QL 100 EA / 30 day(s)<br>OTC Over the Counter |
| CONTOUR TEST STRIP                                 | 2    | QL 100 EA / 30 day(s)<br>OTC Over the Counter |
| ALSOY SOY FORMULA LIQUID                           | 2    | OTC Over the Counter                          |
| ENFAGROW NEUROPRO TODDLER LIQUID                   | 2    | OTC Over the Counter                          |
| ENFAGROW NEXT STEP LIQUID                          | 2    | OTC Over the Counter                          |
| ENFAMIL 24 LIQUID                                  | 2    | OTC Over the Counter                          |
| ENFAMIL AR LIPIL LIQUID                            | 2    | OTC Over the Counter                          |
| ENFAMIL AR SPIT-UP LIQUID                          | 2    | OTC Over the Counter                          |
| ENFAMIL DHA & ARA SUPPLEMENT 20-40 MG/0.5ML LIQUID | 2    | OTC Over the Counter                          |
| ENFAMIL DHA & ARA SUPPLEMENT LIQUID                | 2    | OTC Over the Counter                          |
| ENFAMIL ENFACARE LIQUID                            | 2    | OTC Over the Counter                          |
| ENFAMIL GENTLEASE LIPIL LIQUID                     | 2    | OTC Over the Counter                          |
| ENFAMIL GENTLEASE LIQUID                           | 2    | OTC Over the Counter                          |

| PRODUCT DESCRIPTION                   | TIER | LIMITS & RESTRICTIONS |
|---------------------------------------|------|-----------------------|
| ENFAMIL HUMAN MILK FORTIFIER LIQUID   | 2    | OTC Over the Counter  |
| ENFAMIL MILK-BASED W/IRON LIQUID      | 2    | OTC Over the Counter  |
| ENFAMIL NEUROPRO ENFACARE LIQUID      | 2    | OTC Over the Counter  |
| ENFAMIL NEUROPRO GENTLEASE LIQUID     | 2    | OTC Over the Counter  |
| ENFAMIL NEUROPRO INFANT LIQUID        | 2    | OTC Over the Counter  |
| ENFAMIL NUTRAMIGEN LIQUID             | 2    | OTC Over the Counter  |
| ENFAMIL PREGESTIMIL LIPIL LIQUID      | 2    | OTC Over the Counter  |
| ENFAMIL PREMATURE LIQUID              | 2    | OTC Over the Counter  |
| ENFAMIL PREMIUM INFANT LIQUID         | 2    | OTC Over the Counter  |
| ENFAMIL PROSOBEE LIPIL LIQUID         | 2    | OTC Over the Counter  |
| ENFAMIL PROSOBEE/SENSITIVE LIQUID     | 2    | OTC Over the Counter  |
| ENFAPORT LIQUID                       | 2    | OTC Over the Counter  |
| FORTINI INFANT FORMULA LIQUID         | 2    | OTC Over the Counter  |
| GERBER GOOD START GENTLE LIQUID       | 2    | OTC Over the Counter  |
| GERBER GOOD START NOURISH LIQUID      | 2    | OTC Over the Counter  |
| GERBER GOOD START PREMATURE LIQUID    | 2    | OTC Over the Counter  |
| GERBER GOOD START SOY/IRON LIQUID     | 2    | OTC Over the Counter  |
| GERBER GOOD START SUPREME/IRON LIQUID | 2    | OTC Over the Counter  |
| GOOD START 2 ESSENTIALS/IRON LIQUID   | 2    | OTC Over the Counter  |
| GOOD START 2 SUPREME/IRON LIQUID      | 2    | OTC Over the Counter  |
| GOOD START ESSENTIALS SOY/IRON LIQUID | 2    | OTC Over the Counter  |
| GOOD START/FE LIQUID                  | 2    | OTC Over the Counter  |
| GOOD START LIQUID                     | 2    | OTC Over the Counter  |
| GOOD START SUPREME/IRON LIQUID        | 2    | OTC Over the Counter  |
| ISOMIL ADVANCE SOY FORMULA-FE LIQUID  | 2    | OTC Over the Counter  |

| PRODUCT DESCRIPTION                   | TIER | LIMITS & RESTRICTIONS |
|---------------------------------------|------|-----------------------|
| ISOMIL DF LIQUID                      | 2    | OTC Over the Counter  |
| ISOMIL/IRON LIQUID                    | 2    | OTC Over the Counter  |
| ISOMIL SOY FORMULA/IRON LIQUID        | 2    | OTC Over the Counter  |
| PROTEIN FORTIFIER LIQUID              | 2    | OTC Over the Counter  |
| PURE BLISS ORGANIC/IRON LIQUID        | 2    | OTC Over the Counter  |
| SIMILAC 360 TOTAL CARE 5 HMO LIQUID   | 2    | OTC Over the Counter  |
| SIMILAC 360 TOT CARE SENS 5HMO LIQUID | 2    | OTC Over the Counter  |
| SIMILAC ADVANCE COMPLETE LIQUID       | 2    | OTC Over the Counter  |
| SIMILAC ADVANCE EARLY SHIELD LIQUID   | 2    | OTC Over the Counter  |
| SIMILAC ADVANCE-IRON LIQUID           | 2    | OTC Over the Counter  |
| SIMILAC ADVANCE KOSHER LIQUID         | 2    | OTC Over the Counter  |
| SIMILAC ADVANCE ON-THE-GO LIQUID      | 2    | OTC Over the Counter  |
| SIMILAC ADVANCE ORGANIC LIQUID        | 2    | OTC Over the Counter  |
| SIMILAC ALIMENTUM ADVANCE-IRON LIQUID | 2    | OTC Over the Counter  |
| SIMILAC ALIMENTUM IMMUNESUPP LIQUID   | 2    | OTC Over the Counter  |
| SIMILAC EXPERT CARE ALIMENTUM LIQUID  | 2    | OTC Over the Counter  |
| SIMILAC EXPERT CARE DIARRHEA LIQUID   | 2    | OTC Over the Counter  |
| SIMILAC EXPERT CARE NEOSURE/FE LIQUID | 2    | OTC Over the Counter  |
| SIMILAC FOR SPIT-UP LIQUID            | 2    | OTC Over the Counter  |
| SIMILAC FOR SUPPLEMENTATION LIQUID    | 2    | OTC Over the Counter  |
| SIMILAC/IRON LIQUID                   | 2    | OTC Over the Counter  |
| SIMILAC LACTOSE FREE ADVANCE LIQUID   | 2    | OTC Over the Counter  |
| SIMILAC LIQUID                        | 2    | OTC Over the Counter  |
| SIMILAC LOW-IRON LIQUID               | 2    | OTC Over the Counter  |
| SIMILAC NATURAL CARE LIQUID           | 2    | OTC Over the Counter  |

| PRODUCT DESCRIPTION                      | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| SIMILAC NEOSURE ADVANCE/IRON LIQUID      | 2    | OTC Over the Counter  |
| SIMILAC NEOSURE OPTIGRO LIQUID           | 2    | OTC Over the Counter  |
| SIMILAC ORGANIC/IRON LIQUID              | 2    | OTC Over the Counter  |
| SIMILAC PRO-ADVANCE OPTIGRO LIQUID       | 2    | OTC Over the Counter  |
| SIMILAC PRO-ADVANCE WITH IRON LIQUID     | 2    | OTC Over the Counter  |
| SIMILAC PRO-SENSITIVE LIQUID             | 2    | OTC Over the Counter  |
| SIMILAC PRO-SENSITIVE OPTIGRO LIQUID     | 2    | OTC Over the Counter  |
| SIMILAC PRO-TOTAL COMFORT LIQUID         | 2    | OTC Over the Counter  |
| SIMILAC SENSITIVE EARLY SHIELD LIQUID    | 2    | OTC Over the Counter  |
| SIMILAC SENSITIVE OPTIGRO LIQUID         | 2    | OTC Over the Counter  |
| SIMILAC SENSITIVE SPIT-UP LIQUID         | 2    | OTC Over the Counter  |
| SIMILAC SOY ISOMIL LIQUID                | 2    | OTC Over the Counter  |
| SIMILAC SPECIAL CARE/IRON LIQUID         | 2    | OTC Over the Counter  |
| SIMILAC SPECIAL CARE LIQUID              | 2    | OTC Over the Counter  |
| SIMILAC SPECIAL CARE/LOW IRON LIQUID     | 2    | OTC Over the Counter  |
| SIMILAC SPECIAL CARE PREMATURE LIQUID    | 2    | OTC Over the Counter  |
| SIMILAC TOTAL COMFORT LIQUID             | 2    | OTC Over the Counter  |
| WATER ORAL LIQUID                        | 2    | OTC Over the Counter  |
| MODD1 PATIENT WELCOME KIT KIT            | 2    | QLC 1 EA / 700 Days   |
| MODD1 SUPPLY KIT KIT                     | 3    | QLC 1/365 days        |
| OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT        | 2    | QLC 1 EA / 700 Days   |
| <i>Omnipod 5 DexG7G6 Pods Gen 5 MISC</i> | 2    | QL 15 EA / 30 day(s)  |
| OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC        | 2    | QL 15 EA / 30 day(s)  |
| <i>Omnipod 5 G7 Intro (Gen 5) KIT</i>    | 2    | QLC 1 EA / 700 Days   |
| OMNIPOD 5 G7 PODS (GEN 5) MISC           | 2    | QL 15 EA / 30 day(s)  |

| PRODUCT DESCRIPTION                                      | TIER | LIMITS & RESTRICTIONS                      |
|--|------|--|
| OMNIPOD 5 LIBRE2 G6 INTRO GEN5 KIT                       | 2    | QLC 1 EA / 700 Days                        |
| OMNIPOD 5 LIBRE2 PLUS G6 PODS MISC                       | 2    | QL 15 EA / 30 day(s)                       |
| OMNIPOD CLASSIC PODS (GEN 3) MISC                        | 2    | QL 15 EA / 30 day(s)                       |
| OMNIPOD DASH INTRO (GEN 4) KIT                           | 2    | QLC 1 EA / 700 Days                        |
| OMNIPOD DASH PDM (GEN 4) KIT                             | 2    | QLC 1 EA / 700 Days                        |
| OMNIPOD DASH PODS (GEN 4) MISC                           | 2    | QL 15 EA / 30 day(s)                       |
| OMNIPOD POD PALS MISC                                    | 2    | QL 10 / 30 day(s)<br>OTC Over the Counter  |
| PEN NEEDLES 30G X 5 MM MISC                              | 2    |  |
| AQ INSULIN SYRINGE 31G X 5/16" 1 ML MISC                 | 2    |  |
| DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 0.5 ML MISC  | 2    |  |
| DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 1 ML MISC    | 2    |  |
| DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 0.3 ML MISC   | 2    |  |
| DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 0.5 ML MISC   | 2    |  |
| DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 1 ML MISC     | 2    |  |
| EASY COMFORT INSULIN SYRINGE 31G X 1/2" 0.3 ML MISC      | 2    | PD Preventive Drug<br>OTC Over the Counter |
| INSULIN SYRINGE-NEEDLE U-100 27G X 1/2" 0.5 ML MISC      | 2    |  |
| INSULIN SYRINGE-NEEDLE U-100 30G X 1/2" 1 ML MISC        | 2    |  |
| INSULIN SYRINGE-NEEDLE U-100 31G X 5/16" 0.5 ML MISC     | 2    |  |
| INSULIN SYRINGE-NEEDLE U-100 31G X 5/16" 1 ML MISC       | 2    |  |
| PRECISION XTRA KETONE STRIP                              | 2    | OTC Over the Counter                       |
| LANCETS  | 2    | OTC Over the Counter                       |
| FIRST-LANSOPRAZOLE 3 MG/ML SUSPENSION                    | 2    |  |
| <i>liraglutide -weight management 18 mg/3ml soln pen</i> | 3    | QL 15 ML / 30 day(s)<br>PA                 |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS                    |
|--|------|--|
| SAXENDA 18 MG/3ML SOLN PEN                                   | 3    | QL 15 ML / 30 day(s)<br>PA               |
| <i>methergine 0.2 mg tab</i>                                 | 2    |  |
| <i>methylergonovine maleate 0.2 mg/ml solution</i>           | 2    |  |
| <i>methylergonovine maleate 0.2 mg tab</i>                   | 2    |  |
| LAGEVRIO 200 MG CAP  | 3    | QLC 80 EA / 30 day(s)                    |
| OPVEE 2.7 MG/0.1ML SOLUTION                                  | 2    |  |
| AKEEGA 100-500 MG TAB  | 3    | QL 60 EA / 30 days<br>PA<br>SP Specialty |
| AKEEGA 50-500 MG TAB   | 3    | QL 60 EA / 30 days<br>PA<br>SP Specialty |
| PAXLOVID (150/100) 10 X 150 MG & 10 X 100MG TAB THPK         | 2    | QLC 20 EA /30 days                       |
| PAXLOVID (300/100 & 150/100) 6 X 150 MG & 5 X 100MG TAB THPK | 2    | QLC 11 EA / 90 DAYS                      |
| PAXLOVID (300/100) 20 X 150 MG & 10 X 100MG TAB THPK         | 2    | QLC 30 EA /30 days                       |
| 3232A INFANT FORMULA POWDER                                  | 2    | OTC Over the Counter                     |
| ACERFLEX POWDER  | 2    | OTC Over the Counter                     |
| BCAD 1 POWDER  | 2    | OTC Over the Counter                     |
| BCAD 2 POWDER  | 2    | OTC Over the Counter                     |
| CHOLEXTRA POWDER   | 2    | OTC Over the Counter                     |
| CLICK ESPRESSO PROTEIN DRINK POWDER                          | 2    | OTC Over the Counter                     |
| CYCLINEX-1 POWDER  | 2    | OTC Over the Counter                     |
| CYCLINEX-2 POWDER  | 2    | OTC Over the Counter                     |
| CYCLINEX-2 POWDER  | 2    | OTC Over the Counter                     |
| DUOCAL POWDER  | 2    | OTC Over the Counter                     |
| EGG/PRO POWDER   | 2    | OTC Over the Counter                     |

| PRODUCT DESCRIPTION            | TIER | LIMITS & RESTRICTIONS |
|--------------------------------|------|-----------------------|
| ELECARE DHA/ARA INFANT POWDER  | 2    | OTC Over the Counter  |
| ELECARE DHA/ARA POWDER         | 2    | OTC Over the Counter  |
| ELECARE JR POWDER              | 2    | OTC Over the Counter  |
| ELECARE POWDER                 | 2    | OTC Over the Counter  |
| ENCALA POWDER                  | 2    | OTC Over the Counter  |
| ENSURE HIGH PROTEIN POWDER     | 2    | OTC Over the Counter  |
| ENSURE ORIGINAL POWDER         | 2    | OTC Over the Counter  |
| ENSURE POWDER                  | 2    | OTC Over the Counter  |
| FORTA DRINK POWDER             | 2    | OTC Over the Counter  |
| FORTA SHAKE POWDER             | 2    | OTC Over the Counter  |
| GA-1 ANAMIX EARLY YEARS POWDER | 2    | OTC Over the Counter  |
| GA POWDER                      | 2    | OTC Over the Counter  |
| GLUTAREX-1 POWDER              | 2    | OTC Over the Counter  |
| GLUTAREX-2 POWDER              | 2    | OTC Over the Counter  |
| HCU ANAMIX EARLY YEARS POWDER  | 2    | OTC Over the Counter  |
| HCU ANAMIX NEXT POWDER         | 2    | OTC Over the Counter  |
| HCU MAXAMUM POWDER             | 2    | OTC Over the Counter  |
| HCY 1 POWDER                   | 2    | OTC Over the Counter  |
| HCY 2 POWDER                   | 2    | OTC Over the Counter  |
| HEALTH SOURCE POWDER           | 2    | OTC Over the Counter  |
| HOM 2 POWDER                   | 2    | OTC Over the Counter  |
| HOMINEX-1 POWDER               | 2    | OTC Over the Counter  |
| HOMINEX-2 POWDER               | 2    | OTC Over the Counter  |
| IMMULIFE POWDER                | 2    | OTC Over the Counter  |
| IVA ANAMIX EARLY YEARS POWDER  | 2    | OTC Over the Counter  |

| PRODUCT DESCRIPTION               | TIER | LIMITS & RESTRICTIONS |
|-----------------------------------|------|-----------------------|
| IVA ANAMIX NEXT POWDER            | 2    | OTC Over the Counter  |
| I-VALEX-1 POWDER                  | 2    | OTC Over the Counter  |
| I-VALEX-2 POWDER                  | 2    | OTC Over the Counter  |
| IVA MAXAMUM POWDER                | 2    | OTC Over the Counter  |
| JUVEN POWDER                      | 2    | OTC Over the Counter  |
| KETOCAL 3:1 POWDER                | 2    | OTC Over the Counter  |
| KETOCAL 4:1 POWDER                | 2    | OTC Over the Counter  |
| KETOGEN POWDER                    | 2    | OTC Over the Counter  |
| KETONEX-1 POWDER                  | 2    | OTC Over the Counter  |
| KETONEX-2 POWDER                  | 2    | OTC Over the Counter  |
| K-PAX PROTEIN BLEND IMMUNE POWDER | 2    | OTC Over the Counter  |
| LIPISTART POWDER                  | 2    | OTC Over the Counter  |
| LMD POWDER                        | 2    | OTC Over the Counter  |
| METHIONAID POWDER                 | 2    | OTC Over the Counter  |
| MMA/PA ANAMIX EARLY YEARS POWDER  | 2    | OTC Over the Counter  |
| MMA/PA ANAMIX NEXT POWDER         | 2    | OTC Over the Counter  |
| MMA/PA MAXAMUM POWDER             | 2    | OTC Over the Counter  |
| MODULEN POWDER                    | 2    | OTC Over the Counter  |
| MONOGEN POWDER                    | 2    | OTC Over the Counter  |
| MSUD 2 POWDER                     | 2    | OTC Over the Counter  |
| MSUD AID POWDER                   | 2    | OTC Over the Counter  |
| MSUD ANAMIX EARLY YEARS POWDER    | 2    | OTC Over the Counter  |
| MSUD MAXAMAID POWDER              | 2    | OTC Over the Counter  |
| MSUD MAXAMUM POWDER               | 2    | OTC Over the Counter  |
| NEOCATE INFANT DHA/ARA POWDER     | 2    | OTC Over the Counter  |

| PRODUCT DESCRIPTION                  | TIER | LIMITS & RESTRICTIONS |
|--------------------------------------|------|-----------------------|
| NEOCATE JUNIOR POWDER                | 2    | OTC Over the Counter  |
| NEOCATE JUNIOR PREBIOTICS POWDER     | 2    | OTC Over the Counter  |
| NEOCATE SPOON POWDER                 | 2    | OTC Over the Counter  |
| NUTRITIONAL DRINK MIX POWDER         | 2    | OTC Over the Counter  |
| NUTRITIONAL DRINK SHAKE MIX POWDER   | 2    | OTC Over the Counter  |
| OA 1 POWDER                          | 2    | OTC Over the Counter  |
| OA 2 POWDER                          | 2    | OTC Over the Counter  |
| OPTICLEANSE GHI POWDER               | 2    | OTC Over the Counter  |
| ORGANIC PEDIA SMART POWDER           | 2    | OTC Over the Counter  |
| OS 2 POWDER                          | 2    | OTC Over the Counter  |
| PEDIASURE GROW & GAIN POWDER         | 2    | OTC Over the Counter  |
| PEDIASURE SHAKE MIX POWDER           | 2    | OTC Over the Counter  |
| PEDIASURE SIDEKICKS POWDER           | 2    | OTC Over the Counter  |
| PERIFLEX ADVANCE POWDER              | 2    | OTC Over the Counter  |
| PERIFLEX JUNIOR POWDER               | 2    | OTC Over the Counter  |
| PFD 2 POWDER                         | 2    | OTC Over the Counter  |
| PFD POWDER                           | 2    | OTC Over the Counter  |
| PHENEX-1 POWDER                      | 2    | OTC Over the Counter  |
| PHENEX-2 POWDER                      | 2    | OTC Over the Counter  |
| PHENYLADE60 DRINK MIX POWDER         | 2    | OTC Over the Counter  |
| PHENYLADE DRINK MIX POWDER           | 2    | OTC Over the Counter  |
| PHENYLADE ESSENTIAL DRINK MIX POWDER | 2    | OTC Over the Counter  |
| PHENYLADE ESSENTIAL MIX/FIBER POWDER | 2    | OTC Over the Counter  |
| PHENYLADE GMP MIX-IN POWDER          | 2    | OTC Over the Counter  |
| PHENYLADE GMP POWDER                 | 2    | OTC Over the Counter  |

| PRODUCT DESCRIPTION             | TIER | LIMITS & RESTRICTIONS |
|---------------------------------|------|-----------------------|
| PHENYL-FREE 2HP POWDER          | 2    | OTC Over the Counter  |
| PHENYL-FREE 2 POWDER            | 2    | OTC Over the Counter  |
| PKU 2 POWDER                    | 2    | OTC Over the Counter  |
| PKU 3 POWDER                    | 2    | OTC Over the Counter  |
| PKU PERIFLEX EARLY YEARS POWDER | 2    | OTC Over the Counter  |
| PKU PERIFLEX JUNIOR PLUS POWDER | 2    | OTC Over the Counter  |
| PKU TRIO POWDER                 | 2    | OTC Over the Counter  |
| POLYCAL POWDER                  | 2    | OTC Over the Counter  |
| PORTAGEN POWDER                 | 2    | OTC Over the Counter  |
| PROMOD POWDER                   | 2    | OTC Over the Counter  |
| PRO-PHREE POWDER                | 2    | OTC Over the Counter  |
| PROPIMEX-1 POWDER               | 2    | OTC Over the Counter  |
| PROPIMEX-2 POWDER               | 2    | OTC Over the Counter  |
| PROSOURCE POWDER                | 2    | OTC Over the Counter  |
| PROVIMIN POWDER                 | 2    | OTC Over the Counter  |
| PURECARB POWDER                 | 2    | OTC Over the Counter  |
| RENASTART POWDER                | 2    | OTC Over the Counter  |
| SCANDICAL POWDER                | 2    | OTC Over the Counter  |
| SCANDISHAKE POWDER              | 2    | OTC Over the Counter  |
| SOL CARB POWDER                 | 2    | OTC Over the Counter  |
| TYR ANAMIX EARLY YEARS POWDER   | 2    | OTC Over the Counter  |
| TYR ANAMIX NEXT POWDER          | 2    | OTC Over the Counter  |
| TYREX-1 POWDER                  | 2    | OTC Over the Counter  |
| TYREX-2 POWDER                  | 2    | OTC Over the Counter  |
| TYROS 1 POWDER                  | 2    | OTC Over the Counter  |

| PRODUCT DESCRIPTION                            | TIER | LIMITS & RESTRICTIONS                      |
|--|------|--|
| TYROS 2 POWDER                                 | 2    | OTC Over the Counter                       |
| UCD 2 POWDER                                   | 2    | OTC Over the Counter                       |
| UCD ANAMIX JUNIOR POWDER                       | 2    | OTC Over the Counter                       |
| UCD TRIO POWDER                                | 2    | OTC Over the Counter                       |
| ULTRAMINO SOY PROTEIN POWDER                   | 2    | OTC Over the Counter                       |
| VIVONEX PLUS PACKET                            | 2    | OTC Over the Counter                       |
| WND 1 POWDER                                   | 2    | OTC Over the Counter                       |
| WND 2 POWDER                                   | 2    | OTC Over the Counter                       |
| XLEU MAXAMAID POWDER                           | 2    | OTC Over the Counter                       |
| XLYS-XTRP MAXAMAID POWDER                      | 2    | OTC Over the Counter                       |
| XLYS-XTRP MAXAMUM POWDER                       | 2    | OTC Over the Counter                       |
| XMET MAXAMAID POWDER                           | 2    | OTC Over the Counter                       |
| XMET XCYS MAXAMAID POWDER                      | 2    | OTC Over the Counter                       |
| XMTVI MAXAMAID POWDER                          | 2    | OTC Over the Counter                       |
| XPHE MAXAMAID POWDER                           | 2    | OTC Over the Counter                       |
| XPHE-XTYR MAXAMAID POWDER                      | 2    | OTC Over the Counter                       |
| OMEPRAZOLE+SYRSPEND SF ALKA 2 MG/ML SUSPENSION | 2    |  |
| PEAK FLOW METERS                               | 2    | PD Preventive Drug<br>OTC Over the Counter |
| CHEMSTRIP 2 STRIP                              | 1    | OTC Over the Counter                       |
| FIRST-PROGESTERONE VGS 100 MG SUPPOS           | 3    |  |
| FIRST-PROGESTERONE VGS 200 MG SUPPOS           | 3    |  |
| EVRYSDI 0.75 MG/ML RECON SOLN                  | 3    | PA<br>SP Specialty                         |
| WEGOVIY 0.25 MG/0.5ML SOLN A-INJ               | 3    | QL 2 ML / 28 day(s)<br>PA                  |

| PRODUCT DESCRIPTION               | TIER | LIMITS & RESTRICTIONS     |
|-----------------------------------|------|---------------------------|
| WEGOVY 0.5 MG/0.5ML SOLN A-INJ    | 3    | QL 2 ML / 28 day(s)<br>PA |
| WEGOVY 1.7 MG/0.75ML SOLN A-INJ   | 3    | QL 3 ML / 28 day(s)<br>PA |
| WEGOVY 1 MG/0.5ML SOLN A-INJ      | 3    | QL 2 ML / 28 day(s)<br>PA |
| WEGOVY 2.4 MG/0.75ML SOLN A-INJ   | 3    | QL 3 ML / 28 day(s)<br>PA |
| SODIUM SACCHARIN POWDER           | 3    | OTC Over the Counter      |
| XPHOZAH 20 MG TAB                 | 3    | PA                        |
| XPHOZAH 30 MG TAB                 | 3    | PA                        |
| ZEPBOUND 10 MG/0.5ML SOLN A-INJ   | 3    | QL 2 mL / 28 day(s)<br>PA |
| ZEPBOUND 12.5 MG/0.5ML SOLN A-INJ | 3    | QL 2 mL / 28 day(s)<br>PA |
| ZEPBOUND 15 MG/0.5ML SOLN A-INJ   | 3    | QL 2 mL / 28 day(s)<br>PA |
| ZEPBOUND 2.5 MG/0.5ML SOLN A-INJ  | 3    | QL 2 ml / 28 day(s)<br>PA |
| ZEPBOUND 5 MG/0.5ML SOLN A-INJ    | 3    | QL 2 mL / 28 day(s)<br>PA |
| ZEPBOUND 7.5 MG/0.5ML SOLN A-INJ  | 3    | QL 2 mL / 28 day(s)<br>PA |
| OPSITE 11"X11-3/4" MISC           | 2    | OTC Over the Counter      |
| OPSITE 11"X17-3/4" MISC           | 2    | OTC Over the Counter      |
| OPSITE 11"X6" MISC                | 2    | OTC Over the Counter      |
| OPSITE 17-3/4"X21-5/8" MISC       | 2    | OTC Over the Counter      |
| OPSITE 4"X5-1/2" MISC             | 2    | OTC Over the Counter      |

| PRODUCT DESCRIPTION                               | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| OPSITE FLEXIGRID 2-3/8"X2-3/4" MISC               | 2    | OTC Over the Counter  |
| OPSITE FLEXIGRID 4-3/4"X10" MISC                  | 2    | OTC Over the Counter  |
| OPSITE FLEXIGRID 4"X4-3/4" MISC                   | 2    | OTC Over the Counter  |
| OPSITE FLEXIGRID 6"X8" MISC                       | 2    | OTC Over the Counter  |
| OPSITE IV 3000 MISC                               | 2    | OTC Over the Counter  |
| OPSITE POST-OP 10"X4" MISC                        | 2    | OTC Over the Counter  |
| OPSITE POST-OP 13-3/4"X4" MISC                    | 2    | OTC Over the Counter  |
| OPSITE POST-OP 4-3/4"X4" MISC                     | 2    | OTC Over the Counter  |
| OPSITE POST-OP 8"X4" MISC                         | 2    | OTC Over the Counter  |
| OPSITE POST-OP VISIBLE 10"X4" MISC                | 2    | OTC Over the Counter  |
| OPSITE POST-OP VISIBLE 4X3-1/8 MISC               | 2    | OTC Over the Counter  |
| OPSITE POST-OP VISIBLE 6"X4" MISC                 | 2    | OTC Over the Counter  |
| OPSITE POST-OP VISIBLE MISC                       | 2    | OTC Over the Counter  |
| ARGYLE STERILE WATER SOLUTION                     | 1    |                       |
| <i>sterile water for irrigation solution</i>      | 1    |                       |
| STERILE WATER FOR IRRIGATION SOLUTION             | 1    |                       |
| <i>water for irrigation, sterile solution</i>     | 1    |                       |
| OPHTHALMIC AGENTS                                 |      |                       |
| OPHTHALMIC AGENTS, OTHER                          |      |                       |
| LACRISERT 5 MG INSERT                             | 3    |                       |
| ATROPINE SULFATE 0.025 % SOLUTION                 | 1    |                       |
| ATROPINE SULFATE 0.05 % SOLUTION                  | 1    |                       |
| ATROPINE SULFATE 1 % OINTMENT                     | 1    |                       |
| ATROPINE SULFATE 1 % SOLUTION                     | 1    |                       |
| <i>atropine sulfate 1 % solution</i>              | 1    |                       |
| ATROPINE SULFATE 1 % SOLUTION                     | 1    |                       |
| BACITRACIN-POLYMYXIN B 500-10000 UNIT/GM OINTMENT | 1    |                       |
| <i>polycin 500-10000 unit/gm ointment</i>         | 1    |                       |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| BACITRA-NEOMYCIN-POLYMYXIN-HC 1 % OINTMENT                   | 1    |                       |
| <i>neo-polycin hc 1 % ointment</i>                           | 1    |                       |
| <i>brimonidine tartrate-timolol 0.2-0.5 % solution</i>       | 2    |                       |
| OXERVATE 0.002 % SOLUTION                                    | 3    | PA<br>SP Specialty    |
| <i>cyclopentolate hcl 1 % solution</i>                       | 1    |                       |
| <i>cyclosporine (pf) 0.05 % emulsion</i>                     | 2    |                       |
| RESTASIS 0.05 % EMULSION                                     | 2    |                       |
| RESTASIS MULTIDOSE 0.05 % EMULSION                           | 2    |                       |
| <i>dorzolamide hcl-timolol mal 2-0.5 % solution</i>          | 1    |                       |
| <i>dorzolamide hcl-timolol mal 22.3-6.8 mg/ml solution</i>   | 1    |                       |
| <i>dorzolamide hcl-timolol mal pf 2-0.5 % solution</i>       | 2    |                       |
| HOMATROPAIRE 5 % SOLUTION                                    | 1    |                       |
| XIIDRA 5 % SOLUTION  | 2    |                       |
| ZYLET 0.5-0.3 % SUSPENSION                                   | 2    |                       |
| XDEMVIY 0.25 % SOLUTION                                      | 3    | PA                    |
| <i>neomycin-bacitracin zn-polymyx 3.5-400-10000 ointment</i> | 1    |                       |
| NEOMYCIN-BACITRACIN ZN-POLYMYX 5-400-10000 OINTMENT          | 1    |                       |
| <i>neo-polycin 3.5-400-10000 ointment</i>                    | 1    |                       |
| <i>neomycin-polymyxin-dexameth 0.1 % suspension</i>          | 1    |                       |
| <i>neomycin-polymyxin-dexameth 3.5-10000-0.1 ointment</i>    | 1    |                       |
| <i>neomycin-polymyxin-dexameth 3.5-10000-0.1 suspension</i>  | 1    |                       |
| NEOMYCIN-POLYMYXIN-GRAMICIDIN 1.75-10000-.025 SOLUTION       | 1    |                       |
| NEOMYCIN-POLYMYXIN-HC 3.5-10000-1 SUSPENSION                 | 1    |                       |
| ROCKLATAN 0.02-0.005 % SOLUTION                              | 3    |                       |
| MIEBO 1.338 GM/ML SOLUTION                                   | 3    | PA                    |
| ALTAFRIN 2.5 % SOLUTION                                      | 1    |                       |
| <i>phenylephrine hcl 2.5 % solution</i>                      | 1    |                       |
| SULFACETAMIDE-PREDNISOLONE 10-0.23 % SOLUTION                | 1    |                       |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| ALTACAINE 0.5 % SOLUTION                                     | 1    |                       |
| ALTACAINE 0.5 % SOLUTION                                     | 1    |                       |
| <i>tetracaine hcl 0.5 % solution</i>                         | 1    |                       |
| TETRACAINE HCL 0.5 % SOLUTION                                | 1    |                       |
| TOBRADEX 0.3-0.1 % OINTMENT                                  | 3    |                       |
| <i>tobramycin-dexamethasone 0.3-0.1 % suspension</i>         | 1    |                       |
| <i>tropicamide 1 % solution</i>                              | 1    |                       |
| OPHTHALMIC ANTI-ALLERGY AGENTS                               |      |                       |
| <i>azelastine hcl 0.05 % solution</i>                        | 1    |                       |
| <i>bepotastine besilate 1.5 % solution</i>                   | 2    |                       |
| CROMOLYN SODIUM 4 % SOLUTION                                 | 1    | PD Preventive Drug    |
| <i>epinastine hcl 0.05 % solution</i>                        | 2    |                       |
| ALOMIDE 0.1 % SOLUTION                                       | 3    |                       |
| ALOCRIAL 2 % SOLUTION  | 3    |                       |
| <i>olopatadine hcl 0.2 % solution</i>                        | 3    | OTC Over the Counter  |
| OPHTHALMIC ANTI-INFECTIVES                                   |      |                       |
| AZASITE 1 % SOLUTION   | 3    |                       |
| KLARITY-A 1 % SOLUTION                                       | 3    |                       |
| BACITRACIN 500 UNIT/GM OINTMENT                              | 1    |                       |
| <i>erythromycin 5 mg/gm ointment</i>                         | 1    |                       |
| <i>gatifloxacin 0.5 % solution</i>                           | 3    |                       |
| <i>gentamicin sulfate 0.3 % solution</i>                     | 1    |                       |
| <i>moxifloxacin hcl 0.5 % solution</i>                       | 2    |                       |
| <i>ofloxacin 0.3 % solution</i>                              | 1    |                       |
| <i>polymyxin b-trimethoprim 10000-0.1 unit/ml-% solution</i> | 1    |                       |
| <i>sulfacetamide sodium 10 % solution</i>                    | 1    |                       |
| SULFACETAMIDE SODIUM 10 % SOLUTION                           | 1    |                       |
| <i>tobramycin 0.3 % solution</i>                             | 1    |                       |

| PRODUCT DESCRIPTION                                  | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <b>OPHTHALMIC ANTI-INFLAMMATORIES</b>                |      |                       |
| <i>bromfenac sodium 0.07 % solution</i>              | 3    |                       |
| <i>bromfenac sodium (once-daily) 0.09 % solution</i> | 2    |                       |
| PROLENSA 0.07 % SOLUTION                             | 3    |                       |
| DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION        | 1    |                       |
| <i>diclofenac sodium 0.1 % solution</i>              | 1    |                       |
| <i>difluprednate 0.05 % emulsion</i>                 | 2    |                       |
| FLAREX 0.1 % SUSPENSION                              | 3    |                       |
| <i>fluorometholone 0.1 % suspension</i>              | 1    |                       |
| FML FORTE 0.25 % SUSPENSION                          | 3    |                       |
| FLURBIPROFEN SODIUM 0.03 % SOLUTION                  | 1    |                       |
| ACUVAIL 0.45 % SOLUTION                              | 3    |                       |
| <i>ketorolac tromethamine 0.4 % solution</i>         | 1    |                       |
| <i>ketorolac tromethamine 0.5 % solution</i>         | 1    |                       |
| ALREX 0.2 % SUSPENSION                               | 2    |                       |
| LOTEMAX 0.5 % OINTMENT                               | 2    |                       |
| LOTEMAX SM 0.38 % GEL                                | 2    |                       |
| <i>loteprednol etabonate 0.2 % suspension</i>        | 2    |                       |
| <i>loteprednol etabonate 0.5 % gel</i>               | 2    |                       |
| <i>loteprednol etabonate 0.5 % suspension</i>        | 2    |                       |
| ILEVRO 0.3 % SUSPENSION                              | 3    |                       |
| NEVANAC 0.1 % SUSPENSION                             | 3    |                       |
| PRED MILD 0.12 % SUSPENSION                          | 3    |                       |
| <i>prednisolone acetate 1 % suspension</i>           | 1    |                       |
| <i>prednisolone acetate 1 % suspension</i>           | 1    |                       |
| PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION           | 3    |                       |
| <b>OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS</b>    |      |                       |
| BETAXOLOL HCL 0.5 % SOLUTION                         | 1    |                       |
| BETOPTIC-S 0.25 % SUSPENSION                         | 3    |                       |
| CARTEOLOL HCL 1 % SOLUTION                           | 1    |                       |

| PRODUCT DESCRIPTION                                    | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| LEVOBUNOLOL HCL 0.5 % SOLUTION                         | 1    |                       |
| BETIMOL 0.25 % SOLUTION                                | 2    |                       |
| BETIMOL 0.5 % SOLUTION                                 | 2    |                       |
| <i>timolol maleate 0.25 % gel f soln</i>               | 1    |                       |
| <i>timolol maleate 0.25 % solution</i>                 | 1    |                       |
| <i>timolol maleate 0.5 % gel f soln</i>                | 1    |                       |
| <i>timolol maleate 0.5 % solution</i>                  | 1    |                       |
| <i>timolol maleate ocudose 0.5 % solution</i>          | 3    |                       |
| <i>timolol maleate (once-daily) 0.5 % solution</i>     | 3    |                       |
| <i>timolol maleate pf 0.25 % solution</i>              | 3    |                       |
| <i>timolol maleate pf 0.5 % solution</i>               | 3    |                       |
| OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER |      |                       |
| <i>acetazolamide er 500 mg cap er 12h</i>              | 1    |                       |
| <i>acetazolamide er 500 mg cap er 12h</i>              | 1    |                       |
| APRACLONIDINE HCL 0.5 % SOLUTION                       | 1    |                       |
| <i>brimonidine tartrate 0.15 % solution</i>            | 1    |                       |
| <i>brimonidine tartrate 0.1 % solution</i>             | 2    |                       |
| <i>brimonidine tartrate 0.2 % solution</i>             | 1    |                       |
| <i>brinzolamide 1 % suspension</i>                     | 2    |                       |
| SIMBRINZA 1-0.2 % SUSPENSION                           | 3    |                       |
| <i>dorzolamide hcl 2 % solution</i>                    | 1    |                       |
| <i>methazolamide 25 mg tab</i>                         | 1    |                       |
| <i>methazolamide 25 mg tab</i>                         | 1    |                       |
| <i>methazolamide 50 mg tab</i>                         | 1    |                       |
| <i>methazolamide 50 mg tab</i>                         | 1    |                       |
| RHOPRESSA 0.02 % SOLUTION                              | 3    |                       |
| <i>pilocarpine hcl 1 % solution</i>                    | 1    |                       |
| <i>pilocarpine hcl 2 % solution</i>                    | 1    |                       |
| <i>pilocarpine hcl 4 % solution</i>                    | 1    |                       |

| PRODUCT DESCRIPTION                                     | TIER | LIMITS & RESTRICTIONS                     |
|---|------|---|
| <b>OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS</b>  |      |   |
| <i>bimatoprost 0.01 % solution</i>                      | 3    |   |
| <i>bimatoprost 0.03 % solution</i>                      | 2    |   |
| LUMIGAN 0.01 % SOLUTION                                 | 2    |   |
| <i>latanoprost 0.005 % solution</i>                     | 1    |   |
| VYZULTA 0.024 % SOLUTION                                | 3    |   |
| <i>tafluprost (pf) 0.0015 % solution</i>                | 3    |   |
| <i>travoprost (bak free) 0.004 % solution</i>           | 2    |   |
| <b>OTIC AGENTS</b>                                      |      |   |
| <i>ciprofloxacin-dexamethasone 0.3-0.1 % suspension</i> | 2    |   |
| <i>ciprofloxacin-dexamethasone 0.3-0.1 % suspension</i> | 2    |   |
| <i>ciprofloxacin hcl 0.2 % solution</i>                 | 3    |   |
| <i>flac 0.01 % oil</i>                                  | 1    |   |
| <i>fluocinolone acetonide 0.01 % oil</i>                | 1    |   |
| <i>hydrocortisone-acetic acid 1-2 % solution</i>        | 1    |   |
| CORTISPORIN-TC 3.3-3-10-0.5 MG/ML SUSPENSION            | 3    |   |
| <i>neomycin-polymyxin-hc 1 % solution</i>               | 1    |   |
| <i>neomycin-polymyxin-hc 3.5-10000-1 solution</i>       | 1    |   |
| <i>neomycin-polymyxin-hc 3.5-10000-1 suspension</i>     | 1    |   |
| <i>ofloxacin 0.3 % solution</i>                         | 3    |   |
| <b>RESPIRATORY TRACT/PULMONARY AGENTS</b>               |      |   |
| <b>ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS</b>     |      |   |
| QVAR REDIHALER 40 MCG/ACT AERO BA                       | 2    |   |
| QVAR REDIHALER 80 MCG/ACT AERO BA                       | 2    |   |
| QNASL CHILDRENS 40 MCG/ACT AERO SOLN                    | 3    | QL 6.8 / 30 days                          |
| <i>budesonide 0.25 mg/2ml suspension</i>                | 1    | PD Preventive Drug                        |
| <i>budesonide 0.5 mg/2ml suspension</i>                 | 1    | PD Preventive Drug                        |
| <i>budesonide 1 mg/2ml suspension</i>                   | 2    | PD Preventive Drug                        |
| PULMICORT FLEXHALER 180 MCG/ACT AER POW BA              | 2    | QL 1 EA / 30 day(s)<br>PD Preventive Drug |

| PRODUCT DESCRIPTION                                     | TIER | LIMITS & RESTRICTIONS                        |
|---|------|--|
| PULMICORT FLEXHALER 90 MCG/ACT AER POW BA               | 2    | QL 1 EA / 30 day(s)<br>PD Preventive Drug    |
| <i>flunisolide 25 mcg/act (0.025%) solution</i>         | 3    |  |
| ARNUITY ELLIPTA 100 MCG/ACT AER POW BA                  | 2    | QL 30 EA / 30 day(s)<br>PD Preventive Drug   |
| ARNUITY ELLIPTA 200 MCG/ACT AER POW BA                  | 2    | QL 30 EA / 30 day(s)<br>PD Preventive Drug   |
| ARNUITY ELLIPTA 50 MCG/ACT AER POW BA                   | 2    | QL 30 EA / 30 day(s)<br>PD Preventive Drug   |
| FLUTICASONE PROPIONATE HFA 110 MCG/ACT AEROSOL          | 2    | QL 24 GM / 30 day(s)<br>PD Preventive Drug   |
| FLUTICASONE PROPIONATE HFA 220 MCG/ACT AEROSOL          | 2    | QL 24 GM / 30 day(s)<br>PD Preventive Drug   |
| <i>fluticasone propionate hfa 44 mcg/act aerosol</i>    | 2    | QL 21.2 GM / 30 day(s)<br>PD Preventive Drug |
| FLUTICASONE PROPIONATE DISKUS 100 MCG/ACT AER POW BA    | 2    | QL 120 EA / 30 day(s)<br>PD Preventive Drug  |
| FLUTICASONE PROPIONATE DISKUS 250 MCG/ACT AER POW BA    | 2    | QL 240 EA / 30 day(s)<br>PD Preventive Drug  |
| FLUTICASONE PROPIONATE DISKUS 50 MCG/ACT AER POW BA     | 2    | QL 120 EA / 30 day(s)<br>PD Preventive Drug  |
| <i>fluticasone propionate 50 mcg/act suspension</i>     | 1    |  |
| XHANCE 93 MCG/ACT EXHU                                  | 3    | QL 16 ml / 30 day(s)                         |
| <i>mometasone furoate 50 mcg/act suspension</i>         | 2    |  |
| ANTIHISTAMINES  |      |  |
| <i>azelastine hcl 0.15 % solution</i>                   | 2    |  |
| <i>azelastine hcl 0.1 % solution</i>                    | 1    |  |
| <i>azelastine hcl 137 mcg/spray solution</i>            | 1    |  |
| <i>azelastine-fluticasone 137-50 mcg/act suspension</i> | 3    |  |

| PRODUCT DESCRIPTION                            | TIER | LIMITS & RESTRICTIONS                      |
|--|------|--|
| CLEMASTINE FUMARATE 2.68 MG TAB                | 1    |  |
| <i>cyproheptadine hcl 2 mg/5ml syrup</i>       | 1    |  |
| <i>cyproheptadine hcl 4 mg tab</i>             | 1    |  |
| <i>banophen 50 mg cap</i>                      | 1    | OTC Over the Counter                       |
| <i>dimetane allergy relief ex st 50 mg cap</i> | 1    | OTC Over the Counter                       |
| <i>diphenhydramine hcl 50 mg cap</i>           | 1    | OTC Over the Counter                       |
| <i>diphenhydramine hcl 50 mg cap</i>           | 1    | OTC Over the Counter                       |
| <i>kp diphenhydramine hcl 50 mg cap</i>        | 1    | OTC Over the Counter                       |
| <i>pharbedryl 50 mg cap</i>                    | 1    | OTC Over the Counter                       |
| <i>hydroxyzine hcl 10 mg/5ml syrup</i>         | 1    |  |
| <i>hydroxyzine hcl 10 mg/5ml syrup</i>         | 1    |  |
| <i>hydroxyzine hcl 10 mg tab</i>               | 1    |  |
| <i>hydroxyzine hcl 10 mg tab</i>               | 1    |  |
| <i>hydroxyzine hcl 25 mg tab</i>               | 1    |  |
| <i>hydroxyzine hcl 25 mg tab</i>               | 1    |  |
| <i>hydroxyzine hcl 50 mg tab</i>               | 1    |  |
| <i>hydroxyzine hcl 50 mg tab</i>               | 1    |  |
| HYDROXYZINE PAMOATE 100 MG CAP                 | 1    |  |
| <i>hydroxyzine pamoate 25 mg cap</i>           | 1    |  |
| <i>hydroxyzine pamoate 25 mg cap</i>           | 1    |  |
| <i>hydroxyzine pamoate 50 mg cap</i>           | 1    |  |
| <i>hydroxyzine pamoate 50 mg cap</i>           | 1    |  |
| <i>olopatadine hcl 0.6 % solution</i>          | 3    |  |
| <i>promethazine hcl 12.5 mg/10ml solution</i>  | 1    |  |
| <i>promethazine hcl 6.25 mg/5ml solution</i>   | 1    |  |
| ANTILEUKOTRIENES                               |      |  |
| <i>montelukast sodium 10 mg tab</i>            | 1    | RX4L Rx4Less Program<br>PD Preventive Drug |
| <i>montelukast sodium 4 mg chew tab</i>        | 1    | PD Preventive Drug                         |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS                      |
|--|------|--|
| <i>montelukast sodium 4 mg packet</i>  | 1    | PD Preventive Drug                         |
| <i>montelukast sodium 5 mg chew tab</i>  | 1    | PD Preventive Drug                         |
| <i>zafirlukast 10 mg tab</i>   | 2    | PD Preventive Drug                         |
| <i>zafirlukast 20 mg tab</i>   | 2    | PD Preventive Drug                         |
| <i>zileuton er 600 mg tab er 12h</i>   | 3    | PD Preventive Drug                         |
| BRONCHODILATORS, ANTICHOLINERGIC   |      |  |
| <i>ipratropium bromide 0.02 % solution</i>   | 1    | RX4L Rx4Less Program                       |
| ATROVENT HFA 17 MCG/ACT AERO SOLN  | 3    |  |
| <i>ipratropium bromide 0.03 % solution</i>   | 1    |  |
| <i>ipratropium bromide 0.06 % solution</i>   | 1    |  |
| SPIRIVA HANDIHALER 18 MCG CAP  | 2    | QL 30 EA / 30 day(s)                       |
| <i>tiotropium bromide 18 mcg cap</i>   | 2    | QL 30 EA / 30 day(s)                       |
| SPIRIVA RESPIMAT 1.25 MCG/ACT AERO SOLN  | 2    | QL 4 GM / 30 day(s)                        |
| SPIRIVA RESPIMAT 2.5 MCG/ACT AERO SOLN   | 2    | QL 4 GM / 30 day(s)                        |
| INCRUSE ELLIPTA 62.5 MCG/ACT AER POW BA  | 2    | QL 30 EA / 30 day(s)<br>PD Preventive Drug |
| BRONCHODILATORS, SYMPATHOMIMETIC   |      |  |
| <i>albuterol sulfate 0.63 mg/3ml nebu soln</i>                                       | 1    |  |
| <i>albuterol sulfate 1.25 mg/3ml nebu soln</i>                                       | 1    |  |
| <i>albuterol sulfate 2.5 mg/0.5ml nebu soln</i>                                      | 1    |  |
| <i>albuterol sulfate (2.5 mg/3ml) 0.083% nebu soln</i>                               | 1    | RX4L Rx4Less Program                       |
| <i>albuterol sulfate 2 mg/5ml syrup</i>  | 1    |  |
| <i>albuterol sulfate 2 mg tab</i>  | 1    |  |
| <i>albuterol sulfate 4 mg tab</i>  | 1    |  |
| <i>albuterol sulfate (5 mg/ml) 0.5% nebu soln</i>                                    | 1    |  |
| <i>albuterol sulfate 8 mg/20ml syrup</i>   | 1    |  |
| <i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic of proair hfa)</i> | 1    | QL 17 GM / 30 day(s)                       |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic of proventil hfa)</i> | 1    | QL 13.4 / 30 day(s)   |
| ALBUTEROL SULFATE HFA 108 (90 BASE) MCG/ACT AERO SOLN (GENERIC OF VENTOLIN HFA)         | 1    | QL 36 / 30 day(s)     |
| <i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln</i>                            | 2    | QL 17 GM / 30 day(s)  |
| <i>arformoterol tartrate 15 mcg/2ml nebu soln</i>                                       | 3    |                       |
| EPINEPHRINE 0.15 MG/0.15ML SOLN A-INJ   | 2    | QLC 6 EA / 365 day(s) |
| <i>epinephrine 0.15 mg/0.3ml soln a-inj</i>   | 2    | QLC 6 EA / 365 day(s) |
| <i>epinephrine 0.3 mg/0.3ml soln a-inj</i>  | 2    | QLC 6 EA / 365 day(s) |
| EPINEPHRINE 0.3 MG/0.3ML SOLN A-INJ   | 2    | QLC 6 EA / 365 day(s) |
| EPINEPHRINE 0.3 MG/0.3ML SOLN PRSYR   | 2    | QLC 6 EA / 365 day(s) |
| EPIPEN 2-PAK 0.3 MG/0.3ML SOLN A-INJ  | 2    | QLC 6 EA / 365 day(s) |
| EPIPEN JR 2-PAK 0.15 MG/0.3ML SOLN A-INJ  | 2    | QLC 6 EA / 365 day(s) |
| NEFFY 1 MG/0.1ML SOLUTION   | 3    | QLC 6 ML / 365 DAYS   |
| NEFFY 2 MG/0.1ML SOLUTION   | 3    | QLC 6 mL / 365 Day(s) |
| <i>formoterol fumarate 20 mcg/2ml nebu soln</i>   | 3    |                       |
| <i>levalbuterol hcl 0.31 mg/3ml nebu soln</i>   | 1    |                       |
| <i>levalbuterol hcl 0.63 mg/3ml nebu soln</i>   | 3    |                       |
| <i>levalbuterol hcl 1.25 mg/0.5ml nebu soln</i>   | 3    |                       |
| <i>levalbuterol hcl 1.25 mg/3ml nebu soln</i>   | 3    |                       |
| LEVALBUTEROL TARTRATE 45 MCG/ACT AEROSOL  | 2    | QL 30 GM / 30 day(s)  |
| SEREVENT DISKUS 50 MCG/ACT AER POW BA   | 2    | QL 60 EA / 30 day(s)  |
| <i>terbutaline sulfate 2.5 mg tab</i>   | 1    |                       |
| <i>terbutaline sulfate 5 mg tab</i>   | 1    |                       |
| CYSTIC FIBROSIS AGENTS  |      |                       |
| CAYSTON 75 MG RECON SOLN  | 3    | SP Specialty          |
| PULMOZYME 2.5 MG/2.5ML SOLUTION   | 2    | SP Specialty          |
| TRIKAFTA 100-50-75 & 150 MG TAB THPK  | 3    | PA<br>SP Specialty    |

| PRODUCT DESCRIPTION                   | TIER | LIMITS & RESTRICTIONS |
|---------------------------------------|------|-----------------------|
| TRIKAFTA 100-50-75 & 75 MG THER PACK  | 3    | PA<br>SP Specialty    |
| TRIKAFTA 50-25-37.5 & 75 MG TAB THPK  | 3    | PA<br>SP Specialty    |
| TRIKAFTA 80-40-60 & 59.5 MG THER PACK | 3    | PA<br>SP Specialty    |
| KALYDECO 13.4 MG PACKET               | 3    | PA<br>SP Specialty    |
| KALYDECO 150 MG TAB                   | 3    | PA<br>SP Specialty    |
| KALYDECO 25 MG PACKET                 | 3    | PA<br>SP Specialty    |
| KALYDECO 50 MG PACKET                 | 3    | PA<br>SP Specialty    |
| KALYDECO 5.8 MG PACKET                | 3    | PA<br>SP Specialty    |
| KALYDECO 75 MG PACKET                 | 3    | PA<br>SP Specialty    |
| ORKAMBI 100-125 MG PACKET             | 3    | PA<br>SP Specialty    |
| ORKAMBI 100-125 MG TAB                | 3    | PA<br>SP Specialty    |
| ORKAMBI 150-188 MG PACKET             | 3    | PA<br>SP Specialty    |
| ORKAMBI 200-125 MG TAB                | 3    | PA<br>SP Specialty    |
| ORKAMBI 75-94 MG PACKET               | 3    | PA                    |
| SYMDEKO 100-150 & 150 MG TAB THPK     | 3    | PA<br>SP Specialty    |

| PRODUCT DESCRIPTION                           | TIER | LIMITS & RESTRICTIONS                    |
|---|------|--|
| SYMDEKO 50-75 & 75 MG TAB THPK                | 3    | PA<br>SP Specialty                       |
| TOBI PODHALER 28 MG CAP                       | 2    | SP Specialty                             |
| <i>tobramycin 300 mg/5ml nebu soln</i>        | 2    | SP Specialty                             |
| TOBRAMYCIN 300 MG/5ML NEBU SOLN               | 2    | SP Specialty                             |
| PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE |      |  |
| <i>roflumilast 250 mcg tab</i>                | 3    | QL 30 EA / 30 days<br>PD Preventive Drug |
| <i>roflumilast 500 mcg tab</i>                | 1    | PD Preventive Drug                       |
| <i>elixophyllin 80 mg/15ml elixir</i>         | 2    |  |
| THEO-24 100 MG CAP ER 24H                     | 2    |  |
| THEO-24 200 MG CAP ER 24H                     | 2    |  |
| THEO-24 300 MG CAP ER 24H                     | 2    |  |
| THEO-24 400 MG CAP ER 24H                     | 2    |  |
| <i>theophylline 80 mg/15ml elixir</i>         | 2    |  |
| THEOPHYLLINE ER 100 MG TAB ER 12H             | 1    | PD Preventive Drug                       |
| THEOPHYLLINE ER 200 MG TAB ER 12H             | 1    | PD Preventive Drug                       |
| <i>theophylline er 300 mg tab er 12h</i>      | 1    |  |
| <i>theophylline er 400 mg tab er 24h</i>      | 1    |  |
| <i>theophylline er 450 mg tab er 12h</i>      | 1    |  |
| <i>theophylline er 600 mg tab er 24h</i>      | 1    |  |
| PULMONARY ANTIHYPERTENSIVES                   |      |  |
| <i>ambrisentan 10 mg tab</i>                  | 2    | QL 30 EA / 30 day(s)<br>SP Specialty     |
| <i>ambrisentan 5 mg tab</i>                   | 2    | QL 30 EA / 30 day(s)<br>SP Specialty     |
| <i>bosentan 125 mg tab</i>                    | 2    | QL 60 EA / 30 day(s)<br>SP Specialty     |
| <i>bosentan 62.5 mg tab</i>                   | 2    | QL 60 EA / 30 day(s)<br>SP Specialty     |

| PRODUCT DESCRIPTION                           | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| VENTAVIS 10 MCG/ML SOLUTION                   | 2    | SP Specialty          |
| VENTAVIS 20 MCG/ML SOLUTION                   | 2    | SP Specialty          |
| OPSUMIT 10 MG TAB                             | 3    | PA<br>SP Specialty    |
| ADEMPAS 0.5 MG TAB                            | 3    | PA<br>SP Specialty    |
| ADEMPAS 1.5 MG TAB                            | 3    | PA<br>SP Specialty    |
| ADEMPAS 1 MG TAB                              | 3    | PA<br>SP Specialty    |
| ADEMPAS 2.5 MG TAB                            | 3    | PA<br>SP Specialty    |
| ADEMPAS 2 MG TAB                              | 3    | PA<br>SP Specialty    |
| LIQREV 10 MG/ML SUSPENSION                    | 2    | PA<br>SP Specialty    |
| <i>sildenafil citrate 10 mg/ml recon susp</i> | 3    | PA<br>SP Specialty    |
| <i>sildenafil citrate 20 mg tab</i>           | 1    | SP Specialty          |
| <i>alyq 20 mg tab</i>                         | 3    | PA<br>SP Specialty    |
| <i>tadalafil (pah) 20 mg tab</i>              | 3    | PA<br>SP Specialty    |
| TYVASO 0.6 MG/ML SOLUTION                     | 3    | SP Specialty          |
| TYVASO DPI INSTITUTIONAL KIT 16 MCG POWDER    | 3    | SP Specialty          |
| TYVASO DPI INSTITUTIONAL KIT 32 MCG POWDER    | 3    | SP Specialty          |
| TYVASO DPI INSTITUTIONAL KIT 48 MCG POWDER    | 3    | SP Specialty          |
| TYVASO DPI INSTITUTIONAL KIT 64 MCG POWDER    | 3    | SP Specialty          |

| PRODUCT DESCRIPTION                              | TIER | LIMITS & RESTRICTIONS                 |
|--|------|---------------------------------------|
| TYVASO DPI INSTITUTIONAL KIT 80 MCG POWDER       | 3    | SP Specialty                          |
| TYVASO DPI MAINTENANCE KIT 16 MCG POWDER         | 3    | SP Specialty                          |
| TYVASO DPI MAINTENANCE KIT 32 MCG POWDER         | 3    | SP Specialty                          |
| TYVASO DPI MAINTENANCE KIT 48 MCG POWDER         | 3    | SP Specialty                          |
| TYVASO DPI MAINTENANCE KIT 64 MCG POWDER         | 3    | SP Specialty                          |
| TYVASO DPI MAINTENANCE KIT 80 MCG POWDER         | 3    | SP Specialty                          |
| TYVASO DPI TITRATION KIT 16 & 32 & 48 MCG POWDER | 3    | SP Specialty                          |
| TYVASO REFILL 0.6 MG/ML SOLUTION                 | 3    | SP Specialty                          |
| TYVASO STARTER 0.6 MG/ML SOLUTION                | 3    | SP Specialty                          |
| <b>PULMONARY FIBROSIS AGENTS</b>                 |      |                                       |
| <i>nintedanib esylate 100 mg cap</i>             | 1    | QL 60 / 30 days<br>PA<br>SP Specialty |
| <i>nintedanib esylate 150 mg cap</i>             | 1    | QL 60 / 30 days<br>PA<br>SP Specialty |
| OFEV 100 MG CAP                                  | 3    | PA<br>SP Specialty                    |
| OFEV 150 MG CAP                                  | 3    | PA<br>SP Specialty                    |
| <i>pirfenidone 267 mg cap</i>                    | 3    | SP Specialty                          |
| <i>pirfenidone 267 mg tab</i>                    | 3    | SP Specialty                          |
| <i>pirfenidone 801 mg tab</i>                    | 3    | SP Specialty                          |
| <b>RESPIRATORY TRACT AGENTS, OTHER</b>           |      |                                       |
| <i>acetylcysteine 10 % solution</i>              | 1    |                                       |
| <i>acetylcysteine 20 % solution</i>              | 1    |                                       |
| AIRSUPRA 90-80 MCG/ACT AEROSOL                   | 3    | PA<br>QLC 21.4 gm / 23 DAY(S)         |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS                                    |
|---|------|--|
| FASENRA PEN 30 MG/ML SOLN A-INJ                               | 2    | <p>QL 1 ML / 28 day(s)</p> <p>PA</p> <p>SP Specialty</p> |
| <i>benzonatate 100 mg cap</i>                                 | 1    |  |
| <i>benzonatate 150 mg cap</i>                                 | 3    |  |
| BENZONATATE 150 MG CAP  | 3    |  |
| <i>benzonatate 200 mg cap</i>                                 | 1    |  |
| <i>breynga 160-4.5 mcg/act aerosol</i>                        | 2    | <p>QL 10.3 GM / 30 day(s)</p> <p>PD Preventive Drug</p>  |
| <i>breynga 80-4.5 mcg/act aerosol</i>                         | 2    | <p>QL 10.3 GM / 30 day(s)</p> <p>PD Preventive Drug</p>  |
| <i>budesonide-formoterol fumarate 160-4.5 mcg/act aerosol</i> | 2    | <p>QL 10.3 GM / 30 day(s)</p> <p>PD Preventive Drug</p>  |
| <i>budesonide-formoterol fumarate 80-4.5 mcg/act aerosol</i>  | 2    | <p>QL 10.3 GM / 30 day(s)</p> <p>PD Preventive Drug</p>  |
| BREZTRI AEROSPHERE 160-9-4.8 MCG/ACT AEROSOL                  | 2    | <p>QL 23.6 GM / 28 day(s)</p> <p>PD Preventive Drug</p>  |
| <i>cromolyn sodium 20 mg/2ml nebu soln</i>                    | 1    | <p>PD Preventive Drug</p>                                |
| BREO ELLIPTA 100-25 MCG/ACT AER POW BA                        | 2    | <p>QL 60 EA / 30 day(s)</p> <p>PD Preventive Drug</p>    |
| BREO ELLIPTA 200-25 MCG/ACT AER POW BA                        | 2    | <p>QL 60 EA / 30 day(s)</p> <p>PD Preventive Drug</p>    |
| BREO ELLIPTA 50-25 MCG/INH AER POW BA                         | 2    | <p>QL 60 EA / 30 day(s)</p> <p>PD Preventive Drug</p>    |
| ADVAIR HFA 115-21 MCG/ACT AEROSOL                             | 2    | <p>QL 12 GM / 30 day(s)</p> <p>PD Preventive Drug</p>    |
| ADVAIR HFA 230-21 MCG/ACT AEROSOL                             | 2    | <p>QL 12 GM / 30 day(s)</p> <p>PD Preventive Drug</p>    |
| ADVAIR HFA 45-21 MCG/ACT AEROSOL                              | 2    | <p>QL 12 GM / 30 day(s)</p> <p>PD Preventive Drug</p>    |

| PRODUCT DESCRIPTION                                     | TIER | LIMITS & RESTRICTIONS                      |
|---|------|--|
| <i>fluticasone-salmeterol 100-50 mcg/act aer pow ba</i> | 1    | QL 60 EA / 30 day(s)<br>PD Preventive Drug |
| FLUTICASONE-SALMETEROL 113-14 MCG/ACT AER POW BA        | 1    | QL 1 EA / 30 day(s)<br>PD Preventive Drug  |
| FLUTICASONE-SALMETEROL 232-14 MCG/ACT AER POW BA        | 1    | QL 1 EA / 30 day(s)<br>PD Preventive Drug  |
| <i>fluticasone-salmeterol 250-50 mcg/act aer pow ba</i> | 1    | QL 60 EA / 30 day(s)<br>PD Preventive Drug |
| <i>fluticasone-salmeterol 500-50 mcg/act aer pow ba</i> | 1    | QL 60 EA / 30 day(s)<br>PD Preventive Drug |
| FLUTICASONE-SALMETEROL 55-14 MCG/ACT AER POW BA         | 1    | QL 1 EA / 30 day(s)<br>PD Preventive Drug  |
| <i>wixela inhub 100-50 mcg/act aer pow ba</i>           | 1    | QL 60 EA / 30 day(s)<br>PD Preventive Drug |
| <i>wixela inhub 250-50 mcg/act aer pow ba</i>           | 1    | QL 60 EA / 30 day(s)<br>PD Preventive Drug |
| <i>wixela inhub 500-50 mcg/act aer pow ba</i>           | 1    | QL 60 EA / 30 day(s)<br>PD Preventive Drug |
| TRELEGY ELLIPTA 100-62.5-25 MCG/ACT AER POW BA          | 2    | QL 60 EA / 30 day(s)<br>PD Preventive Drug |
| TRELEGY ELLIPTA 200-62.5-25 MCG/ACT AER POW BA          | 2    | QL 60 EA / 30 day(s)<br>PD Preventive Drug |
| g tussin ac 100-10 mg/5ml solution                      | 1    | OTC Over the Counter                       |
| <i>guaifenesin-codeine 100-10 mg/5ml solution</i>       | 1    | OTC Over the Counter                       |
| <i>guaifenesin-codeine 100-10 mg/5ml solution</i>       | 1    | OTC Over the Counter                       |
| <i>guaifenesin-codeine 200-20 mg/10ml solution</i>      | 1    | OTC Over the Counter                       |
| <i>guaifenesin-codeine 200-20 mg/10ml solution</i>      | 1    | OTC Over the Counter                       |
| <i>maxi-tuss ac 100-10 mg/5ml solution</i>              | 1    | OTC Over the Counter                       |

| PRODUCT DESCRIPTION                                       | TIER | LIMITS & RESTRICTIONS                       |
|---|------|---|
| NINJACOF-XG 200-8 MG/5ML LIQUID                           | 3    | OTC Over the Counter                        |
| <i>hydrocodone bit-homatrop mbr 5-1.5 mg/5ml solution</i> | 1    |   |
| <i>hydrocodone bit-homatrop mbr 5-1.5 mg tab</i>          | 1    |   |
| <i>hydromet 5-1.5 mg/5ml solution</i>                     | 1    |   |
| HYDROCOD POLI-CHLORPHE POLI ER 10-8 MG/5ML SUSP           | 1    |   |
| COMBIVENT RESPIMAT 20-100 MCG/ACT AERO SOLN               | 2    |   |
| <i>ipratropium-albuterol 0.5-2.5 (3) mg/3ml solution</i>  | 1    |   |
| NUCALA 100 MG/ML SOLN A-INJ                               | 2    | QL 3 ML / 28 day(s)<br>PA<br>SP Specialty   |
| NUCALA 100 MG/ML SOLN PRSYR                               | 2    | QL 3 ml / 28 day(s)<br>PA<br>SP Specialty   |
| NUCALA 40 MG/0.4ML SOLN PRSYR                             | 2    | QL 0.4 ml / 28 day(s)<br>PA<br>SP Specialty |
| DULERA 100-5 MCG/ACT AEROSOL                              | 2    | QL 13 GM / 30 day(s)<br>PD Preventive Drug  |
| DULERA 200-5 MCG/ACT AEROSOL                              | 2    | QL 13 GM / 30 day(s)<br>PD Preventive Drug  |
| DULERA 50-5 MCG/ACT AEROSOL                               | 2    | QL 13 GM / 30 day(s)<br>PD Preventive Drug  |
| CAPCOF 5-2-10 MG/5ML SYRUP                                | 3    | OTC Over the Counter                        |
| PRO-RED AC 5-1-9 MG/5ML SYRUP                             | 3    | OTC Over the Counter                        |
| <i>promethazine-dm 6.25-15 mg/5ml syrup</i>               | 1    |   |
| PROMETHAZINE-PHENYLEPHRINE 6.25-5 MG/5ML SYRUP            | 1    |   |
| PROMETHAZINE VC 6.25-5 MG/5ML SYRUP                       | 1    |   |
| <i>promethazine-codeine 6.25-10 mg/5ml solution</i>       | 1    |   |
| <i>promethazine-codeine 6.25-10 mg/5ml syrup</i>          | 1    |   |
| <i>bromfed dm 2-30-10 mg/5ml syrup</i>                    | 1    |   |

| PRODUCT DESCRIPTION                               | TIER | LIMITS & RESTRICTIONS                                 |
|---|------|---|
| <i>pseudoeph-bromphen-dm 30-2-10 mg/5ml syrup</i> | 1    |   |
| NEBUSAL 3 % NEBU SOLN                             | 1    |   |
| PULMOSAL 7 % NEBU SOLN                            | 3    |   |
| SODIUM CHLORIDE 0.9 % NEBU SOLN                   | 1    |   |
| SODIUM CHLORIDE 3 % NEBU SOLN                     | 1    |   |
| SODIUM CHLORIDE 7 % NEBU SOLN                     | 3    |   |
| STIOLTO RESPIMAT 2.5-2.5 MCG/ACT AERO SOLN        | 2    | <p>QL 4 GM / 30 day(s)</p> <p>PD Preventive Drug</p>  |
| ANORO ELLIPTA 62.5-25 MCG/ACT AER POW BA          | 2    | <p>QL 60 EA / 30 day(s)</p> <p>PD Preventive Drug</p> |
| <b>SKELETAL MUSCLE RELAXANTS</b>                  |      |   |
| <i>carisoprodol 350 mg tab</i>                    | 3    |   |
| <i>chlorzoxazone 500 mg tab</i>                   | 1    |   |
| <i>cyclobenzaprine hcl 10 mg tab</i>              | 1    |   |
| <i>cyclobenzaprine hcl 5 mg tab</i>               | 1    |   |
| <i>cyclobenzaprine hcl 7.5 mg tab</i>             | 1    |   |
| <i>fexmid 7.5 mg tab</i>                          | 1    |   |
| <i>metaxalone 800 mg tab</i>                      | 3    |   |
| <i>methocarbamol 500 mg tab</i>                   | 1    |   |
| <i>methocarbamol 750 mg tab</i>                   | 1    |   |
| <i>orphenadrine citrate er 100 mg tab er 12h</i>  | 1    |   |
| NORGESIC 25-385-30 MG TAB                         | 1    |   |
| ORPHENADRINE-ASPIRIN-CAFFEINE 25-385-30 MG TAB    | 1    |   |
| <b>SLEEP DISORDER AGENTS</b>                      |      |   |
| <b>SLEEP PROMOTING AGENTS</b>                     |      |   |
| <i>estazolam 1 mg tab</i>                         | 1    | QL 30 EA / 30 day(s)                                  |
| <i>estazolam 2 mg tab</i>                         | 1    | QL 30 EA / 30 day(s)                                  |
| <i>eszopiclone 1 mg tab</i>                       | 2    | QL 30 EA / 30 day(s)                                  |
| <i>eszopiclone 2 mg tab</i>                       | 2    | QL 30 EA / 30 day(s)                                  |

| PRODUCT DESCRIPTION                        | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>eszopiclone 3 mg tab</i>                | 2    | QL 30 EA / 30 day(s)  |
| FLURAZEPAM HCL 15 MG CAP                   | 1    |                       |
| FLURAZEPAM HCL 30 MG CAP                   | 1    |                       |
| <i>ramelteon 8 mg tab</i>                  | 2    | QL 30 EA / 30 day(s)  |
| <i>temazepam 15 mg cap</i>                 | 1    | QL 30 EA / 30 day(s)  |
| <i>temazepam 22.5 mg cap</i>               | 1    | QL 30 EA / 30 day(s)  |
| <i>temazepam 30 mg cap</i>                 | 1    | QL 30 EA / 30 day(s)  |
| <i>temazepam 7.5 mg cap</i>                | 1    | QL 30 EA / 30 day(s)  |
| <i>triazolam 0.125 mg tab</i>              | 1    |                       |
| <i>triazolam 0.25 mg tab</i>               | 1    |                       |
| <i>zaleplon 10 mg cap</i>                  | 1    | QL 30 EA / 30 day(s)  |
| <i>zaleplon 5 mg cap</i>                   | 1    | QL 30 EA / 30 day(s)  |
| EDLUAR 5 MG SL TAB                         | 3    | QL 30 EA / 30 day(s)  |
| <i>zolpidem tartrate 10 mg tab</i>         | 1    | QL 30 EA / 30 day(s)  |
| <i>zolpidem tartrate 5 mg tab</i>          | 1    | QL 30 EA / 30 day(s)  |
| <i>zolpidem tartrate er 12.5 mg tab er</i> | 1    | QL 30 EA / 30 day(s)  |
| <i>zolpidem tartrate er 6.25 mg tab er</i> | 1    | QL 30 EA / 30 day(s)  |
| WAKEFULNESS PROMOTING AGENTS               |      |                       |
| <i>armodafinil 150 mg tab</i>              | 1    | QL 30 EA / 30 day(s)  |
| <i>armodafinil 200 mg tab</i>              | 1    | QL 30 EA / 30 day(s)  |
| <i>armodafinil 250 mg tab</i>              | 1    | QL 30 EA / 30 day(s)  |
| <i>armodafinil 50 mg tab</i>               | 1    | QL 30 EA / 30 day(s)  |
| XYWAV 500 MG/ML SOLUTION                   | 3    | PA<br>SP Specialty    |
| <i>modafinil 100 mg tab</i>                | 1    | QL 60 EA / 30 day(s)  |
| <i>modafinil 200 mg tab</i>                | 1    | QL 30 EA / 30 day(s)  |

| PRODUCT DESCRIPTION                      | TIER | LIMITS & RESTRICTIONS  |
|--|------|--|
| WAKIX 17.8 MG TAB                        | 3    | <ul style="list-style-type: none"> <li>QL 60 EA / 30 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul> |
| WAKIX 4.45 MG TAB                        | 3    | <ul style="list-style-type: none"> <li>QL 60 EA / 30 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul> |
| LUMRYZ 4.5 GM PACKET                     | 3    | <ul style="list-style-type: none"> <li>QL 30 EA / 30 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul> |
| LUMRYZ 6 GM PACKET                       | 3    | <ul style="list-style-type: none"> <li>QL 30 EA / 30 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul> |
| LUMRYZ 7.5 GM PACKET                     | 3    | <ul style="list-style-type: none"> <li>QL 30 EA / 30 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul> |
| LUMRYZ 9 GM PACKET                       | 3    | <ul style="list-style-type: none"> <li>QL 30 EA / 30 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul> |
| <i>sodium oxybate 500 mg/ml solution</i> | 3    | <ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>                               |
| SODIUM OXYBATE 500 MG/ML SOLUTION        | 3    | <ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>                               |
| SUNOSI 150 MG TAB                        | 3    | <ul style="list-style-type: none"> <li>QL 30 EA / 30 day(s)</li> <li>PA</li> </ul>                       |
| SUNOSI 75 MG TAB                         | 3    | <ul style="list-style-type: none"> <li>QL 60 EA / 30 day(s)</li> <li>PA</li> </ul>                       |
| Uncategorized                            |      |  |
| Unclassified                             |      |  |
| VIZZ 1.44 % SOLUTION                     | 3    | <ul style="list-style-type: none"> <li>QL 10 mL / 25 days</li> </ul>                                     |
| TRYPTYR 0.003 % SOLUTION                 | 3    | <ul style="list-style-type: none"> <li>QL 60 EA / 30 day(s)</li> <li>PA</li> </ul>                       |

| PRODUCT DESCRIPTION                      | TIER | LIMITS & RESTRICTIONS   |
|--|------|---|
| ATTRUBY 356 MG TAB THPK                  | 3    | <ul style="list-style-type: none"> <li>QL 112 EA / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul> |
| MYQORZO 10 MG TAB                        | 3    | <ul style="list-style-type: none"> <li>QL 30 / 30 days</li> <li>PA</li> <li>SP Specialty</li> </ul>       |
| MYQORZO 15 MG TAB                        | 3    | <ul style="list-style-type: none"> <li>QL 30 / 30 days</li> <li>PA</li> <li>SP Specialty</li> </ul>       |
| MYQORZO 20 MG TAB                        | 3    | <ul style="list-style-type: none"> <li>QL 30 / 30 days</li> <li>PA</li> <li>SP Specialty</li> </ul>       |
| MYQORZO 5 MG TAB                         | 3    | <ul style="list-style-type: none"> <li>QL 30 / 30 days</li> <li>PA</li> <li>SP Specialty</li> </ul>       |
| VIJOICE 50 MG PACKET                     | 3    | <ul style="list-style-type: none"> <li>QL 30 EA / 30 DAYS</li> <li>PA</li> <li>SP Specialty</li> </ul>    |
| ELIQUIS 0.15 MG CAP SPRINK               | 2    | <ul style="list-style-type: none"> <li>QL 70 / 28 days</li> <li>PD Preventive Drug</li> </ul>             |
| ELIQUIS 0.5 MG TAB SOL                   | 2    | <ul style="list-style-type: none"> <li>QL 560 / 28 days</li> <li>PD Preventive Drug</li> </ul>            |
| ELIQUIS (1.5 MG PACK) 3 X 0.5 MG TAB SOL | 2    | <ul style="list-style-type: none"> <li>QL 560 / 28 days</li> <li>PD Preventive Drug</li> </ul>            |
| ELIQUIS (2 MG PACK) 4 X 0.5 MG TAB SOL   | 2    | <ul style="list-style-type: none"> <li>QL 560 / 28 days</li> <li>PD Preventive Drug</li> </ul>            |
| OTEZLA XR 75 MG TAB ER 24H               | 2    | <ul style="list-style-type: none"> <li>QL 30 EA / 30 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>  |
| VANRAFIA 0.75 MG TAB                     | 3    | <ul style="list-style-type: none"> <li>QL 30 EA / 30 days</li> <li>PA</li> <li>SP Specialty</li> </ul>    |

| PRODUCT DESCRIPTION                             | TIER | LIMITS & RESTRICTIONS  |
|---|------|--|
| DOPTELET SPRINKLE 10 MG CAP SPRINK              | 3    | <ul style="list-style-type: none"> <li>QL 60 EA / 30 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul> |
| AVMAPKI FAKZYNJA CO-PACK 0.8 & 200 MG THER PACK | 3    | <ul style="list-style-type: none"> <li>QL 66 EA / 28 days</li> <li>PA</li> <li>SP Specialty</li> </ul>   |
| BOSULIF 100 MG CAP                              | 3    | <ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>                               |
| BOSULIF 50 MG CAP                               | 3    | <ul style="list-style-type: none"> <li>QL 30 EA / 30 Days</li> <li>PA</li> <li>SP Specialty</li> </ul>   |
| TRUQAP 160 MG TAB THPK                          | 3    | <ul style="list-style-type: none"> <li>QL 64 EA / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul> |
| TRUQAP 200 MG TAB THPK                          | 3    | <ul style="list-style-type: none"> <li>QL 64 EA / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul> |
| YUVEZZI 2.75-0.1 % SOLUTION                     | 3    | <ul style="list-style-type: none"> <li>QL 30 / 30 days</li> </ul>  |
| ALHEMO 150 MG/1.5ML SOLN PEN                    | 3    | <ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>                               |
| ALHEMO 300 MG/3ML SOLN PEN                      | 3    | <ul style="list-style-type: none"> <li>QL 3 mL / 28 days</li> <li>PA</li> <li>SP Specialty</li> </ul>    |
| ALHEMO 60 MG/1.5ML SOLN PEN                     | 3    | <ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>                               |
| ACTHAR GEL 40 UNIT/0.5ML PEN                    | 3    | <ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>                               |
| ACTHAR GEL 80 UNIT/ML PEN                       | 3    | <ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>                               |
| CORTROPHIN GEL 40 UNIT/0.5ML PRSYR              | 3    | <ul style="list-style-type: none"> <li>QL 2 mL / 30 days</li> <li>PA</li> <li>SP Specialty</li> </ul>    |

| PRODUCT DESCRIPTION             | TIER | LIMITS & RESTRICTIONS  |
|---------------------------------|------|--|
| CORTROPHIN GEL 80 UNIT/ML PRSYR | 3    | <ul style="list-style-type: none"> <li>QL 4 mL / 30 days</li> <li>PA</li> <li>SP Specialty</li> </ul>    |
| CRENESSITY 100 MG CAP           | 3    | <ul style="list-style-type: none"> <li>QL 60 ea / 30 days</li> <li>PA</li> <li>SP Specialty</li> </ul>   |
| CRENESSITY 25 MG CAP            | 3    | <ul style="list-style-type: none"> <li>QL 60 EA / 30 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul> |
| CRENESSITY 50 MG CAP            | 3    | <ul style="list-style-type: none"> <li>QL 60 ea / 30 days</li> <li>PA</li> <li>SP Specialty</li> </ul>   |
| CRENESSITY 50 MG/ML SOLUTION    | 3    | <ul style="list-style-type: none"> <li>QL 30 mL / 30 days</li> <li>PA</li> <li>SP Specialty</li> </ul>   |
| VOYDEYA 100 MG TAB              | 3    | <ul style="list-style-type: none"> <li>QL 180 EA / 30 days</li> <li>PA</li> <li>SP Specialty</li> </ul>  |
| VOYDEYA 50 & 100 MG TAB THPK    | 3    | <ul style="list-style-type: none"> <li>QL 180 EA / 30 days</li> <li>PA</li> <li>SP Specialty</li> </ul>  |
| AVERI 0.15-0.03 MG TAB          | 3    | <ul style="list-style-type: none"> <li>ACA Affordable Care Act</li> </ul>                                |
| VYKAT XR 150 MG TAB ER 24H      | 3    | <ul style="list-style-type: none"> <li>QL 30 EA / 30 days</li> <li>PA</li> <li>SP Specialty</li> </ul>   |
| VYKAT XR 25 MG TAB ER 24H       | 3    | <ul style="list-style-type: none"> <li>QL 30 EA / 30 days</li> <li>PA</li> <li>SP Specialty</li> </ul>   |
| VYKAT XR 75 MG TAB ER 24H       | 3    | <ul style="list-style-type: none"> <li>QL 30 EA / 30 days</li> <li>PA</li> <li>SP Specialty</li> </ul>   |

| PRODUCT DESCRIPTION              | TIER | LIMITS & RESTRICTIONS   |
|----------------------------------|------|---|
| MODEYSO 125 MG CAP               | 3    | <ul style="list-style-type: none"> <li>QL 20 / 28 days</li> <li>PA</li> <li>SP Specialty</li> </ul>       |
| IWILFIN 192 MG TAB               | 3    | <ul style="list-style-type: none"> <li>QL 240 EA / 30 days</li> <li>PA</li> <li>SP Specialty</li> </ul>   |
| IQIRVO 80 MG TAB                 | 3    | <ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>                                |
| ENSACOVE 100 MG CAP              | 3    | <ul style="list-style-type: none"> <li>QL 60 EA / 30 days</li> <li>PA</li> <li>SP Specialty</li> </ul>    |
| ENSACOVE 25 MG CAP               | 3    | <ul style="list-style-type: none"> <li>QL 60 EA / 30 days</li> <li>PA</li> <li>SP Specialty</li> </ul>    |
| OHTUVAYRE 3 MG/2.5ML SUSPENSION  | 3    | <ul style="list-style-type: none"> <li>QL 5 ML / 1 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>    |
| WAINUA 45 MG/0.8ML SOLN A-INJ    | 3    | <ul style="list-style-type: none"> <li>QL 0.8 mL / 28 days</li> <li>PA</li> <li>SP Specialty</li> </ul>   |
| VYALEV 12-240 MG/ML SOLUTION     | 3    | <ul style="list-style-type: none"> <li>QL 450 ml / 30 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul> |
| ANDEMBRY 200 MG/1.2ML SOLN A-INJ | 3    | <ul style="list-style-type: none"> <li>QL 1.2 mL / 28 days</li> <li>PA</li> <li>SP Specialty</li> </ul>   |
| DUVYZAT 8.86 MG/ML SUSPENSION    | 3    | <ul style="list-style-type: none"> <li>QL 420 ML / 30 days</li> <li>PA</li> <li>SP Specialty</li> </ul>   |
| XROMI 100 MG/ML SOLUTION         | 3    | <ul style="list-style-type: none"> <li>QL 148 ML / 30 day(s)</li> <li>PA</li> </ul>                       |

| PRODUCT DESCRIPTION                   | TIER | LIMITS & RESTRICTIONS  |
|---------------------------------------|------|--|
| INLURIYO 200 MG TAB                   | 3    | <ul style="list-style-type: none"> <li>QL 56 / 28 days</li> <li>PA</li> <li>SP Specialty</li> </ul>                          |
| ITOVEBI 3 MG TAB                      | 3    | <ul style="list-style-type: none"> <li>QL 56 EA / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>                     |
| ITOVEBI 9 MG TAB                      | 3    | <ul style="list-style-type: none"> <li>QL 28 EA / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>                     |
| FABHALTA 200 MG CAP                   | 3    | <ul style="list-style-type: none"> <li>QL 60 EA / 30 days</li> <li>PA</li> <li>SP Specialty</li> </ul>                       |
| LAZCLUZE 240 MG TAB                   | 3    | <ul style="list-style-type: none"> <li>QL 30 ea / 30 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>                     |
| LAZCLUZE 80 MG TAB                    | 3    | <ul style="list-style-type: none"> <li>QL 60 ea / 30 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>                     |
| LEQEMBI IQLIK 360 MG/1.8ML SOLN A-INJ | 3    | <ul style="list-style-type: none"> <li>QL 7.2 ML / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>                    |
| YEZTUGO 300 MG TAB                    | 3    | <ul style="list-style-type: none"> <li>QLC 4 EA / 365 days</li> <li>ACA Affordable Care Act</li> <li>SP Specialty</li> </ul> |
| PREVYMIS 120 MG PACKET                | 3    | <ul style="list-style-type: none"> <li>QL 120 ea / 30 day(s)</li> <li>PA</li> </ul>  |
| PREVYMIS 20 MG PACKET                 | 3    | <ul style="list-style-type: none"> <li>QL 120 ea / 30 day(s)</li> <li>PA</li> </ul>  |
| AQNEURSA 1 GM PACKET                  | 3    | <ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>   |

| PRODUCT DESCRIPTION              | TIER | LIMITS & RESTRICTIONS  |
|----------------------------------|------|--|
| LIVMARLI 10 MG TAB               | 3    | <ul style="list-style-type: none"> <li>QL 30 EA / 30 days</li> <li>PA</li> <li>SP Specialty</li> </ul>   |
| LIVMARLI 15 MG TAB               | 3    | <ul style="list-style-type: none"> <li>QL 30 EA / 30 days</li> <li>PA</li> <li>SP Specialty</li> </ul>   |
| LIVMARLI 20 MG TAB               | 3    | <ul style="list-style-type: none"> <li>QL 30 EA / 30 days</li> <li>PA</li> <li>SP Specialty</li> </ul>   |
| LIVMARLI 30 MG TAB               | 3    | <ul style="list-style-type: none"> <li>QL 30 EA / 30 days</li> <li>PA</li> <li>SP Specialty</li> </ul>   |
| XOLREMDI 100 MG CAP              | 3    | <ul style="list-style-type: none"> <li>QL 120 EA / 30 days</li> <li>PA</li> <li>SP Specialty</li> </ul>  |
| PENMENVY RECON SUSP              | 3    | <ul style="list-style-type: none"> <li>ACA Affordable Care Act</li> </ul>                                |
| GOMEKLI 1 MG CAP                 | 3    | <ul style="list-style-type: none"> <li>PA</li> <li>QLC 168 EA / 28 days</li> <li>SP Specialty</li> </ul> |
| GOMEKLI 1 MG TAB SOL             | 3    | <ul style="list-style-type: none"> <li>PA</li> <li>QLC 168 EA / 28 days</li> <li>SP Specialty</li> </ul> |
| GOMEKLI 2 MG CAP                 | 3    | <ul style="list-style-type: none"> <li>PA</li> <li>QLC 84 EA / 28 days</li> <li>SP Specialty</li> </ul>  |
| ZURNAI 1.5 MG/0.5ML SOLN A-INJ   | 2    |  |
| RIVFLOZA 128 MG/0.8ML SOLN PRSYR | 3    | <ul style="list-style-type: none"> <li>QL 0.8 mL / 28 days</li> <li>PA</li> <li>SP Specialty</li> </ul>  |
| RIVFLOZA 160 MG/ML SOLN PRSYR    | 3    | <ul style="list-style-type: none"> <li>QL 1 mL / 28 days</li> <li>PA</li> <li>SP Specialty</li> </ul>    |

| PRODUCT DESCRIPTION                                    | TIER | LIMITS & RESTRICTIONS   |
|--|------|---|
| RIVFLOZA 80 MG/0.5ML SOLUTION                          | 3    | <ul style="list-style-type: none"> <li>QL 1 mL / 28 days</li> <li>PA</li> <li>SP Specialty</li> </ul>   |
| TRYNGOLZA 80 MG/0.8ML SOLN A-INJ                       | 3    | <ul style="list-style-type: none"> <li>QL 0.8 mL / 28 days</li> <li>PA</li> <li>SP Specialty</li> </ul> |
| XOLAIR 150 MG/ML SOLN A-INJ                            | 2    | <ul style="list-style-type: none"> <li>QL 2 ml / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul> |
| XOLAIR 300 MG/2ML SOLN A-INJ                           | 2    | <ul style="list-style-type: none"> <li>QL 4 ml / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul> |
| XOLAIR 75 MG/0.5ML SOLN A-INJ                          | 2    | <ul style="list-style-type: none"> <li>QL 1 ml / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul> |
| YORVIPATH 168 MCG/0.56ML SOLN PEN                      | 3    | <ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>                              |
| YORVIPATH 294 MCG/0.98ML SOLN PEN                      | 3    | <ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>                              |
| YORVIPATH 420 MCG/1.4ML SOLN PEN                       | 3    | <ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>                              |
| REDEMPLO 25 MG/0.5ML SOLN PRSYR                        | 3    | <ul style="list-style-type: none"> <li>QL 0.5 / 84 days</li> <li>PA</li> <li>SP Specialty</li> </ul>    |
| LIFYORLI (125 MG DOSE) 1 X 25 MG & 1 X 100 MG CAP THPK | 3    | <ul style="list-style-type: none"> <li>QL 18 / 28 days</li> <li>PA</li> <li>SP Specialty</li> </ul>     |
| LIFYORLI (150 MG DOSE) 2 X 25 MG & 1 X 100 MG CAP THPK | 3    | <ul style="list-style-type: none"> <li>QL 27 / 28 days</li> <li>PA</li> <li>SP Specialty</li> </ul>     |

| PRODUCT DESCRIPTION          | TIER | LIMITS & RESTRICTIONS                       |
|------------------------------|------|---|
| REZDIFFRA 100 MG TAB         | 3    | PA<br>SP Specialty                          |
| REZDIFFRA 60 MG TAB          | 3    | PA<br>SP Specialty                          |
| REZDIFFRA 80 MG TAB          | 3    | PA<br>SP Specialty                          |
| REVUFORJ 110 MG TAB          | 3    | QL 120 ea / 30 day(s)<br>PA<br>SP Specialty |
| REVUFORJ 160 MG TAB          | 3    | QL 60 ea / 30 day(s)<br>PA<br>SP Specialty  |
| REVUFORJ 25 MG TAB           | 3    | QL 240 EA / 30 day(s)<br>PA<br>SP Specialty |
| EDURANT PED 2.5 MG TAB SOL   | 3    |   |
| EVRYSDI 5 MG TAB             | 3    | QL 30 EA / 30 DAYS<br>PA<br>SP Specialty    |
| ENTRESTO 15-16 MG CAP SPRINK | 3    |   |
| ENTRESTO 6-6 MG CAP SPRINK   | 3    |   |
| EKTERLY 300 MG TAB           | 3    | PA<br>QLC 4 EA / 30 days<br>SP Specialty    |
| LIVDELZI 10 MG CAP           | 3    | PA<br>SP Specialty                          |
| RETEVMO 120 MG TAB           | 3    | PA<br>SP Specialty                          |
| RETEVMO 160 MG TAB           | 3    | PA<br>SP Specialty                          |

| PRODUCT DESCRIPTION           | TIER | LIMITS & RESTRICTIONS                      |
|-------------------------------|------|--|
| RETEVMO 40 MG TAB             | 3    | PA<br>SP Specialty                         |
| RETEVMO 80 MG TAB             | 3    | PA<br>SP Specialty                         |
| HYRNUO 10 MG TAB              | 3    | QL 120 / 30 days<br>PA<br>SP Specialty     |
| VOYXACT 400 MG/2ML SOLN PRSYR | 3    | QL 2 / 28 days<br>PA<br>SP Specialty       |
| WINREVAIR 2 X 45 MG KIT       | 3    | QL 1 EA / 21 days<br>PA<br>SP Specialty    |
| WINREVAIR 2 X 60 MG KIT       | 3    | QL 1 EA / 21 days<br>PA<br>SP Specialty    |
| WINREVAIR 45 MG KIT           | 3    | QL 1 EA / 21 days<br>PA<br>SP Specialty    |
| WINREVAIR 60 MG KIT           | 3    | QL 1 EA / 21 days<br>PA<br>SP Specialty    |
| JOURNAVX 50 MG TAB            | 3    | QL 15 EA / 7 day(s)<br>QLC 29 EA / 84 DAYS |
| IBTROZI 200 MG CAP            | 3    | QL 90 EA / 30 days<br>PA<br>SP Specialty   |
| EGRIFTA WR 11.6 MG KIT        | 3    | QL 4 EA / 28 day(s)<br>PA                  |
| OJEMDA 100 MG TAB             | 3    | QL 24 EA / 28 days<br>PA<br>SP Specialty   |

| PRODUCT DESCRIPTION        | TIER | LIMITS & RESTRICTIONS   |
|----------------------------|------|---|
| OJEMDA 25 MG/ML RECON SUSP | 3    | <ul style="list-style-type: none"> <li>QL 96 ML / 28 days</li> <li>PA</li> <li>SP Specialty</li> </ul>  |
| DAYBUE STIX 5000 MG PACKET | 3    | <ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>PA</li> <li>SP Specialty</li> </ul>     |
| DAYBUE STIX 6000 MG PACKET | 3    | <ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>PA</li> <li>SP Specialty</li> </ul>     |
| DAYBUE STIX 8000 MG PACKET | 3    | <ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>PA</li> <li>SP Specialty</li> </ul>     |
| RINVOQ LQ 1 MG/ML SOLUTION | 2    | <ul style="list-style-type: none"> <li>QL 360 ML / 30 DAYS</li> <li>PA</li> <li>SP Specialty</li> </ul> |
| INGREZZA 40 MG CAP SPRINK  | 3    | <ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>                              |
| INGREZZA 60 MG CAP SPRINK  | 3    | <ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>                              |
| INGREZZA 80 MG CAP SPRINK  | 3    | <ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>                              |
| ROMVIMZA 14 MG CAP         | 3    | <ul style="list-style-type: none"> <li>PA</li> <li>QLC 8 EA / 30 days</li> <li>SP Specialty</li> </ul>  |
| ROMVIMZA 20 MG CAP         | 3    | <ul style="list-style-type: none"> <li>PA</li> <li>QLC 8 EA / 30 days</li> <li>SP Specialty</li> </ul>  |
| ROMVIMZA 30 MG CAP         | 3    | <ul style="list-style-type: none"> <li>PA</li> <li>QLC 8 EA / 30 days</li> <li>SP Specialty</li> </ul>  |

| PRODUCT DESCRIPTION                             | TIER | LIMITS & RESTRICTIONS   |
|---|------|---|
| VORANIGO 10 MG TAB                              | 3    | <ul style="list-style-type: none"> <li>QL 60 ea / 30 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>  |
| VORANIGO 40 MG TAB                              | 3    | <ul style="list-style-type: none"> <li>QL 30 ea / 30 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>  |
| COBENFY 100-20 MG CAP                           | 3    | <ul style="list-style-type: none"> <li>PA</li> </ul>  |
| COBENFY 125-30 MG CAP                           | 3    | <ul style="list-style-type: none"> <li>PA</li> </ul>  |
| COBENFY 50-20 MG CAP                            | 3    | <ul style="list-style-type: none"> <li>PA</li> </ul>  |
| COBENFY STARTER PACK 50-20 & 100-20 MG CAP THPK | 3    | <ul style="list-style-type: none"> <li>PA</li> </ul>  |
| BRUKINSA 160 MG TAB                             | 3    | <ul style="list-style-type: none"> <li>QL 60 EA / 30 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>  |
| KOMZIFTI 200 MG CAP                             | 3    | <ul style="list-style-type: none"> <li>QL 90 / 30 days</li> <li>PA</li> <li>SP Specialty</li> </ul>       |
| ZILBRYSQ 16.6 MG/0.416ML SOLN PRSYR             | 3    | <ul style="list-style-type: none"> <li>QL 11.65 mL / 28 days</li> <li>PA</li> <li>SP Specialty</li> </ul> |
| ZILBRYSQ 23 MG/0.574ML SOLN PRSYR               | 3    | <ul style="list-style-type: none"> <li>QL 16.1 mL / 28 days</li> <li>PA</li> <li>SP Specialty</li> </ul>  |
| ZILBRYSQ 32.4 MG/0.81ML SOLN PRSYR              | 3    | <ul style="list-style-type: none"> <li>QL 22.68 mL / 28 days</li> <li>PA</li> <li>SP Specialty</li> </ul> |
| HERNEXEOS 60 MG TAB                             | 3    | <ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>PA</li> <li>SP Specialty</li> </ul>       |
| SHINGRIX 50 MCG/0.5ML SUSP PRSYR                | 3    | <ul style="list-style-type: none"> <li>ACA Affordable Care Act</li> </ul>                                 |

# Index of covered drugs

3

3232A INFANT FORMULA . . . . . 281

## A

A THRU Z ADVANCED . . . . . 204  
A THRU Z ADVANCED ADULT . . . . . 204  
A THRU Z HIGH POTENCY . . . . . 204  
A THRU Z SELECT . . . . . 204  
A THRU Z SELECT 50+ ADVANCED . . . . . 204  
A THRU Z SELECT 50+ MENS . . . . . 204  
A THRU Z SELECT ADVANCED . . . . . 204  
A THRU Z SELECT ULTIMATE WOMEN . . . . . 204  
A THRU Z ULTIMATE MENS . . . . . 204  
abacavir sulfate . . . . . 84  
abacavir sulfate-lamivudine . . . . . 84  
abigale . . . . . 243  
abigale lo . . . . . 243  
ABILIFY ASIMTUFII . . . . . 136  
ABILIFY MAINTENA . . . . . 136  
abiraterone acetate . . . . . 61  
abirtega . . . . . 61  
acamprosate calcium . . . . . 22  
acarbose . . . . . 87  
accutane . . . . . 162  
acebutolol hcl . . . . . 113  
ACERFLEX . . . . . 281  
ACETAMINOPHEN-CODEINE . . . . . 16  
acetaminophen-codeine . . . . . 16  
acetazolamide . . . . . 119,120  
acetazolamide er . . . . . 292  
acetic acid . . . . . 34  
acetylcysteine . . . . . 301  
acitretin . . . . . 162  
ACTHAR . . . . . 233  
ACTHAR GEL . . . . . 309  
ACTIVITE . . . . . 192  
ACUVAIL . . . . . 291  
acyclovir . . . . . 86,87,171  
adapalene . . . . . 162  
adapalene-benzoyl peroxide . . . . . 162

add-ins complete . . . . . 192  
adefovir dipivoxil . . . . . 82  
ADEMPAS . . . . . 300  
ADTHYZA . . . . . 257  
ADVAIR HFA . . . . . 302  
ADVANTAGE INFANT FORMULA/IRON . . . . . 196  
ADVERA . . . . . 172  
afirmelle . . . . . 245  
AFLORA . . . . . 204  
AGONEAZE . . . . . 21  
AIMOVIG . . . . . 146  
AIRAVITE . . . . . 196  
AIRSUPRA . . . . . 301  
AJOVY . . . . . 146  
AKEEGA . . . . . 281  
ala-cort . . . . . 166  
albendazole . . . . . 78  
albuterol sulfate . . . . . 296  
albuterol sulfate hfa . . . . . 297  
albuterol sulfate hfa 108 (90 base) mcg/act aero soln  
(generic of proair hfa) . . . . . 296  
albuterol sulfate hfa 108 (90 base) mcg/act aero soln  
(generic of proventil hfa) . . . . . 297  
ALBUTEROL SULFATE HFA 108 (90 BASE)  
MCG/ACT AERO SOLN (GENERIC OF VENTOLIN  
HFA) . . . . . 297  
alclometasone dipropionate . . . . . 164,233  
ALCLOMETASONE DIPROPIONATE . . . . . 164,233  
ALCOHOL SWABS . . . . . 274  
ALECENSA . . . . . 68  
alendronate sodium . . . . . 271  
ALENDRONATE SODIUM . . . . . 271  
ALFAMINO INFANT . . . . . 196  
ALFAMINO JUNIOR . . . . . 214  
alfuzosin hcl er . . . . . 231  
ALHEMO . . . . . 309  
ALINIA . . . . . 78  
aliskiren fumarate . . . . . 120  
ALITRAQ . . . . . 172  
allopurinol . . . . . 59  
almotriptan malate . . . . . 145

|  |             |   |         |
|--|-------------|---|---------|
| ALOCRIIL . . . . .                       | 290         | amphetamine-dextroamphet er . . . . .   | 149     |
| ALOMIDE . . . . .                        | 290         | amphetamine-dextroamphetamine . . . . . | 148,149 |
| ALORA . . . . .                          | 242         | ampicillin . . . . .                    | 37      |
| alose tron hcl . . . . .                 | 223         | anagrelide hcl . . . . .                | 102     |
| alprazolam . . . . .                     | 142,143     | anastrozole . . . . .                   | 67      |
| alprazolam er . . . . .                  | 143         | ANDEMBRY . . . . .                      | 311     |
| ALPRAZOLAM INTENSOL . . . . .            | 143         | ANGIOMAX . . . . .                      | 98      |
| alprazolam xr . . . . .                  | 143         | ANNOVERA . . . . .                      | 251     |
| ALREX . . . . .                          | 291         | anodyne lpt . . . . .                   | 21      |
| ALSOY SOY FORMULA . . . . .              | 196,197,276 | ANORO ELLIPTA . . . . .                 | 305     |
| ALTACAINE . . . . .                      | 290         | ANTIOXIDANT A/C/E/SELENIUM . . . . .    | 204     |
| ALTAFRIN . . . . .                       | 289         | ANTIOXIDANT VITAMINS . . . . .          | 204     |
| altavera . . . . .                       | 245         | ANUCORT-HC . . . . .                    | 234     |
| alyacen 1/35 . . . . .                   | 249         | ANUSOL-HC . . . . .                     | 234     |
| alyacen 7/7/7 . . . . .                  | 249         | APEXICON E . . . . .                    | 165     |
| alyq . . . . .                           | 300         | APRACLONIDINE HCL . . . . .             | 292     |
| amabelz . . . . .                        | 243         | aprepitant . . . . .                    | 56      |
| amantadine hcl . . . . .                 | 79          | APRETUDE . . . . .                      | 83      |
| ambrisentan . . . . .                    | 299         | apri . . . . .                          | 240     |
| AMCINONIDE . . . . .                     | 164         | APTIVUS . . . . .                       | 86      |
| amethyst . . . . .                       | 246         | AQ INSULIN SYRINGE . . . . .            | 280     |
| amiloride hcl . . . . .                  | 127         | AQNEURSA . . . . .                      | 312     |
| AMILORIDE-HYDROCHLOROTHIAZIDE . . . . .  | 120         | aquanil hc . . . . .                    | 166     |
| amino action . . . . .                   | 192         | aqueous vitamin d . . . . .             | 272     |
| aminocaproic acid . . . . .              | 106         | ARANELLE . . . . .                      | 249     |
| amiodarone hcl . . . . .                 | 111         | ARANESP (ALBUMIN FREE) . . . . .        | 102,103 |
| amitriptyline hcl . . . . .              | 54          | ARCALYST . . . . .                      | 263     |
| amlodipine besy-benazepril hcl . . . . . | 121         | arformoterol tartrate . . . . .         | 297     |
| amlodipine besylate . . . . .            | 115         | argatroban . . . . .                    | 98      |
| amlodipine besylate-valsartan . . . . .  | 121         | ARGATROBAN . . . . .                    | 98      |
| amlodipine-atorvastatin . . . . .        | 120         | ARGINAID . . . . .                      | 172     |
| amlodipine-olmesartan . . . . .          | 121         | ARGINAID EXTRA . . . . .                | 172     |
| amlodipine-valsartan-hctz . . . . .      | 122         | ARGYLE STERILE WATER . . . . .          | 288     |
| ammonium lactate . . . . .               | 166         | aripiprazole . . . . .                  | 136     |
| amnestem . . . . .                       | 162,163     | ARISTADA . . . . .                      | 136     |
| AMOXICILL-CLARITHRO-LANSOPRAZ . . . . .  | 225         | armodafinil . . . . .                   | 306     |
| amoxicillin . . . . .                    | 37          | ARMOUR THYROID . . . . .                | 257     |
| AMOXICILLIN . . . . .                    | 37          | ARNUITY ELLIPTA . . . . .               | 294     |
| amoxicillin-pot clavulanate . . . . .    | 37          | ascomp-codeine . . . . .                | 16      |
| AMOXICILLIN-POT CLAVULANATE . . . . .    | 37          | asenapine maleate . . . . .             | 136     |
| amoxicillin-pot clavulanate er . . . . . | 37          | ashlyna . . . . .                       | 245     |

|  |     |  |         |
|--|-----|--|---------|
| aspirin . . . . .                        | 1   | aviane . . . . .                         | 245     |
| aspirin 81 . . . . .                     | 1   | avidoxy . . . . .                        | 40      |
| aspirin adult low dose . . . . .         | 1   | AVMAPKI FAKZYNJA CO-PACK . . . . .       | 309     |
| aspirin adult low strength . . . . .     | 1   | AVONEX PEN . . . . .                     | 159     |
| aspirin childrens . . . . .              | 2   | AVONEX PREFILLED . . . . .               | 159     |
| aspirin ec adult low dose . . . . .      | 2   | ayuna . . . . .                          | 245     |
| aspirin ec low dose . . . . .            | 2   | AYVAKIT . . . . .                        | 63      |
| aspirin ec low strength . . . . .        | 2   | azasan . . . . .                         | 267     |
| aspirin low dose . . . . .               | 2   | AZASITE . . . . .                        | 290     |
| aspirin regimen . . . . .                | 2   | azathioprine . . . . .                   | 267     |
| aspirin-dipyridamole er . . . . .        | 106 | azelaic acid . . . . .                   | 162     |
| ATABEX EC . . . . .                      | 217 | azelastine hcl . . . . .                 | 290,294 |
| atazanavir sulfate . . . . .             | 85  | azelastine-fluticasone . . . . .         | 294     |
| atenolol . . . . .                       | 113 | AZELEX . . . . .                         | 162     |
| atenolol-chlorthalidone . . . . .        | 122 | azithromycin . . . . .                   | 38      |
| atomoxetine hcl . . . . .                | 150 | AZITHROMYCIN . . . . .                   | 38      |
| atorvastatin calcium . . . . .           | 130 | azurette . . . . .                       | 241     |
| atorvastatin calcium 10 mg tab . . . . . | 129 |  |         |
| atorvastatin calcium 20 mg tab . . . . . | 130 | <b>B</b>                                 |         |
| atovaquone . . . . .                     | 78  | B-PLEX PLUS . . . . .                    | 205     |
| atovaquone-proguanil hcl . . . . .       | 78  | baby ddrops . . . . .                    | 272     |
| ATROPINE SULFATE . . . . .               | 288 | baby super daily d3 . . . . .            | 272     |
| atropine sulfate . . . . .               | 288 | baby vitamin d3 . . . . .                | 272     |
| ATROVENT HFA . . . . .                   | 296 | BABY'S BIG SUPPORT . . . . .             | 172     |
| ATTRUBY . . . . .                        | 308 | BABYS ONLY ORGANIC/DAIRY . . . . .       | 197     |
| aubra eq . . . . .                       | 245 | BABYS ONLY ORGANIC/DHA & ARA . . . . .   | 197     |
| AUGMENTIN . . . . .                      | 37  | BABYS ONLY ORGANIC/SOY . . . . .         | 197     |
| AUGTYRO . . . . .                        | 65  | BABYS ONLY ORGNIC/GENT DHA-ARA . . . . . | 197     |
| aurovela 1.5/30 . . . . .                | 248 | BABYS ONLY ORGNIC/GENTLE DAIRY . . . . . | 197     |
| aurovela 1/20 . . . . .                  | 248 | BABYS ONLY ORGNIC/SENS DHA-ARA . . . . . | 197     |
| aurovela 24 fe . . . . .                 | 247 | bac (butalbital-acetamin-caff) . . . . . | 153     |
| aurovela fe 1.5/30 . . . . .             | 247 | BACITRA-NEOMYCIN-POLYMYXIN-HC . . . . .  | 289     |
| aurovela fe 1/20 . . . . .               | 247 | BACITRACIN . . . . .                     | 290     |
| AUSTEDO . . . . .                        | 154 | BACITRACIN-POLYMYXIN B . . . . .         | 288     |
| AUSTEDO XR . . . . .                     | 154 | baclofen . . . . .                       | 81      |
| AUSTEDO XR PATIENT TITRATION . . . . .   | 155 | BACMIN . . . . .                         | 205     |
| AUVELITY . . . . .                       | 49  | BAFIERTAM . . . . .                      | 159     |
| AVAR CLEANSER . . . . .                  | 170 | BALANCED NUTRITIONAL DRINK . . . . .     | 172     |
| AVAR-E EMOLLIENT . . . . .               | 170 | BALANCED NUTRITIONAL DRINK PLS . . . . . | 172     |
| avar-e green . . . . .                   | 170 | BALANCED NUTRITIONAL SHAKE PLS . . . . . | 172     |
| AVERI . . . . .                          | 310 | balsalazide disodium . . . . .           | 270     |

|  |         |  |         |
|--|---------|--|---------|
| BALVERSA . . . . .                       | 70,71   | betaxolol hcl . . . . .                  | 113     |
| balziva . . . . .                        | 249     | BETAXOLOL HCL . . . . .                  | 291     |
| banophen . . . . .                       | 295     | bethanechol chloride . . . . .           | 232     |
| BAQSIMI ONE PACK . . . . .               | 95      | BETIMOL . . . . .                        | 292     |
| BAQSIMI TWO PACK . . . . .               | 95      | BETOPTIC-S . . . . .                     | 291     |
| BARACLUDE . . . . .                      | 82      | bexarotene . . . . .                     | 77      |
| BARIUM SULFATE . . . . .                 | 274     | bicalutamide . . . . .                   | 61      |
| BASAGLAR KWIKPEN . . . . .               | 97      | BIJUVA . . . . .                         | 243,244 |
| BASAGLAR TEMPO PEN . . . . .             | 97      | BIKTARVY . . . . .                       | 83      |
| bayer advanced aspirin reg st . . . . .  | 2       | bimatoprost . . . . .                    | 293     |
| bayer aspirin . . . . .                  | 2       | BIOCEL . . . . .                         | 205     |
| bayer aspirin ec low dose . . . . .      | 3       | bis subcit-metronid-tetracyc . . . . .   | 225     |
| bayer low dose . . . . .                 | 3       | bismuth/metronidaz/tetracyclin . . . . . | 225     |
| BCAD 1 . . . . .                         | 281     | bisoprolol fumarate . . . . .            | 113     |
| BCAD 2 . . . . .                         | 281     | bisoprolol-hydrochlorothiazide . . . . . | 122,123 |
| BD GLUCOSE . . . . .                     | 95      | bivalirudin trifluoroacetate . . . . .   | 98      |
| BD HEPARIN POSIFLUSH . . . . .           | 100     | blisovi 24 fe . . . . .                  | 247     |
| BELLADONNA ALKALOIDS-OPIUM . . . . .     | 16      | blisovi fe 1.5/30 . . . . .              | 247     |
| benazepril hcl . . . . .                 | 109,110 | blisovi fe 1/20 . . . . .                | 247     |
| benazepril-hydrochlorothiazide . . . . . | 122     | BONJESTA . . . . .                       | 55      |
| BENECALORIE . . . . .                    | 172     | BOOST . . . . .                          | 172     |
| BENLYSTA . . . . .                       | 260     | BOOST BREEZE . . . . .                   | 172     |
| BENZEPRO . . . . .                       | 167     | BOOST BREEZE 2-FLAVOR PACK . . . . .     | 172     |
| BENZEPRO CREAMY WASH . . . . .           | 167     | BOOST GLUCOSE CONTROL . . . . .          | 172     |
| BENZEPRO FOAMING CLOTHS . . . . .        | 167     | BOOST GLUCOSE CTRL MAX PROTEIN . . . . . | 172     |
| benzonatate . . . . .                    | 302     | BOOST HIGH PROTEIN . . . . .             | 172     |
| BENZONATATE . . . . .                    | 302     | BOOST KID ESSENTIALS 1.0 CAL . . . . .   | 172     |
| BENZOYL PEROXIDE . . . . .               | 167,168 | BOOST KID ESSENTIALS 1.5 CAL . . . . .   | 172     |
| benzoyl peroxide-erythromycin . . . . .  | 162     | BOOST KID ESSENTIALS 1.5/FIBER . . . . . | 172     |
| benzphetamine hcl . . . . .              | 153     | BOOST MAX PROTEIN . . . . .              | 172     |
| benztropine mesylate . . . . .           | 78      | BOOST ORIGINAL . . . . .                 | 173     |
| bepotastine besilate . . . . .           | 290     | BOOST PLUS . . . . .                     | 173     |
| BERINERT . . . . .                       | 260     | boost soothe . . . . .                   | 220     |
| BESIVANCE . . . . .                      | 39      | BOOST VERY HIGH CALORIE . . . . .        | 173     |
| beta hc . . . . .                        | 166     | BOOST VHC . . . . .                      | 173     |
| betamethasone dipropionate . . . . .     | 164,233 | BOOST WOMEN . . . . .                    | 173     |
| BETAMETHASONE DIPROPIONATE AUG . . . . . | 164     | bosentan . . . . .                       | 299     |
| betamethasone dipropionate aug . . . . . | 164,233 | BOSULIF . . . . .                        | 68,309  |
| betamethasone valerate . . . . .         | 164     | BP 10-1 . . . . .                        | 170     |
| BETAMETHASONE VALERATE . . . . .         | 164     | bp wash . . . . .                        | 167     |
| BETASERON . . . . .                      | 159     | bprotected pedia d-vite . . . . .        | 272     |

|  |         |
|--|---------|
| bprotected pedia iron . . . . .          | 194     |
| BRAINSUSTAIN . . . . .                   | 173     |
| BRAINSUSTAIN FOR KIDS . . . . .          | 173     |
| BREO ELLIPTA . . . . .                   | 302     |
| breyana . . . . .                        | 302     |
| BREZTRI AEROSPHERE . . . . .             | 302     |
| briellyn . . . . .                       | 249     |
| BRIGHT BEGINNINGS PEDIATRIC . . . . .    | 173     |
| BRILINTA . . . . .                       | 107     |
| brimonidine tartrate . . . . .           | 292     |
| brimonidine tartrate-timolol . . . . .   | 289     |
| brinzolamide . . . . .                   | 292     |
| BRIXADI . . . . .                        | 22      |
| BRIXADI (WEEKLY) . . . . .               | 22      |
| bromfed dm . . . . .                     | 304     |
| bromfenac sodium . . . . .               | 291     |
| bromfenac sodium (once-daily) . . . . .  | 291     |
| bromocriptine mesylate . . . . .         | 79      |
| BRUKINSA . . . . .                       | 67,318  |
| budesonide . . . . .                     | 271,293 |
| budesonide er . . . . .                  | 271     |
| budesonide-formoterol fumarate . . . . . | 302     |
| bumetanide . . . . .                     | 127     |
| buprenorphine . . . . .                  | 12      |
| buprenorphine hcl . . . . .              | 23      |
| buprenorphine hcl-naloxone hcl . . . . . | 23      |
| bupropion hcl . . . . .                  | 49      |
| bupropion hcl er (smoking det) . . . . . | 23      |
| bupropion hcl er (sr) . . . . .          | 49      |
| bupropion hcl er (xl) . . . . .          | 49      |
| bupirone hcl . . . . .                   | 143     |
| butalbital-acetaminophen . . . . .       | 153     |
| butalbital-apap-caff-cod . . . . .       | 16      |
| butalbital-apap-caffeine . . . . .       | 153,154 |
| butalbital-asa-caff-codeine . . . . .    | 16      |
| butalbital-aspirin-caffeine . . . . .    | 10      |
| butorphanol tartrate . . . . .           | 16      |
| BYLVAY . . . . .                         | 228     |
| BYLVAY (PELLETS) . . . . .               | 228     |

## C

|   |             |
|---|-------------|
| C-NATE DHA . . . . .  | 218         |
| cabergoline . . . . .   | 258         |
| CABOMETYX . . . . .   | 68          |
| CALCILO XD . . . . .  | 197         |
| calcipotriene . . . . .   | 168         |
| CALCIPOTRIENE . . . . .   | 168         |
| calcipotriene-betameth diprop . . . . .                               | 168         |
| calcitonin (salmon) . . . . .   | 271,272     |
| calcitrene . . . . .  | 168         |
| CALCITRIOL . . . . .  | 168,272     |
| calcitriol . . . . .  | 272         |
| calcium acetate . . . . .   | 191         |
| calcium acetate (phos binder) . . . . .                               | 191         |
| CALQUENCE . . . . .   | 67          |
| camila . . . . .  | 252         |
| camrese . . . . .   | 245         |
| camrese lo . . . . .  | 246         |
| CAMZYOS . . . . .   | 124         |
| candesartan cilexetil . . . . .                                       | 108,109,145 |
| candesartan cilexetil-hctz . . . . .                                  | 123         |
| CAPCOF . . . . .  | 304         |
| capecitabine . . . . .  | 62          |
| CAPLYTA . . . . .   | 139         |
| CAPRELSA . . . . .  | 77          |
| captopril . . . . .   | 110         |
| CAPTOPRIL-HYDROCHLOROTHIAZIDE . . . . .                               | 123         |
| carbamazepine . . . . .   | 47          |
| carBAMazepine 100 MG/5ML SUSPENSION (generic of TEGRETOL) . . . . .   | 47          |
| carbamazepine er . . . . .  | 47,48       |
| CarBAMazepine ER 100 MG CAP ER 12H (generic of CARBATROL) . . . . .   | 47          |
| CarBAMazepine ER 100 MG TAB ER 12H (generic of TEGRETOL-XR) . . . . . | 47          |
| carBAMazepine ER 200 MG CAP ER 12H (generic of CARBATROL) . . . . .   | 47          |
| CarBAMazepine ER 200 MG TAB ER 12H (generic of TEGRETOL-XR) . . . . . | 47          |

|  |       |                                     |         |
|--|-------|-------------------------------------|---------|
| CarBAMazepine ER 300 MG CAP ER 12H (generic of CARBATROL).....   | 47    | CFPREOP.....                        | 173     |
| CarBAMazepine ER 400 MG TAB ER 12H (generic of TEGRETOL-XR)..... | 48    | CHANTIX.....                        | 33      |
| carbidopa-levodopa.....  | 81    | CHANTIX CONTINUING MONTH PAK.....   | 33      |
| carbidopa-levodopa er.....                                       | 81    | charlotte 24 fe.....                | 247     |
| carbidopa-levodopa-entacapone.....                               | 79    | chateal eq.....                     | 245     |
| CARDURA XL.....  | 231   | CHEMSTRIP 2.....                    | 286     |
| carglumic acid.....  | 172   | CHICKEN/PEAS/CARROTS.....           | 214     |
| carisoprodol.....  | 305   | CHICKEN/PEAS/CARROTS PLUS.....      | 173     |
| CARNATION BREAKFAST ESSENTIALS.....                              | 173   | CHICKEN/PEAS/CARROTS PLUS PEDI..... | 173     |
| CARTEOLOL HCL.....   | 291   | childrens aspirin.....              | 3       |
| cartia xt.....   | 118   | chlordiazepoxide hcl.....           | 143     |
| carvedilol.....  | 113   | CHLORDIAZEPOXIDE-AMITRIPTYLINE..... | 49      |
| carvedilol phosphate er.....                                     | 113   | chlordiazepoxide-clidinium.....     | 224     |
| CAVERJECT.....   | 232   | CHLORDIAZEPOXIDE-CLIDINIUM.....     | 224     |
| CAYA.....  | 275   | chlorhexidine gluconate.....        | 160     |
| CAYSTON.....   | 297   | chloroquine phosphate.....          | 78      |
| CEFACTOR.....  | 35,36 | CHLOROQUINE PHOSPHATE.....          | 78      |
| CEFADROXIL.....  | 36    | chlorpromazine hcl.....             | 137     |
| cefadroxil.....  | 36    | chlorthalidone.....                 | 128     |
| cefdinir.....  | 36    | chlorzoxazone.....                  | 305     |
| cefixime.....  | 36    | cholestyramine.....                 | 132     |
| CEFIXIME.....  | 36    | cholestyramine light.....           | 132     |
| CEFPODOXIME PROXETIL.....  | 36    | CHOLEXTRA.....                      | 281     |
| cefpodoxime proxetil.....  | 36    | CHORIONIC GONADOTROPIN.....         | 236,237 |
| cefprozil.....   | 36    | ciclopirox.....                     | 171     |
| cefuroxime axetil.....   | 36    | ciclopirox olamine.....             | 57      |
| celecoxib.....   | 10    | cilostazol.....                     | 106     |
| CELLCEPT.....  | 269   | CILOXAN.....                        | 39      |
| CENTAVITE A-Z COMPLETE-MINERAL.....                              | 205   | CIMDUO.....                         | 85      |
| CENTRAVITES.....   | 205   | cimetidine.....                     | 225     |
| CENTRAVITES 50 PLUS.....   | 205   | cimetidine hcl.....                 | 225     |
| CENTURY.....   | 205   | cinacalcet hcl.....                 | 273     |
| CENTURY MATURE.....  | 205   | ciprofloxacin hcl.....              | 39,293  |
| cephalexin.....  | 36    | ciprofloxacin-dexamethasone.....    | 293     |
| CEROVITE SENIOR.....   | 205   | citalopram hydrobromide.....        | 51      |
| CERTAVITE/ANTIOXIDANTS.....                                      | 205   | CITRANATAL 90 DHA.....              | 220     |
| cetorelix acetate.....   | 258   | CITRANATAL ASSURE.....              | 220     |
| CETROTIDE.....   | 258   | CITRANATAL B-CALM.....              | 220     |
| cevimeline hcl.....  | 160   | CITRANATAL HARMONY.....             | 220     |
|  |       | CITRANATAL MEDLEY.....              | 220     |
|  |       | cladribine (10 tabs).....           | 157     |

|  |         |  |         |
|--|---------|--|---------|
| cladribine (4 tabs) . . . . .                                    | 157     | clotrimazole-betamethasone . . . . .     | 168     |
| cladribine (5 tabs) . . . . .                                    | 157     | CLOTRIMAZOLE-BETAMETHASONE . . . . .     | 168     |
| cladribine (6 tabs) . . . . .                                    | 157     | clozapine . . . . .                      | 137,138 |
| cladribine (7 tabs) . . . . .                                    | 158     | CO-NATAL FA . . . . .                    | 218     |
| cladribine (8 tabs) . . . . .                                    | 158     | COARTEM . . . . .                        | 78      |
| cladribine (9 tabs) . . . . .                                    | 158     | COBENFY . . . . .                        | 318     |
| claravis . . . . .   | 163     | COBENFY STARTER PACK . . . . .           | 318     |
| CLARITHROMYCIN . . . . .   | 38      | colchicine . . . . .                     | 59      |
| clarithromycin . . . . .   | 38      | colchicine-probenecid . . . . .          | 59      |
| clarithromycin er . . . . .                                      | 38      | colesevelam hcl . . . . .                | 132     |
| clearlax . . . . .   | 222     | colestipol hcl . . . . .                 | 132     |
| CLEMASTINE FUMARATE . . . . .                                    | 295     | COMBIPATCH . . . . .                     | 243     |
| CLEOCIN . . . . .  | 34      | COMBIVENT RESPIMAT . . . . .             | 304     |
| CLICK ESPRESSO PROTEIN DRINK . . . . .                           | 281     | COMETRIQ (100 MG DAILY DOSE) . . . . .   | 69      |
| CLIMARA PRO . . . . .  | 243     | COMETRIQ (140 MG DAILY DOSE) . . . . .   | 69      |
| clindacin . . . . .  | 171     | COMETRIQ (60 MG DAILY DOSE) . . . . .    | 69      |
| clindamycin hcl . . . . .  | 34      | COMPANION . . . . .                      | 205     |
| clindamycin palmitate hcl . . . . .                              | 34      | COMPETE . . . . .                        | 205     |
| clindamycin phos (once-daily) . . . . .                          | 171     | COMPLEAT . . . . .                       | 173     |
| clindamycin phos (twice-daily) . . . . .                         | 171     | COMPLEAT ORG BLEND 1.2-CHICKEN . . . . . | 173     |
| clindamycin phos-benzoyl perox . . . . .                         | 162     | COMPLEAT ORG BLEND 1.2-PLANT . . . . .   | 173     |
| clindamycin phosphate . . . . .                                  | 34,171  | COMPLEAT ORGANIC BLENDS . . . . .        | 173     |
| clindamycin-tretinoin . . . . .                                  | 162     | COMPLEAT ORIGINAL PLANT-BASED . . . . .  | 173     |
| CLINPRO 5000 . . . . .   | 161     | COMPLEAT PED ORGBLEND 1.2-CHIC . . . . . | 174     |
| clobazam . . . . .   | 44      | COMPLEAT PED ORGBLEND 1.2-PLNT . . . . . | 174     |
| clobetasol prop emollient base . . . . .                         | 164     | COMPLEAT PEDI ORIG PLANT-BASED . . . . . | 173     |
| clobetasol propionate . . . . .                                  | 164     | COMPLEAT PEDI PEPTIDE 1.5 . . . . .      | 173     |
| clobetasol propionate e . . . . .                                | 233     | COMPLEAT PEDI STANDARD 1.0 . . . . .     | 173     |
| clodan . . . . .   | 164     | COMPLEAT PEDI STANDARD 1.4 . . . . .     | 173     |
| clomid . . . . .   | 240     | COMPLEAT PEDIATRIC . . . . .             | 173     |
| clomiphene citrate . . . . .                                     | 240     | COMPLEAT PEDIATRIC ORG BLENDS . . . . .  | 173     |
| clomipramine hcl . . . . .                                       | 54      | COMPLEAT PEDIATRIC PEPTIDE 1.0 . . . . . | 173     |
| clonazepam . . . . .   | 143,144 | COMPLEAT PEPTIDE 1.0 . . . . .           | 174     |
| clonidine . . . . .  | 107     | COMPLEAT PEPTIDE 1.5 . . . . .           | 174     |
| clonidine hcl . . . . .  | 107     | COMPLEAT STANDARD 1.4 . . . . .          | 174     |
| clonidine hcl 0.1 mg tab er 12h (generic of<br>KAPVAY) . . . . . | 150     | COMPLERA . . . . .                       | 84      |
| clonidine hcl er . . . . .                                       | 150     | COMPLETE NATAL DHA . . . . .             | 217     |
| clopidogrel bisulfate . . . . .                                  | 106     | COMPLETENATE . . . . .                   | 218     |
| clorazepate dipotassium . . . . .                                | 144     | COMPLEX ESSENTIAL MSD . . . . .          | 174     |
| clotrimazole . . . . .   | 57      | compro . . . . .                         | 56      |
|  |         | CONCEPT DHA . . . . .                    | 217     |

|  |         |  |          |
|--|---------|--|----------|
| CONCEPT OB . . . . .                   | 219     | cvs aspirin adult low strength . . . . . | 3        |
| constulose . . . . .                   | 221     | cvs aspirin ec . . . . .                 | 3        |
| CONTOUR MONITOR . . . . .              | 274     | cvs aspirin low dose . . . . .           | 3        |
| CONTOUR NEXT EZ . . . . .              | 274     | cvs aspirin low strength . . . . .       | 3        |
| CONTOUR NEXT GEN MONITOR . . . . .     | 274     | cvs cortisone maximum strength . . . . . | 166      |
| CONTOUR NEXT LINK . . . . .            | 274     | cvs d3 . . . . .                         | 272      |
| CONTOUR NEXT MONITOR . . . . .         | 274     | CVS DAILY MULTIPLE FOR MEN . . . . .     | 205      |
| CONTOUR NEXT ONE . . . . .             | 274     | CVS DAILY MULTIPLE WOMEN 50+ . . . . .   | 205      |
| CONTOUR NEXT TEST . . . . .            | 276     | cvs esomeprazole magnesium . . . . .     | 226      |
| CONTOUR PLUS BLUE . . . . .            | 274     | CVS EYE HEALTH & LUTEIN . . . . .        | 205      |
| CONTOUR PLUS TEST . . . . .            | 276     | cvs fish oil . . . . .                   | 215      |
| CONTOUR TEST . . . . .                 | 276     | cvs folic acid . . . . .                 | 195      |
| CONTRACE . . . . .                     | 155     | CVS GENTLE INFANT FORMULA/IRON . . . . . | 197      |
| CORDRAN . . . . .                      | 165     | cvs genuine aspirin . . . . .            | 4        |
| COREVIA . . . . .                      | 205     | cvs glucose . . . . .                    | 95       |
| CORLANOR . . . . .                     | 123     | CVS GLUCOSE BITS . . . . .               | 95       |
| CORTIFOAM . . . . .                    | 271     | cvs glucose shot . . . . .               | 95       |
| CORTISPORIN-TC . . . . .               | 293     | CVS INFANT FORMULA/IRON . . . . .        | 197      |
| cortizone-10 diabetics skin . . . . .  | 166     | cvs motion sickness ii . . . . .         | 55       |
| cortizone-10 eczema . . . . .          | 166     | cvs natural fish oil . . . . .           | 215      |
| cortizone-10 hydratensive . . . . .    | 166     | cvs nicotine . . . . .                   | 23,24,27 |
| CORTROPHIN GEL . . . . .               | 309,310 | cvs nicotine polacrilex . . . . .        | 27       |
| CORVITA . . . . .                      | 205     | CVS NUTRITION LIQUID . . . . .           | 174      |
| CORVITA 150 . . . . .                  | 204     | CVS NUTRITION PLUS . . . . .             | 174      |
| COSENTYX . . . . .                     | 264     | CVS NUTRITION PLUS CHOCOLATE . . . . .   | 174      |
| COSENTYX (300 MG DOSE) . . . . .       | 264     | CVS NUTRITION PLUS VANILLA . . . . .     | 174      |
| COSENTYX SENSOREADY (300 MG) . . . . . | 264     | CVS NUTRITIONAL SHAKE . . . . .          | 174      |
| COSENTYX SENSOREADY PEN . . . . .      | 264     | cvs omeprazole-sod bicarbonate . . . . . | 227      |
| COSENTYX UNOREADY . . . . .            | 264     | CVS ONE DAILY ESSENTIAL . . . . .        | 205      |
| COTELIC . . . . .                      | 69      | CVS ONE DAILY MENS FORMULA . . . . .     | 205      |
| CRENESSITY . . . . .                   | 310     | CVS ONE DAILY WOMENS FORMULA . . . . .   | 205      |
| CREON . . . . .                        | 229     | cvs purelax . . . . .                    | 222      |
| CRINONE . . . . .                      | 253     | CVS SENSITIVITY/IRON . . . . .           | 197      |
| cromolyn sodium . . . . .              | 227,302 | cvs slow release iron . . . . .          | 194      |
| CROMOLYN SODIUM . . . . .              | 290,302 | CVS SPECTRAVITE ADVANCED . . . . .       | 205      |
| CROTAN . . . . .                       | 171     | CVS SPECTRAVITE MEN . . . . .            | 205      |
| cryselle . . . . .                     | 251     | CVS SPECTRAVITE MEN 50+ . . . . .        | 205      |
| cryselle-28 . . . . .                  | 251     | CVS SPECTRAVITE SENIOR . . . . .         | 205      |
| CVS ADVANTAGE/IRON . . . . .           | 197     | CVS SPECTRAVITE ULTRA MENS . . . . .     | 205      |
| cvs aspirin . . . . .                  | 3       | CVS SPECTRAVITE WOMEN . . . . .          | 206      |
| cvs aspirin adult low dose . . . . .   | 3       | CVS SPECTRAVITE WOMEN 50+ . . . . .      | 205      |

|   |        |   |         |
|---|--------|---|---------|
| CVS SPECTRAVITE WOMENS SENIOR . . . . . | 206    | dasatinib . . . . .                     | 70      |
| CVS TENDER/IRON . . . . .               | 197    | dasetta 1/35 . . . . .                  | 249     |
| CVS TODDLER & INFANT/IRON . . . . .     | 197    | dasetta 7/7/7 . . . . .                 | 249     |
| CVS TODDLER BEGINNINGS-IRON . . . . .   | 197    | DAYAVITE . . . . .                      | 206     |
| CVS WOMENS ACTIVE DAILY . . . . .       | 206    | DAYBUE . . . . .                        | 230     |
| cyanocobalamin . . . . .                | 193    | DAYBUE STIX . . . . .                   | 317     |
| CYCLINEX-1 . . . . .                    | 281    | daysee . . . . .                        | 246     |
| CYCLINEX-2 . . . . .                    | 281    | deblitane . . . . .                     | 252     |
| cyclobenzaprine hcl . . . . .           | 305    | deferasirox . . . . .                   | 189,190 |
| cyclopentolate hcl . . . . .            | 289    | deferiprone . . . . .                   | 190     |
| cyclophosphamide . . . . .              | 60     | DELESTROGEN . . . . .                   | 244     |
| CYCLOPHOSPHAMIDE . . . . .              | 60     | DELSTRIGO . . . . .                     | 83      |
| CYCLOSET . . . . .                      | 87     | delta d3 . . . . .                      | 272     |
| cyclosporine . . . . .                  | 267    | delyla . . . . .                        | 245     |
| cyclosporine (pf) . . . . .             | 289    | demeclocycline hcl . . . . .            | 40      |
| cyclosporine modified . . . . .         | 267    | denta 5000 plus . . . . .               | 161     |
| cyproheptadine hcl . . . . .            | 295    | DENTA 5000 PLUS . . . . .               | 161     |
| cyred eq . . . . .                      | 240    | DENTA 5000 PLUS SENSITIVE . . . . .     | 161     |
| CYTOMEL . . . . .                       | 256    | DENTAGEL . . . . .                      | 161     |
| <b>D</b>                                |        | DEPLIN MA . . . . .                     | 206     |
| d-400 . . . . .                         | 272    | DEPLINPRO MOOD HEALTH . . . . .         | 206     |
| d-vi-sol . . . . .                      | 272    | DEPO-ESTRADIOL . . . . .                | 243     |
| d-vite pediatric . . . . .              | 272    | DEPO-SUBQ PROVERA 104 . . . . .         | 252     |
| D-XYLOSE . . . . .                      | 276    | depo-testosterone . . . . .             | 240     |
| d3 . . . . .                            | 272    | DERMACINRX MULTITAM . . . . .           | 206     |
| d3 high potency . . . . .               | 272    | DERMACINRX RIBOTIN-E . . . . .          | 206     |
| d3 kids . . . . .                       | 272    | DERMACINRX ZINTREXYL-C . . . . .        | 206     |
| D3 LIQUID . . . . .                     | 272    | dermarest eczema . . . . .              | 166     |
| daily amino acid . . . . .              | 192    | DESCOVY . . . . .                       | 84      |
| DAILY BETIC . . . . .                   | 206    | desipramine hcl . . . . .               | 54      |
| DAILY COMBO MULTI VITAMINS . . . . .    | 206    | desmopressin ace spray refrig . . . . . | 237     |
| DAILY MULTIPLE VITAMINS/MIN . . . . .   | 206    | desmopressin acetate . . . . .          | 237     |
| dalfampridine er . . . . .              | 158    | desmopressin acetate spray . . . . .    | 237     |
| danazol . . . . .                       | 239    | DESMOPRESSIN ACETATE SPRAY . . . . .    | 237     |
| dantrolene sodium . . . . .             | 81     | desogestrel-ethinyl estradiol . . . . . | 241     |
| dapaglifloz base-metformin er . . . . . | 87     | desonide . . . . .                      | 164,234 |
| dapagliflozin . . . . .                 | 87     | DESONIDE . . . . .                      | 164,234 |
| dapsone . . . . .                       | 59,171 | desoximetasone . . . . .                | 164,165 |
| darifenacin hydrobromide er . . . . .   | 230    | DESOXIMETASONE . . . . .                | 165     |
| darunavir . . . . .                     | 86     | desvenlafaxine succinate er . . . . .   | 51      |
|   |        | dexamethasone . . . . .                 | 234     |

|   |         |  |            |
|---|---------|--|------------|
| DEXAMETHASONE . . . . .   | 234     | DIARESQ . . . . .                        | 174        |
| DEXAMETHASONE INTENSOL . . . . .  | 234     | DIARESQ CHILDRENS . . . . .              | 174        |
| dexamethasone sodium phosphate . . . . .  | 234     | DIARESQ GENTLE RELIEF TODDLERS . . . . . | 174        |
| DEXAMETHASONE SODIUM PHOSPHATE . . . . .  | 234,291 | DIATROL . . . . .                        | 206        |
| DEXCOM G6 RECEIVER . . . . .  | 274     | diazepam . . . . .                       | 44,144,145 |
| DEXCOM G6 SENSOR . . . . .  | 275     | diazepam intensol . . . . .              | 145        |
| DEXCOM G6 TRANSMITTER . . . . .   | 275     | diazoxide . . . . .                      | 95         |
| DEXCOM G7 15 DAY SENSOR . . . . .   | 275     | diclofenac potassium . . . . .           | 10         |
| DEXCOM G7 RECEIVER . . . . .  | 275     | diclofenac sodium . . . . .              | 10,168,291 |
| DEXCOM G7 SENSOR . . . . .  | 275     | diclofenac sodium er . . . . .           | 10         |
| DEXIFOL . . . . .   | 193     | diclofenac-misoprostol . . . . .         | 10         |
| Dexmethylphenidate HCl 10 MG TAB (generic of<br>FOCALIN) . . . . .              | 150     | dicloxacin sodium . . . . .              | 37         |
| Dexmethylphenidate HCl 2.5 MG TAB (generic of<br>FOCALIN) . . . . .             | 150     | dicyclomine hcl . . . . .                | 224        |
| Dexmethylphenidate HCl 5 MG TAB (generic of<br>FOCALIN) . . . . .               | 150     | diethylpropion hcl . . . . .             | 155        |
| Dexmethylphenidate HCl ER 10 MG CAP ER 24H<br>(generic of FOCALIN XR) . . . . . | 150     | DIETHYLPROPION HCL ER . . . . .          | 155        |
| Dexmethylphenidate HCl ER 15 MG CAP ER 24H<br>(generic of FOCALIN XR) . . . . . | 150     | DIFFERIN . . . . .                       | 162        |
| Dexmethylphenidate HCl ER 20 MG CAP ER 24H<br>(generic of FOCALIN XR) . . . . . | 150     | DIFICID . . . . .                        | 39         |
| Dexmethylphenidate HCl ER 25 MG CAP ER 24H<br>(generic of FOCALIN XR) . . . . . | 150     | diflunisal . . . . .                     | 10         |
| Dexmethylphenidate HCl ER 30 MG CAP ER 24H<br>(generic of FOCALIN XR) . . . . . | 150     | difluprednate . . . . .                  | 291        |
| Dexmethylphenidate HCl ER 35 MG CAP ER 24H<br>(generic of FOCALIN XR) . . . . . | 150     | digoxin . . . . .                        | 123        |
| Dexmethylphenidate HCl ER 40 MG CAP ER 24H<br>(generic of FOCALIN XR) . . . . . | 151     | DIGOXIN . . . . .                        | 123        |
| Dexmethylphenidate HCl ER 5 MG CAP ER 24H<br>(generic of FOCALIN XR) . . . . .  | 151     | dihydroergotamine mesylate . . . . .     | 145        |
| dextroamphetamine sulfate . . . . .   | 149     | DILANTIN . . . . .                       | 48         |
| dextroamphetamine sulfate er . . . . .  | 149     | DILANTIN INFATABS . . . . .              | 48         |
| DIABETES HEALTH FORMULA . . . . .   | 206     | DILANTIN-125 . . . . .                   | 48         |
| DIABETISOURCE AC . . . . .  | 174     | dilt-xr . . . . .                        | 117        |
| DIALYVITE . . . . .   | 193     | diltiazem hcl . . . . .                  | 116,117    |
| DIALYVITE 800/ULTRA D . . . . .   | 206     | diltiazem hcl er . . . . .               | 117        |
| DIALYVITE SUPREME D . . . . .   | 206     | diltiazem hcl er beads . . . . .         | 118        |
| DIALYVITE/ZINC . . . . .  | 193     | diltiazem hcl er coated beads . . . . .  | 118        |
|   |         | dimetane allergy relief ex st . . . . .  | 295        |
|   |         | dimethyl fumarate . . . . .              | 158        |
|   |         | dimethyl fumarate starter pack . . . . . | 158        |
|   |         | DIPENTUM . . . . .                       | 271        |
|   |         | diphenhydramine hcl . . . . .            | 295        |
|   |         | DIPHENOXYLATE-ATROPINE . . . . .         | 223        |
|   |         | diphenoxylate-atropine . . . . .         | 223        |
|   |         | dipyridamole . . . . .                   | 106        |
|   |         | disopyramide phosphate . . . . .         | 111,112    |
|   |         | disulfiram . . . . .                     | 22         |
|   |         | DIURIL . . . . .                         | 128        |

|                                |         |
|--------------------------------|---------|
| divalproex sodium              | 41      |
| divalproex sodium er           | 41      |
| DIVIGEL                        | 242     |
| dodex                          | 193     |
| dofetilide                     | 112     |
| dolishale                      | 246     |
| donepezil hcl                  | 135     |
| DOPTELET                       | 106     |
| DOPTELET SPRINKLE              | 309     |
| dorzolamide hcl                | 292     |
| dorzolamide hcl-timolol mal    | 289     |
| dorzolamide hcl-timolol mal pf | 289     |
| dotti                          | 242     |
| DOVATO                         | 83      |
| doxazosin mesylate             | 108     |
| doxepin hcl                    | 54,55   |
| DOXEPIN HCL                    | 54,55   |
| DOXERCALCIFEROL                | 273     |
| doxycycline                    | 40      |
| doxycycline hyclate            | 40      |
| doxycycline monohydrate        | 40      |
| doxylamine-pyridoxine          | 55      |
| DPP DIPEPTIDE POWER            | 174     |
| DR BROWN GOOD ST SOY-EASE PRO  | 197     |
| DR BROWN GOOD START GENTLE PRO | 197     |
| DR BROWN GOOD START SOOTHE PRO | 197     |
| dramamine less drowsy          | 55      |
| dronabinol                     | 57      |
| DROPSAFE SAFETY SYRINGE/NEEDLE | 280     |
| drosipren-eth estrad-levomefol | 241,242 |
| drosiprenone-ethinyl estradiol | 241     |
| DROXIA                         | 63      |
| DRYSOL                         | 167     |
| DUAVEE                         | 240     |
| DUET DHA 400                   | 219     |
| DULERA                         | 304     |
| duloxetine hcl                 | 156,157 |
| DUOCAL                         | 281     |
| DUOPA                          | 81      |
| DUPIXENT                       | 261     |
| dutasteride                    | 231     |

|         |     |
|---------|-----|
| DUVYZAT | 311 |
|---------|-----|

## E

|                                |         |
|--------------------------------|---------|
| e.e.s. 400                     | 38      |
| E.E.S. 400                     | 38      |
| EAA SUPPLEMENT                 | 174     |
| EASY COMFORT INSULIN SYRINGE   | 280     |
| ec-naproxen                    | 11,12   |
| econazole nitrate              | 57      |
| ecotrin                        | 4       |
| ecotrin arthrtis pain          | 4       |
| ecotrin low strength           | 4       |
| EDEX (2 CARTRIDGE)             | 232     |
| EDEX (6 CARTRIDGE)             | 232     |
| EDLUAR                         | 306     |
| EDURANT                        | 84      |
| EDURANT PED                    | 315     |
| EFAVIRENZ                      | 83      |
| efavirenz                      | 83      |
| efavirenz-emtricitab-tenofo df | 83      |
| EFAVIRENZ-LAMIVUDINE-TENOFOVIR | 83      |
| efavirenz-lamivudine-tenofovir | 83      |
| EFFER-K                        | 217     |
| EGG/PRO                        | 281     |
| EGRIFTA SV                     | 239     |
| EGRIFTA WR                     | 316     |
| EKTERLY                        | 315     |
| ELECARE                        | 282     |
| ELECARE DHA/ARA                | 282     |
| ELECARE DHA/ARA INFANT         | 282     |
| ELECARE DHA/ARA/IRON INFANT    | 197     |
| ELECARE JR                     | 174,282 |
| ELESTRIN                       | 242     |
| eletriptan hydrobromide        | 146     |
| elinest                        | 251     |
| ELIQUIS                        | 98,308  |
| ELIQUIS (1.5 MG PACK)          | 308     |
| ELIQUIS (2 MG PACK)            | 308     |
| ELIQUIS DVT/PE STARTER PACK    | 98      |
| ELITE-OB                       | 219     |
| elixophyllin                   | 299     |

|  |         |  |         |
|--|---------|--|---------|
| ELLA . . . . .                           | 253     | ENFAMIL GENTLEASE LIPIL . . . . .        | 276     |
| ELMIRON . . . . .                        | 233     | ENFAMIL HUMAN MILK FORTIFIER . . . . .   | 198,277 |
| eltrombopag olamine . . . . .            | 103     | ENFAMIL INFANT . . . . .                 | 198     |
| eluryng . . . . .                        | 244     | ENFAMIL MILK-BASED W/IRON . . . . .      | 198,277 |
| EMCYT . . . . .                          | 62      | ENFAMIL NEUROPRO ENFACARE . . . . .      | 198,277 |
| EMEND . . . . .                          | 56      | ENFAMIL NEUROPRO GENTLEASE . . . . .     | 198,277 |
| EMGALITY . . . . .                       | 146     | ENFAMIL NEUROPRO INFANT . . . . .        | 198,277 |
| EMGALITY (300 MG DOSE) . . . . .         | 146     | ENFAMIL NEUROPRO SENSITIVE . . . . .     | 198     |
| EMPAVELI . . . . .                       | 263     | ENFAMIL NUTRAMIGEN . . . . .             | 277     |
| EMSAM . . . . .                          | 50,51   | ENFAMIL NUTRAMIGEN LIPIL . . . . .       | 198     |
| emtricitab-rilpivir-tenofov df . . . . . | 84      | ENFAMIL NUTRAMIGEN PROBIOT LGG . . . . . | 198     |
| emtricitabine . . . . .                  | 84      | ENFAMIL NUTRAMIGEN TOD/ENF LGG . . . . . | 198     |
| emtricitabine-tenofovir df . . . . .     | 84      | ENFAMIL PREGESTIMIL LIPIL . . . . .      | 277     |
| EMTRIVA . . . . .                        | 84      | ENFAMIL PREMATURE . . . . .              | 277     |
| emzahn . . . . .                         | 252     | ENFAMIL PREMIUM INFANT . . . . .         | 198,277 |
| enalapril maleate . . . . .              | 110     | ENFAMIL PREMIUM LIPIL . . . . .          | 198     |
| enalapril-hydrochlorothiazide . . . . .  | 123     | ENFAMIL PREMIUM NEWBORN . . . . .        | 198     |
| ENBRACE HR . . . . .                     | 217     | ENFAMIL PROSOBEE LIPIL . . . . .         | 198,277 |
| ENBREL . . . . .                         | 268     | ENFAMIL PROSOBEE SOY . . . . .           | 198     |
| ENBREL MINI . . . . .                    | 268     | ENFAMIL PROSOBEE/SENSITIVE . . . . .     | 277     |
| ENBREL SURECLICK . . . . .               | 268     | ENFAMIL REGULINE-IRON . . . . .          | 198     |
| ENCALA . . . . .                         | 174,282 | ENFAPORT . . . . .                       | 277     |
| ENCARE . . . . .                         | 232     | enilloring . . . . .                     | 244     |
| endocet . . . . .                        | 19      | ENLIVE . . . . .                         | 174     |
| ENDOMETRIN . . . . .                     | 253     | enoxaparin sodium . . . . .              | 99      |
| ENFAGROW NEUROPRO TODDLER . . . . .      | 276     | enpresse-28 . . . . .                    | 245     |
| ENFAGROW NEXT STEP . . . . .             | 276     | ENSACOVE . . . . .                       | 311     |
| ENFAGROW PREMIUM LIPIL . . . . .         | 197     | enskyce . . . . .                        | 241     |
| ENFAGROW PREMIUM OLDER TODDLER . . . . . | 197     | ENSPRYNG . . . . .                       | 264     |
| ENFAGROW PREMIUM TODDLER . . . . .       | 197     | ENSURE . . . . .                         | 175,282 |
| ENFAGROW PREMIUM TODDLER GENTL . . . . . | 197     | ENSURE ACTIVE . . . . .                  | 174     |
| ENFAMIL 24 . . . . .                     | 276     | ENSURE ACTIVE HEART HEALTH . . . . .     | 174     |
| ENFAMIL A.R. INFANT . . . . .            | 197     | ENSURE ACTIVE HIGH PROTEIN . . . . .     | 174     |
| ENFAMIL AR LIPIL . . . . .               | 276     | ENSURE ACTIVE LIGHT . . . . .            | 174     |
| ENFAMIL AR SPIT-UP . . . . .             | 197,276 | ENSURE BONE HEALTH REVIGOR . . . . .     | 175     |
| ENFAMIL DHA & ARA SUPPLEMENT . . . . .   | 276     | ENSURE CLEAR . . . . .                   | 175     |
| ENFAMIL ENFACARE . . . . .               | 276     | ENSURE CLINICAL ST REVIGOR . . . . .     | 175     |
| ENFAMIL ENSPIRE GENTLEASE . . . . .      | 198     | ENSURE COMPACT . . . . .                 | 175     |
| ENFAMIL ENSPIRE OPTIMUM . . . . .        | 198     | ENSURE COMPLETE . . . . .                | 175     |
| ENFAMIL ENSPIRE/IRON . . . . .           | 198     | ENSURE COMPLETE SHAKE . . . . .          | 175     |
| ENFAMIL GENTLEASE . . . . .              | 198,276 | ENSURE ENLIVE . . . . .                  | 175     |

|                                      |         |                                     |                |
|--------------------------------------|---------|-------------------------------------|----------------|
| ENSURE HARVEST 1.2 CAL.....          | 175     | eq aspirin low dose.....            | 4              |
| ENSURE HEALTHY MOM.....              | 175     | eq clearlax.....                    | 222            |
| ENSURE HIGH CALCIUM.....             | 175     | EQ COMPLETE MULTIVIT ADULT 50+..... | 206            |
| ENSURE HIGH PROTEIN.....             | 175,282 | eq esomeprazole magnesium.....      | 226            |
| ENSURE IMMUNE HEALTH.....            | 175     | eq nicotine.....                    | 24,27          |
| ENSURE MAX PROTEIN.....              | 175     | eq nicotine polacrilex.....         | 28             |
| ENSURE MAX PROTEIN WITH CAFFEIN..... | 175     | eq nicotine step 3.....             | 24             |
| ENSURE MUSCLE HEALTH REVIGOR.....    | 175     | EQ NUTRITIONAL SHAKE.....           | 176            |
| ENSURE NUTRA SHAKE HI-CAL.....       | 175     | EQ NUTRITIONAL SHAKE PLUS.....      | 176            |
| ENSURE NUTRITION SHAKE.....          | 175     | EQ ONE DAILY WOMENS HEALTH.....     | 206            |
| ENSURE ORIG THERAPEUTIC NUTRI.....   | 175     | EQ WEIGHT LOSS SHAKE.....           | 176            |
| ENSURE ORIGINAL.....                 | 175,282 | eql aspirin ec.....                 | 4              |
| ENSURE ORIGINAL/FIBER.....           | 175     | eql aspirin low dose.....           | 4,5            |
| ENSURE PLANT-BASED PROTEIN.....      | 175     | EQL CENTURY.....                    | 206            |
| ENSURE PLUS.....                     | 176     | EQL CENTURY MATURE.....             | 206            |
| ENSURE PLUS HIGH PROTEIN.....        | 175     | EQL CENTURY MATURE MEN 50+.....     | 206            |
| ENSURE PLUS HN.....                  | 176     | EQL CENTURY MATURE WOMEN 50+.....   | 206            |
| ENSURE PLUS WITH FIBER.....          | 176     | eql clearlax.....                   | 222            |
| ENSURE PRE-SURGERY.....              | 176     | eql fish oil.....                   | 215            |
| ENSURE SURGERY.....                  | 176     | eql motion sickness relief.....     | 55             |
| ENSURE SURGICAL NUTRITION.....       | 176     | eql omega 3 fish oil.....           | 215            |
| ENSURE/FIBER.....                    | 175     | EQL ONE DAILY MENS 50+ ADVANCE..... | 206            |
| entacapone.....                      | 79      | EQL ONE DAILY MENS HEALTH.....      | 206            |
| entecavir.....                       | 82      | EQL ONE DAILY WOMENS 50+ ADV.....   | 206            |
| ENTERADE.....                        | 176     | EQL VISION FORMULA.....             | 206            |
| ENTERADE IBS-D.....                  | 176     | eql vitamin d3.....                 | 272            |
| ENTRESTO.....                        | 126,315 | EQUATE.....                         | 176            |
| ENU COMPLETE NUTRITION SHAKE.....    | 176     | EQUATE PLUS.....                    | 176            |
| ENU NUTRITIONAL SHAKE.....           | 176     | EQUETRO.....                        | 148            |
| enulose.....                         | 221     | ergocalciferol.....                 | 273            |
| EO28 SPLASH.....                     | 176     | ERGOTAMINE-CAFFEINE.....            | 146            |
| epinastine hcl.....                  | 290     | ERIVEDGE.....                       | 77             |
| EPINEPHRINE.....                     | 297     | ERLEADA.....                        | 61             |
| epinephrine.....                     | 297     | erlotinib hcl.....                  | 71             |
| EPIPEN 2-PAK.....                    | 297     | errin.....                          | 252            |
| EPIPEN JR 2-PAK.....                 | 297     | ERTACZO.....                        | 58             |
| epitol.....                          | 48      | ERY.....                            | 171            |
| eplerenone.....                      | 127     | ery-tab.....                        | 38             |
| EPOGEN.....                          | 104     | ERYTHROCIN STEARATE.....            | 38             |
| eq aspirin.....                      | 4       | erythromycin.....                   | 38,171,172,290 |
| eq aspirin adult low dose.....       | 4       | ERYTHROMYCIN.....                   | 171            |

|                                |             |                         |       |
|--------------------------------|-------------|-------------------------|-------|
| ERYTHROMYCIN BASE              | 38          | falmina                 | 245   |
| erythromycin base              | 38          | famciclovir             | 87    |
| erythromycin ethylsuccinate    | 38          | famotidine              | 225   |
| escitalopram oxalate           | 51          | FANAPT                  | 139   |
| esgic                          | 154         | FANAPT TITRATION PACK A | 139   |
| esomeprazole magnesium         | 226         | FARXIGA                 | 87    |
| ESSENTIA                       | 207         | FASENRA PEN             | 302   |
| ESSENTIAL BALANCE              | 206         | fe-vite iron            | 194   |
| estarylla                      | 250         | febuxostat              | 59    |
| estazolam                      | 305         | feirza 1.5/30           | 247   |
| estradiol                      | 242,243,244 | feirza 1/20             | 247   |
| estradiol valerate             | 244         | felbamate               | 41    |
| estradiol-norethindrone acet   | 243         | felodipine er           | 115   |
| ESTRING                        | 244         | FEMCAP                  | 274   |
| eszopiclone                    | 305,306     | FEMRING                 | 243   |
| ethacrynic acid                | 127         | fenofibrate             | 129   |
| ethambutol hcl                 | 59          | FENOFIBRATE             | 129   |
| ethosuximide                   | 44          | fenofibrate micronized  | 129   |
| ethynodiol diac-eth estradiol  | 244         | fenofibric acid         | 129   |
| etodolac                       | 10          | FENOFIBRIC ACID         | 129   |
| etodolac er                    | 10          | fenoprofen calcium      | 11    |
| etonogestrel-ethinyl estradiol | 244         | FENOPROFEN CALCIUM      | 11    |
| ETOPOSIDE                      | 67          | fentanyl                | 12,13 |
| etravirine                     | 84          | fentanyl citrate        | 16,17 |
| EUCRISA                        | 164         | FENTANYL CITRATE        | 16,17 |
| euthyrox                       | 253         | fer-in-sol              | 194   |
| EVAMIST                        | 243         | ferocon                 | 193   |
| everolimus                     | 71,268      | FEROTRINSIC             | 193   |
| EVEXITHROID                    | 257         | FERRALET 90             | 193   |
| EVOTAZ                         | 86          | FERRIPROX               | 190   |
| EVRYSDI                        | 286,315     | FERRIPROX TWICE-A-DAY   | 190   |
| exemestane                     | 67          | ferrous sulfate         | 194   |
| EXPEDITE                       | 176         | ferrous sulfate er      | 194   |
| EXTENSIVE HA                   | 198         | fexmid                  | 305   |
| EYE-VITES                      | 207         | FIASP                   | 97    |
| ezetimibe                      | 132         | FIASP FLEXTOUCH         | 97    |
| ezetimibe-simvastatin          | 132,133     | FIASP PENFILL           | 97    |
|                                |             | FIASP PUMPCART          | 97    |
|                                |             | FIBER FLOW              | 176   |
|                                |             | FIBERSOURCE HN          | 176   |
|                                |             | FIBRICOR                | 129   |
| <b>F</b>                       |             |                         |       |
| fa-vitamin b-6-vitamin b-12    | 196         |                         |       |
| FABHALTA                       | 312         |                         |       |

|   |         |   |         |
|---|---------|---|---------|
| fidaxomicin . . . . .                   | 39      | FLUOROURACIL . . . . .                  | 168     |
| FINACEA . . . . .                       | 162     | fluorouracil . . . . .                  | 168     |
| finasteride . . . . .                   | 231     | fluoxetine hcl . . . . .                | 51,52   |
| fingolimod hcl . . . . .                | 159     | FLUOXETINE HCL . . . . .                | 52      |
| FINTEPLA . . . . .                      | 41      | FLUOXETINE HCL (PMDD) . . . . .         | 52      |
| finzala . . . . .                       | 247     | fluphenazine decanoate . . . . .        | 138     |
| FIRAZYR . . . . .                       | 260     | fluphenazine hcl . . . . .              | 138     |
| FIRST-LANSOPRAZOLE . . . . .            | 280     | FLUPHENAZINE HCL . . . . .              | 138     |
| FIRST-MOUTHWASH BLM . . . . .           | 276     | FLURANDRENOLIDE . . . . .               | 165     |
| FIRST-PANTOPRAZOLE . . . . .            | 227     | FLURAZEPAM HCL . . . . .                | 306     |
| FIRST-PROGESTERONE VGS . . . . .        | 286     | flurbiprofen . . . . .                  | 11      |
| fish oil . . . . .                      | 215     | FLURBIPROFEN . . . . .                  | 11      |
| fish oil burp-less . . . . .            | 215     | FLURBIPROFEN SODIUM . . . . .           | 291     |
| fish oil concentrate . . . . .          | 215     | fluticasone propionate . . . . .        | 165,294 |
| fish oil high potency . . . . .         | 215     | FLUTICASONE PROPIONATE . . . . .        | 165     |
| fish oil omega-3 . . . . .              | 215     | FLUTICASONE PROPIONATE DISKUS . . . . . | 294     |
| fish oil/super potent/no burp . . . . . | 215     | FLUTICASONE PROPIONATE HFA . . . . .    | 294     |
| FITFOOD LEAN COMPLETE . . . . .         | 176     | fluticasone propionate hfa . . . . .    | 294     |
| FIXODENT EXTRA HOLD . . . . .           | 275     | fluticasone-salmeterol . . . . .        | 303     |
| flac . . . . .                          | 293     | FLUTICASONE-SALMETEROL . . . . .        | 303     |
| FLAREX . . . . .                        | 291     | fluvoxamine maleate . . . . .           | 52      |
| flecainide acetate . . . . .            | 112     | fluvoxamine maleate er . . . . .        | 52      |
| FLORAFOL PEDIATRIC . . . . .            | 216     | FML FORTE . . . . .                     | 291     |
| FLORIVA PLUS . . . . .                  | 216     | FOLAGENT DHA . . . . .                  | 207     |
| FLORRAVITE . . . . .                    | 207     | FOLAMAX . . . . .                       | 207     |
| FLORRAXYL . . . . .                     | 207     | FOLAMED DHA . . . . .                   | 207     |
| fluconazole . . . . .                   | 57      | FOLAPRIME . . . . .                     | 207     |
| flucytosine . . . . .                   | 57      | FOLAREX . . . . .                       | 207     |
| fludrocortisone acetate . . . . .       | 234     | FOLASYNC DHA . . . . .                  | 207     |
| flunisolide . . . . .                   | 294     | folate . . . . .                        | 195     |
| fluocinolone acetonide . . . . .        | 165,293 | FOLATEN . . . . .                       | 207     |
| fluocinolone acetonide body . . . . .   | 165     | folbee . . . . .                        | 196     |
| fluocinolone acetonide scalp . . . . .  | 165     | FOLBEE PLUS . . . . .                   | 193     |
| fluocinonide . . . . .                  | 165     | FOLBEE PLUS CZ . . . . .                | 192     |
| fluocinonide emulsified base . . . . .  | 165     | folbic . . . . .                        | 196     |
| FLUORIDEX . . . . .                     | 161     | FOLGARD OS . . . . .                    | 214     |
| FLUORIDEX ENHANCED WHITENING . . . . .  | 161     | folic acid . . . . .                    | 195     |
| FLUORIDEX SENSITIVITY RELIEF . . . . .  | 161     | FOLIFLEX . . . . .                      | 207     |
| FLUORIMAX 5000 . . . . .                | 161     | FOLITIN-Z . . . . .                     | 207     |
| FLUORIMAX 5000 SENSITIVE . . . . .      | 161     | FOLIVANE-OB . . . . .                   | 219     |
| fluorometholone . . . . .               | 291     | FOLIVANE-PLUS . . . . .                 | 193     |

|                               |       |
|-------------------------------|-------|
| FOLIXIA                       | 207   |
| FOLLISTIM AQ                  | 237   |
| FOLPLEX 2.2                   | 196   |
| FOLTRIN                       | 194   |
| fondaparinux sodium           | 99    |
| formoterol fumarate           | 297   |
| FORTA DRINK                   | 282   |
| FORTA SHAKE                   | 282   |
| FORTEO                        | 274   |
| FORTINI INFANT FORMULA        | 277   |
| fosamprenavir calcium         | 86    |
| fosfomycin tromethamine       | 34    |
| fosinopril sodium             | 110   |
| fosinopril sodium-hctz        | 123   |
| FOSRENOL                      | 191   |
| FRAGMIN                       | 99    |
| FRAICHE 5000 DENTAL           | 161   |
| FREESTYLE LIBRE 14 DAY READER | 275   |
| FREESTYLE LIBRE 14 DAY SENSOR | 275   |
| FREESTYLE LIBRE 2 PLUS SENSOR | 275   |
| FREESTYLE LIBRE 2 READER      | 275   |
| FREESTYLE LIBRE 2 SENSOR      | 275   |
| FREESTYLE LIBRE 3 PLUS SENSOR | 275   |
| FREESTYLE LIBRE 3 READER      | 275   |
| FREESTYLE LIBRE 3 SENSOR      | 275   |
| frovatriptan succinate        | 146   |
| FRUITIVITS                    | 176   |
| ft acid reducer               | 226   |
| ft aspirin                    | 5     |
| ft aspirin low dose           | 5     |
| ft clearlax                   | 222   |
| ft enteric coated aspirin     | 5     |
| ft folic acid                 | 195   |
| ft iron slow release          | 194   |
| ft nicotine                   | 24,28 |
| ft nicotine mini              | 28    |
| furosemide                    | 127   |
| FUROSEMIDE                    | 127   |
| FUZEON                        | 85    |
| fyavolv                       | 248   |
| fyremadel                     | 258   |

## G

|                               |         |
|-------------------------------|---------|
| g tussin ac                   | 303     |
| GA                            | 282     |
| GA EXPRESS15                  | 176     |
| GA GEL                        | 176     |
| GA-1 ANAMIX EARLY YEARS       | 176,282 |
| gabapentin                    | 45      |
| galantamine hydrobromide      | 135     |
| GALANTAMINE HYDROBROMIDE      | 135     |
| galantamine hydrobromide er   | 135     |
| galbriela                     | 250     |
| gallifrey                     | 252     |
| ganirelix acetate             | 258     |
| gatifloxacin                  | 290     |
| GATTEX                        | 225     |
| gavilax                       | 222     |
| GAVILYTE-C                    | 225     |
| gavilyte-g                    | 225     |
| gavilyte-n with flavor pack   | 221     |
| GAVRETO                       | 75      |
| GELATEIN MCT                  | 176     |
| GELCLAIR                      | 160     |
| GELNIQUE                      | 231     |
| gemfibrozil                   | 129     |
| gemmily                       | 247     |
| GEMTESA                       | 231     |
| generlac                      | 221     |
| gengraf                       | 267     |
| GENOTROPIN                    | 237     |
| GENOTROPIN MINIQUICK          | 237,238 |
| gentamicin sulfate            | 34,290  |
| gentlelax                     | 222     |
| genuine aspirin               | 5       |
| GENVOYA                       | 83      |
| GERBER GOOD START A2-IRON     | 198     |
| GERBER GOOD START A2-TODDLER  | 199     |
| GERBER GOOD START GENTLE      | 199,277 |
| GERBER GOOD START GENTLE 2    | 199     |
| GERBER GOOD START GENTLEPRO   | 199     |
| GERBER GOOD START GENTLEPRO 2 | 199     |

|  |         |  |       |
|--|---------|--|-------|
| GERBER GOOD START GENTLEPRO/FE . . . . . | 199     | GLUCERNA CARBSTEADY . . . . .            | 177   |
| GERBER GOOD START GROW 3 . . . . .       | 199     | GLUCERNA HUNGER SMART SHAKE . . . . .    | 177   |
| GERBER GOOD START NOURISH . . . . .      | 199,277 | GLUCERNA OS . . . . .                    | 177   |
| GERBER GOOD START PREMATURE . . . . .    | 277     | GLUCERNA SELECT . . . . .                | 177   |
| GERBER GOOD START PROTECT/IRON . . . . . | 199     | GLUCERNA SHAKE . . . . .                 | 177   |
| GERBER GOOD START SOOTHE . . . . .       | 199     | GLUCERNA SNACK SHAKE . . . . .           | 177   |
| GERBER GOOD START SOOTHE 1 . . . . .     | 199     | GLUCERNA WEIGHT LOSS SHAKE . . . . .     | 177   |
| GERBER GOOD START SOOTHE 2 . . . . .     | 199     | gluco to go 15 . . . . .                 | 95    |
| GERBER GOOD START SOOTHEPRO . . . . .    | 199     | GLUCOSE . . . . .                        | 95,96 |
| GERBER GOOD START SOOTHEPRO/FE . . . . . | 199     | glucose . . . . .                        | 95,96 |
| GERBER GOOD START SOY . . . . .          | 199     | glucose gummies . . . . .                | 95    |
| GERBER GOOD START SOY/IRON . . . . .     | 199,277 | GLUCOSE INSTANT ENERGY . . . . .         | 96    |
| GERBER GOOD START SUPREME/IRON . . . . . | 199,277 | GLUTAREX-1 . . . . .                     | 282   |
| GERBER GRADUATES GENTLE/IRON . . . . .   | 199     | GLUTAREX-2 . . . . .                     | 282   |
| GERBER GRADUATES PROTECT/IRON . . . . .  | 199     | glutose 15 . . . . .                     | 95    |
| GERBER GRADUATES SOOTHE . . . . .        | 199     | glutose 45 . . . . .                     | 95    |
| GERBER GRADUATES SOY/IRON . . . . .      | 199     | glutose 5 . . . . .                      | 95    |
| GERBER NATURA STAGE 1 . . . . .          | 200     | glyburide . . . . .                      | 90    |
| GERBER NATURA STAGE 2 . . . . .          | 200     | GLYBURIDE MICRONIZED . . . . .           | 91    |
| GERBER NATURA STAGE 3 . . . . .          | 200     | glyburide-metformin . . . . .            | 90,91 |
| GERIVITE COMPLETE . . . . .              | 207     | glycolax . . . . .                       | 222   |
| GILOTRIF . . . . .                       | 68      | glycopyrrolate . . . . .                 | 224   |
| glatiramer acetate . . . . .             | 159     | GLYCOSADE . . . . .                      | 177   |
| glatopa . . . . .                        | 159     | glydo . . . . .                          | 21    |
| glimepiride . . . . .                    | 89      | GLYTROL PREBIO1 . . . . .                | 177   |
| glipizide . . . . .                      | 89      | GLYXAMBI . . . . .                       | 88    |
| GLIPIZIDE . . . . .                      | 89,90   | gnp adult aspirin low strength . . . . . | 5     |
| glipizide er . . . . .                   | 89,90   | gnp aspirin . . . . .                    | 5     |
| glipizide xl . . . . .                   | 90      | gnp aspirin low dose . . . . .           | 6     |
| glipizide-metformin hcl . . . . .        | 90      | GNP CENTURY MATURE WOMEN'S 50+ . . . . . | 207   |
| GLUCAGEN HYPOKIT . . . . .               | 96      | gnp clearlax . . . . .                   | 222   |
| glucagon emergency . . . . .             | 95      | gnp esomeprazole magnesium . . . . .     | 226   |
| GLUCAGON EMERGENCY . . . . .             | 96      | gnp fish oil . . . . .                   | 215   |
| GLUCERNA . . . . .                       | 177     | gnp folic acid . . . . .                 | 195   |
| GLUCERNA 1.0 CAL . . . . .               | 177     | gnp glucose gummies . . . . .            | 95    |
| GLUCERNA 1.0 CAL/CARBSTEADY . . . . .    | 177     | GNP HAIR/SKIN/NAILS . . . . .            | 207   |
| GLUCERNA 1.0 CAL/FIBER . . . . .         | 177     | GNP HEALTHY EYES . . . . .               | 207   |
| GLUCERNA 1.2 CAL . . . . .               | 177     | gnp iron . . . . .                       | 194   |
| GLUCERNA 1.5 CAL . . . . .               | 177     | GNP MEGA MULTI FOR MEN . . . . .         | 207   |
| GLUCERNA 1.5 CAL/CARBSTEADY . . . . .    | 177     | GNP MEGA MULTI FOR WOMEN . . . . .       | 207   |
| GLUCERNA ADVANCE SHAKE . . . . .         | 177     | gnp motion sickness relief . . . . .     | 55    |

|  |             |  |         |
|--|-------------|--|---------|
| gnp nicotine . . . . .                   | 24,25,28,29 | GVOKE PFS . . . . .                      | 96      |
| gnp nicotine mini . . . . .              | 29          | GYNAZOLE-1 . . . . .                     | 57      |
| gnp nicotine polacrilex . . . . .        | 29          |  |         |
| GNP ONE DAILY MENS HEALTH 50+ . . . . .  | 207         | <b>H</b>                                 |         |
| GNP ONE DAILY MENS/LYCOPENE . . . . .    | 207         | h-e-b aspirin . . . . .                  | 6       |
| GNP ONE DAILY WOMENS . . . . .           | 207         | habitrol . . . . .                       | 25      |
| GNP ONE DAILY WOMENS 50+ . . . . .       | 207         | HAELAN 951 FERMENTED SOY . . . . .       | 177     |
| GNP THERAPEUTIC-M . . . . .              | 207         | HAELAN HTPI FERMENTED SOY . . . . .      | 177     |
| gnp vitamin d . . . . .                  | 272         | hailey 1.5/30 . . . . .                  | 248     |
| gnp vitamin d3 . . . . .                 | 272         | hailey 24 fe . . . . .                   | 247     |
| GOMEKLI . . . . .                        | 313         | hailey fe 1.5/30 . . . . .               | 247     |
| GOOD START . . . . .                     | 200,277     | hailey fe 1/20 . . . . .                 | 247     |
| GOOD START 2 ESSENTIALS SOY/FE . . . . . | 200         | HAIR SKIN AND NAILS FORMULA . . . . .    | 207     |
| GOOD START 2 ESSENTIALS/IRON . . . . .   | 200,277     | HAIR/SKIN/NAILS . . . . .                | 207     |
| GOOD START 2 SUPREME/IRON . . . . .      | 200,277     | HALDOL DECANOATE . . . . .               | 138,139 |
| GOOD START ESSENTIALS SOY/IRON . . . . . | 200,277     | halobetasol propionate . . . . .         | 165     |
| GOOD START ESSENTIALS/IRON . . . . .     | 200         | haloette . . . . .                       | 245     |
| GOOD START GENTLE PLUS . . . . .         | 200         | haloperidol . . . . .                    | 138     |
| GOOD START NATURAL CULTURES . . . . .    | 200         | haloperidol decanoate . . . . .          | 139     |
| GOOD START SOY PLUS 2 . . . . .          | 200         | haloperidol lactate . . . . .            | 139     |
| GOOD START SUPREME/IRON . . . . .        | 200,277     | HCU ANAMIX EARLY YEARS . . . . .         | 177,282 |
| GOOD START/FE . . . . .                  | 200,277     | HCU ANAMIX NEXT . . . . .                | 282     |
| goodsense aspirin . . . . .              | 6           | HCU COOLER . . . . .                     | 177     |
| goodsense aspirin adults . . . . .       | 6           | HCU COOLER15 . . . . .                   | 177     |
| goodsense aspirin low dose . . . . .     | 6           | HCU GEL . . . . .                        | 177     |
| goodsense clearlax . . . . .             | 222         | HCU LOPHLEX LQ . . . . .                 | 178     |
| goodsense esomeprazole . . . . .         | 226         | HCU MAXAMUM . . . . .                    | 282     |
| GOODSENSE GLUCOSE . . . . .              | 96          | HCY 1 . . . . .                          | 282     |
| goodsense nicotine . . . . .             | 29,30       | HCY 2 . . . . .                          | 282     |
| GOODSENSE NUTRISURE ORIGINAL . . . . .   | 177         | HEALTH SOURCE . . . . .                  | 282     |
| GOODSENSE NUTRISURE PLUS . . . . .       | 177         | HEALTHY ACCENTS NUTRA FIT . . . . .      | 178     |
| goodsense omep/sod bicarb . . . . .      | 227         | HEALTHY ACCENTS NUTRA FIT PLUS . . . . . | 178     |
| granisetron hcl . . . . .                | 57          | HEALTHY EYES . . . . .                   | 208     |
| griseofulvin microsize . . . . .         | 57,58       | healthy kids vitamin d3 . . . . .        | 272     |
| griseofulvin ultramicrosize . . . . .    | 58          | heather . . . . .                        | 252     |
| guaifenesin-codeine . . . . .            | 303         | HEMMOREX-HC . . . . .                    | 234     |
| guanfacine hcl . . . . .                 | 108         | heparin (porcine) in nacl . . . . .      | 99      |
| guanfacine hcl er . . . . .              | 151         | HEPARIN (PORCINE) IN NACL . . . . .      | 99      |
| GVOKE HYPOPEN 1-PACK . . . . .           | 95          | HEPARIN NA (PORK) LOCK FLSH PF . . . . . | 100     |
| GVOKE HYPOPEN 2-PACK . . . . .           | 96          | HEPARIN SOD (PORCINE) IN D5W . . . . .   | 100     |
| GVOKE KIT . . . . .                      | 96          | HEPARIN SOD (PORK) LOCK FLUSH . . . . .  | 100     |

|  |         |  |         |
|--|---------|--|---------|
| heparin sodium (porcine) . . . . .       | 99      | HYDROCORT-PRAMOXINE (PERIANAL) . . . . . | 168     |
| heparin sodium (porcine) +rfid . . . . . | 100     | hydrocortisone . . . . .                 | 166,271 |
| heparin sodium (porcine) pf . . . . .    | 99,100  | HYDROCORTISONE . . . . .                 | 166,271 |
| HERNEXEOS . . . . .                      | 318     | HYDROCORTISONE (PERIANAL) . . . . .      | 165     |
| HI-CAL . . . . .                         | 178     | hydrocortisone (perianal) . . . . .      | 165     |
| HI-KOVITE 2-PART FORMULA . . . . .       | 208     | HYDROCORTISONE ACE-PRAMOXINE . . . . .   | 168,169 |
| HIGH-PROTEIN NUTRITIONAL SHAKE . . . . . | 178     | hydrocortisone acetate . . . . .         | 235     |
| hm adult aspirin . . . . .               | 6       | HYDROCORTISONE ACETATE . . . . .         | 235     |
| hm aspirin . . . . .                     | 6       | HYDROCORTISONE BUTYRATE . . . . .        | 165,235 |
| hm clearlax . . . . .                    | 222     | hydrocortisone butyrate . . . . .        | 165,235 |
| hm complete women . . . . .              | 208     | hydrocortisone valerate . . . . .        | 166,235 |
| hm esomeprazole magnesium dr . . . . .   | 226     | hydrocortisone-acetic acid . . . . .     | 293     |
| hm fish oil . . . . .                    | 215     | hydrocortisone-iodoquinol . . . . .      | 168     |
| hm nicotine polacrilex . . . . .         | 30      | HYDROCORTISONE-IDOQUINOL . . . . .       | 168     |
| HM NUTRISURE . . . . .                   | 178     | hydromet . . . . .                       | 304     |
| HM NUTRISURE PLUS . . . . .              | 178     | hydromorphone hcl . . . . .              | 18      |
| hm womens 50+ advanced daily . . . . .   | 208     | hydromorphone hcl er . . . . .           | 13      |
| HOM 2 . . . . .                          | 282     | hydroxychloroquine sulfate . . . . .     | 78      |
| HOMATROPAIRE . . . . .                   | 289     | hydroxyurea . . . . .                    | 62      |
| HOMINEX-1 . . . . .                      | 282     | hydroxyzine hcl . . . . .                | 295     |
| HOMINEX-2 . . . . .                      | 282     | HYDROXYZINE PAMOATE . . . . .            | 295     |
| HUMATROPE . . . . .                      | 238     | hydroxyzine pamoate . . . . .            | 295     |
| HUMIRA . . . . .                         | 266     | HYLAZINC . . . . .                       | 208     |
| HUMIRA (2 PEN) . . . . .                 | 266     | hyoscyamine sulfate . . . . .            | 224     |
| HUMIRA (2 SYRINGE) . . . . .             | 266     | HYOSCYAMINE SULFATE . . . . .            | 224     |
| HUMIRA-CD/UC/HS STARTER . . . . .        | 266     | hyoscyamine sulfate er . . . . .         | 224     |
| HUMIRA-PED<40KG CROHNS STARTER . . . . . | 266     | HYOSCYAMINE SULFATE ER . . . . .         | 224     |
| HUMIRA-PED>=40KG CROHNS START . . . . .  | 266     | HYOSCYAMINE SULFATE SL . . . . .         | 224     |
| HUMIRA-PED>=40KG UC STARTER . . . . .    | 267     | HYOSYNE . . . . .                        | 224     |
| HUMIRA-PSORIASIS/UEVIT STARTER . . . . . | 267     | HYRNUO . . . . .                         | 316     |
| HUMULIN R U-500 (CONCENTRATED) . . . . . | 98      |  |         |
| HUMULIN R U-500 KWIKPEN . . . . .        | 98      | I-VALEX-1 . . . . .                      | 283     |
| hy-vee glucose . . . . .                 | 96      | I-VALEX-2 . . . . .                      | 283     |
| HYCAMTIN . . . . .                       | 67      | I-VITE . . . . .                         | 208     |
| hydralazine hcl . . . . .                | 133,134 | I5 . . . . .                             | 178     |
| hydrochlorothiazide . . . . .            | 128     | ibandronate sodium . . . . .             | 273     |
| HYDROCOD POLI-CHLORPHE POLI ER . . . . . | 304     | IBRANCE . . . . .                        | 74,75   |
| hydrocodone bit-homatrop mbr . . . . .   | 304     | IBTROZI . . . . .                        | 316     |
| hydrocodone-acetaminophen . . . . .      | 17,18   | ibu . . . . .                            | 11      |
| HYDROCODONE-IBUPROFEN . . . . .          | 18      | ibuprofen . . . . .                      | 11      |
| hydrocodone-ibuprofen . . . . .          | 18      |  |         |

|                                |         |                                |         |
|--------------------------------|---------|--------------------------------|---------|
| ICAPS MV                       | 208     | INVEGA HAFYERA                 | 140     |
| icar                           | 193     | INVEGA SUSTENNA                | 140     |
| ICAR-C PLUS                    | 204     | INVEGA TRINZA                  | 140     |
| icatibant acetate              | 260     | IODOQUIMEZ-HC                  | 168     |
| iclevia                        | 246     | IODOQUINOL-HYDROCORTISONE-ALOE | 168     |
| ICLUSIG                        | 75      | ipratropium bromide            | 296     |
| icosapent ethyl                | 133     | ipratropium-albuterol          | 304     |
| iferex 150 forte               | 204     | IQIRVO                         | 311     |
| ILEVRO                         | 291     | irbesartan                     | 109     |
| imatinib mesylate              | 72      | irbesartan-hydrochlorothiazide | 123     |
| IMBRUVICA                      | 72      | iron high-potency              | 194     |
| imipramine hcl                 | 55      | iron slow release              | 194     |
| imiquimod                      | 168     | iron supplement                | 194     |
| imiquimod pump                 | 168     | iron supplement childrens      | 194     |
| IMMULIFE                       | 282     | ISENTRESS                      | 83      |
| IMPACT                         | 178     | ISENTRESS HD                   | 83      |
| IMPACT ADVANCED RECOVERY       | 178     | isibloom                       | 241     |
| IMPACT PEPTIDE 1.5             | 178     | ISOMIL 2                       | 200     |
| IMURAN                         | 267     | ISOMIL ADVANCE SOY FORMULA-FE  | 277     |
| INATAL GT                      | 217     | ISOMIL DF                      | 278     |
| INBRIJA                        | 81      | ISOMIL SF/IRON                 | 200     |
| incassia                       | 252     | ISOMIL SOY FORMULA/IRON        | 278     |
| INCRELEX                       | 237     | ISOMIL SOY/IRON                | 200     |
| INCRUSE ELLIPTA                | 296     | ISOMIL/IRON                    | 200,278 |
| indapamide                     | 128     | isoniazid                      | 60      |
| indomethacin                   | 11      | isosorb dinitrate-hydralazine  | 123     |
| indomethacin er                | 11      | isosorbide dinitrate           | 134     |
| INGREZZA                       | 156,317 | isosorbide mononitrate         | 134     |
| INLURIYO                       | 312     | isosorbide mononitrate er      | 134     |
| INLYTA                         | 68      | ISOSOURCE 1.5 CAL              | 178     |
| INNOVACIN                      | 178     | ISOSOURCE HN                   | 178     |
| instalax                       | 222     | isotretinoin                   | 163     |
| INSULIN ASP PROT & ASP FLEXPEN | 97      | isradipine                     | 115     |
| INSULIN ASPART                 | 96,97   | ITOVEBI                        | 312     |
| INSULIN ASPART FLEXPEN         | 96      | itraconazole                   | 58      |
| INSULIN ASPART PENFILL         | 96      | iv prep wipes                  | 274     |
| INSULIN ASPART PROT & ASPART   | 97      | IVA ANAMIX EARLY YEARS         | 178,282 |
| INSULIN SYRINGE-NEEDLE U-100   | 280     | IVA ANAMIX NEXT                | 283     |
| INTELENCE                      | 84      | IVA MAXAMUM                    | 283     |
| INTROLITE                      | 178     | ivabradine hcl                 | 123     |
| introvale                      | 246     | ivermectin                     | 78,171  |

IWILFIN . . . . .311

## J

jaimiess . . . . .246  
JAKAFI . . . . .76  
jantoven . . . . .100,101  
JARDIANCE . . . . .88  
jasmiel . . . . .241  
javygtor . . . . .229  
jencycla . . . . .252  
JENTADUETO . . . . .91  
JENTADUETO XR . . . . .91  
JESDUVROQ . . . . .102  
JEVITY 1 CAL . . . . .178  
JEVITY 1 CAL/FIBER . . . . .178  
JEVITY 1.2 CAL . . . . .178  
JEVITY 1.2 CAL/FIBER . . . . .178  
JEVITY 1.5 CAL/FIBER . . . . .178  
jinteli . . . . .248  
JOENJA . . . . .227  
jolessa . . . . .246  
JOURNAVX . . . . .316  
JUICE PLUS FIBRE . . . . .178  
juleber . . . . .241  
JULUCA . . . . .83  
junel 1.5/30 . . . . .248  
junel 1/20 . . . . .248  
junel fe 1.5/30 . . . . .247  
junel fe 1/20 . . . . .247  
junel fe 24 . . . . .247  
JUST RIGHT 5000 . . . . .161  
JUVEN . . . . .178,283  
JUVEN NUTRIVIGOR . . . . .178  
JUVEN REVIGOR . . . . .178  
JUXTAPID . . . . .133  
JYNARQUE . . . . .190

## K

K-PAX PROTEIN BLEND IMMUNE . . . . .283  
k-prime . . . . .217  
kaitlib fe . . . . .250

KALBITOR . . . . .260  
KALE/QUINOA/BERRIES . . . . .214  
KALE/QUINOA/BERRIES PLUS . . . . .179  
KALE/QUINOA/BERRIES PLUS PEDIA . . . . .179  
kalliga . . . . .241  
KALYDECO . . . . .298  
kariva . . . . .241  
KATE FARMS GLUCOSE SUPPORT 1.2 . . . . .179  
KATE FARMS HIGH PROTEIN . . . . .179  
KATE FARMS KIDS NUTRITION . . . . .179  
KATE FARMS PED PEPTIDE 1.0 . . . . .179  
KATE FARMS PED PEPTIDE 1.5 . . . . .179  
KATE FARMS PED STANDARD 1.2 . . . . .179  
KATE FARMS PEPTIDE 1.0 . . . . .179  
KATE FARMS PEPTIDE 1.5 . . . . .179  
KATE FARMS RENAL SUPPORT 1.8 . . . . .179  
KATE FARMS STANDARD 1.0 . . . . .179  
KATE FARMS STANDARD 1.4 . . . . .179  
kelnor 1/35 . . . . .244  
kelnor 1/50 . . . . .244  
KERALYT . . . . .169  
KERENDIA . . . . .89  
KESIMPTA . . . . .160  
KETO . . . . .179  
KETOCAL 2.5:1 LQ MULTI FIBER . . . . .179  
KETOCAL 3:1 . . . . .283  
KETOCAL 4:1 . . . . .179,283  
KETOCAL 4:1 LQ MULTI FIBER . . . . .179  
KETOCAL 4:1 LQ MULTI-FIBER . . . . .179  
ketoconazole . . . . .58  
ketodan . . . . .58  
KETOGEN . . . . .283  
KETONEX-1 . . . . .283  
KETONEX-2 . . . . .283  
KETOPROFEN ER . . . . .11  
ketorolac tromethamine . . . . .11,291  
KEVZARA . . . . .263,264  
KEYFOLIC . . . . .208  
KEYLOSA . . . . .208  
KFLO . . . . .179  
KIDS PLANT PROTEIN SHAKE . . . . .179

|  |         |                                      |          |
|--|---------|--------------------------------------|----------|
| KIDS PROTEIN ORGANIC SHAKE . . . . .   | 179     | KRAZATI . . . . .                    | .63      |
| KINDERSPROUT PLANT PROTEIN . . . . .   | 179     | kristalose . . . . .                 | 221      |
| kionex . . . . .                       | 192     | KROGER GLUCOSE . . . . .             | 96       |
| KISQALI (200 MG DOSE) . . . . .        | 75      | kurvelo . . . . .                    | 245      |
| KISQALI (400 MG DOSE) . . . . .        | 75      | KYLEENA . . . . .                    | .251     |
| KISQALI (600 MG DOSE) . . . . .        | 75      |                                      |          |
| KISQALI FEMARA (200 MG DOSE) . . . . . | .65     | <b>L</b>                             |          |
| KISQALI FEMARA (400 MG DOSE) . . . . . | .65     | l-glutamine . . . . .                | 227      |
| KISQALI FEMARA (600 MG DOSE) . . . . . | .65     | labetalol hcl . . . . .              | .113,114 |
| KLARITY-A . . . . .                    | 290     | lacosamide . . . . .                 | .48      |
| klayesta . . . . .                     | .58     | LACRISERT . . . . .                  | .288     |
| klor-con . . . . .                     | 188,189 | lactulose . . . . .                  | 221      |
| KLOR-CON . . . . .                     | 189     | lactulose encephalopathy . . . . .   | 221      |
| klor-con 10 . . . . .                  | 188     | LAGEVRIO . . . . .                   | .281     |
| KLOR-CON 10 . . . . .                  | 188     | lamivudine . . . . .                 | 82,84,85 |
| klor-con m10 . . . . .                 | 189     | lamivudine-zidovudine . . . . .      | 85       |
| klor-con m15 . . . . .                 | 189     | lamotrigine . . . . .                | 41,42    |
| klor-con m20 . . . . .                 | 189     | lamotrigine er . . . . .             | 42,43    |
| klor-con/ef . . . . .                  | 217     | LANAFLEX . . . . .                   | .179     |
| KLOXXADO . . . . .                     | 23      | LANCETS . . . . .                    | .280     |
| kls aspirin low dose . . . . .         | 6       | LANOXIN . . . . .                    | 123      |
| kls esomeprazole magnesium . . . . .   | 226     | lansoprazole . . . . .               | 226      |
| kls laxaclear . . . . .                | 222     | lanthanum carbonate . . . . .        | 191      |
| kls quit2 . . . . .                    | 30      | lapatinib ditosylate . . . . .       | .72      |
| kls quit4 . . . . .                    | 30      | larin 1.5/30 . . . . .               | 248      |
| KLUTCH . . . . .                       | 275     | larin 1/20 . . . . .                 | 248      |
| KOMZIFTI . . . . .                     | 318     | larin 24 fe . . . . .                | 247      |
| KOSHER PRENATAL PLUS IRON . . . . .    | 219     | larin fe 1.5/30 . . . . .            | 247      |
| kourzeq . . . . .                      | 161     | larin fe 1/20 . . . . .              | 247      |
| KP ADULTS 50+ DAILY FORMULA . . . . .  | 208     | latanoprost . . . . .                | 293      |
| KP ADULTS DAILY FORMULA . . . . .      | 208     | laxative osmotic . . . . .           | 222      |
| kp aspirin . . . . .                   | .6      | layolis fe . . . . .                 | 250      |
| kp diphenhydramine hcl . . . . .       | 295     | LAZCLUZE . . . . .                   | 312      |
| kp folic acid . . . . .                | 195     | LEADER GLUCOSE . . . . .             | .96      |
| KP MENS 50+ DAILY FORMULA . . . . .    | 208     | LEDERLE LEUCOVORIN . . . . .         | 64       |
| KP MENS DAILY FORMULA . . . . .        | 208     | leena . . . . .                      | 249      |
| KP VISION FORMULA . . . . .            | 208     | leflunomide . . . . .                | .268     |
| KP VISION FORMULA/LUTEIN . . . . .     | 208     | lenalidomide . . . . .               | .62      |
| kp vitamin d . . . . .                 | 272     | LENVIMA (10 MG DAILY DOSE) . . . . . | 73       |
| KP WOMENS 50+ DAILY FORMULA . . . . .  | 208     | LENVIMA (12 MG DAILY DOSE) . . . . . | 73       |
| KP WOMENS DAILY FORMULA . . . . .      | 208     | LENVIMA (14 MG DAILY DOSE) . . . . . | 73       |

|  |             |  |         |
|--|-------------|--|---------|
| LENVIMA (18 MG DAILY DOSE) . . . . .     | 73          | lidocan . . . . .                        | 21      |
| LENVIMA (20 MG DAILY DOSE) . . . . .     | 73          | LIDOCORT . . . . .                       | 169     |
| LENVIMA (24 MG DAILY DOSE) . . . . .     | 73          | LIDOPIN . . . . .                        | 21      |
| LENVIMA (4 MG DAILY DOSE) . . . . .      | 73          | LIFYORLI (125 MG DOSE) . . . . .         | 314     |
| LENVIMA (8 MG DAILY DOSE) . . . . .      | 73          | LIFYORLI (150 MG DOSE) . . . . .         | 314     |
| LEQEMBI IQLIK . . . . .                  | 312         | LIL MIXINS-EGG . . . . .                 | 179     |
| lessina . . . . .                        | 245         | LIL MIXINS-PEANUT . . . . .              | 179     |
| letrozole . . . . .                      | 67          | LILETTA (52 MG) . . . . .                | 251     |
| leucovorin calcium . . . . .             | 64          | linezolid . . . . .                      | 34      |
| LEUKERAN . . . . .                       | 60          | LINZESS . . . . .                        | 221     |
| leuprolide acetate . . . . .             | 258         | liomny . . . . .                         | 256     |
| levabuterol hcl . . . . .                | 297         | liothyronine sodium . . . . .            | 256,257 |
| LEVALBUTEROL TARTRATE . . . . .          | 297         | LIPISTART . . . . .                      | 214,283 |
| levetiracetam . . . . .                  | 43          | LIQREV . . . . .                         | 300     |
| levetiracetam er . . . . .               | 43          | LIQUID HOPE . . . . .                    | 180     |
| levo-t . . . . .                         | 253,254     | LIQUID HOPE PEPTIDE . . . . .            | 180     |
| LEVOBUNOLOL HCL . . . . .                | 292         | LIQUID HOPE PEPTIDE BERRY . . . . .      | 180     |
| levocarnitine . . . . .                  | 204         | LIQUID HOPE PEPTIDE HP . . . . .         | 180     |
| levocarnitine sf . . . . .               | 204         | liraglutide . . . . .                    | 91      |
| levofloxacin . . . . .                   | 39          | liraglutide -weight management . . . . . | 280     |
| levonest . . . . .                       | 245         | lisdexamfetamine dimesylate . . . . .    | 149,150 |
| levonorg-eth estrad triphasic . . . . .  | 245         | lisinopril . . . . .                     | 110     |
| levonorgest-eth est & eth est . . . . .  | 246         | lisinopril-hydrochlorothiazide . . . . . | 124     |
| levonorgest-eth estrad 91-day . . . . .  | 246         | lithium . . . . .                        | 148     |
| levonorgestrel-ethinyl estrad . . . . .  | 245,246     | lithium carbonate . . . . .              | 148     |
| levora 0.15/30 (28) . . . . .            | 245         | LITHIUM CARBONATE . . . . .              | 148     |
| LEVOTHYROXINE SODIUM . . . . .           | 254,255,256 | lithium carbonate er . . . . .           | 148     |
| levothyroxine sodium . . . . .           | 254         | LIVDELZI . . . . .                       | 315     |
| levoxyl . . . . .                        | 255         | LIVITA ADULTS . . . . .                  | 208     |
| LEVULAN KERASTICK . . . . .              | 167         | LIVIXIL PAK . . . . .                    | 21      |
| LIDO BDK . . . . .                       | 21          | LIVMARLI . . . . .                       | 228,313 |
| LIDO-SORB . . . . .                      | 21          | LIVTENCITY . . . . .                     | 82      |
| lidocaine . . . . .                      | 21          | LMD . . . . .                            | 283     |
| lidocaine hcl . . . . .                  | 21          | LO LOESTRIN FE . . . . .                 | 248     |
| LIDOCAINE HCL . . . . .                  | 21          | lo-zumandimine . . . . .                 | 241     |
| lidocaine hcl urethral/mucosal . . . . . | 21          | loestrin 1.5/30 (21) . . . . .           | 249     |
| lidocaine viscous hcl . . . . .          | 21          | loestrin 1/20 (21) . . . . .             | 249     |
| LIDOCAINE-HYDROCORT (PERIANAL) . . . . . | 169         | loestrin fe 1.5/30 . . . . .             | 247     |
| LIDOCAINE-HYDROCORTISONE ACE . . . . .   | 168,169     | loestrin fe 1/20 . . . . .               | 247     |
| lidocaine-hydrocortisone ace . . . . .   | 169         | lojaimiess . . . . .                     | 246     |
| lidocaine-prilocaine . . . . .           | 21          | LOKELMA . . . . .                        | 192     |

|                                   |     |                                  |         |
|-----------------------------------|-----|----------------------------------|---------|
| LONGS GLUCOSE.....                | 96  | LYSODREN.....                    | 64      |
| LONSURF.....                      | 66  | LYTGOBI (12 MG DAILY DOSE).....  | 72      |
| loperamide hcl.....               | 223 | LYTGOBI (16 MG DAILY DOSE).....  | 72      |
| LOPHLEX.....                      | 180 | LYTGOBI (20 MG DAILY DOSE).....  | 72      |
| LOPHLEX LQ 20.....                | 180 | lyza.....                        | 252     |
| lopinavir-ritonavir.....          | 86  |                                  |         |
| lorazepam.....                    | 145 | <b>M</b>                         |         |
| lorazepam intensol.....           | 145 | M-NATAL PLUS.....                | 218     |
| loryna.....                       | 241 | MACUVITE.....                    | 208     |
| losartan potassium.....           | 109 | MACUVITE EYE CARE.....           | 208     |
| losartan potassium-hctz.....      | 124 | macuvite/lutein.....             | 208     |
| LOTEMAX.....                      | 291 | malathion.....                   | 171     |
| LOTEMAX SM.....                   | 291 | MALTOCARB.....                   | 180     |
| loteprednol etabonate.....        | 291 | maraviroc.....                   | 85      |
| lovastatin.....                   | 130 | marlissa.....                    | 245     |
| low-ogestrel.....                 | 251 | MATRONEX.....                    | 218     |
| loxapine succinate.....           | 139 | MATULANE.....                    | 60      |
| LPS CRITICAL CARE SUGAR FREE..... | 180 | matzim la.....                   | 117,118 |
| LPS SUGAR FREE.....               | 180 | MAVENCLAD (10 TABS).....         | 158     |
| lubiprostone.....                 | 221 | MAVENCLAD (4 TABS).....          | 158     |
| luizza 1.5/30.....                | 249 | MAVENCLAD (5 TABS).....          | 158     |
| luizza 1/20.....                  | 249 | MAVENCLAD (6 TABS).....          | 158     |
| LUMAKRAS.....                     | 66  | MAVENCLAD (7 TABS).....          | 158     |
| LUMIGAN.....                      | 293 | MAVENCLAD (8 TABS).....          | 158     |
| LUMRYZ.....                       | 307 | MAVENCLAD (9 TABS).....          | 158     |
| LUPKYNIS.....                     | 270 | MAVYRET.....                     | 82      |
| LUPRON DEPOT (1-MONTH).....       | 258 | maxepa.....                      | 215     |
| LUPRON DEPOT (3-MONTH).....       | 258 | maxi-tuss ac.....                | 303     |
| LUPRON DEPOT (4-MONTH).....       | 258 | MAXIMUM DAILY GREEN.....         | 208     |
| LUPRON DEPOT (6-MONTH).....       | 258 | maximum epa.....                 | 215     |
| LUPRON DEPOT-PED (3-MONTH).....   | 258 | maxpro-18g.....                  | 189     |
| lurasidone hcl.....               | 139 | MAYZENT.....                     | 160     |
| LURBIPR.....                      | 11  | MAYZENT STARTER PACK.....        | 160     |
| lutra.....                        | 245 | MCT PRO-CAL.....                 | 180     |
| LUTRISH CHOCOLATE SHAKE.....      | 180 | MCTPROCAL.....                   | 180     |
| LUTRISH VANILLA SHAKE.....        | 180 | meclizine hcl.....               | 55      |
| LYBALVI.....                      | 50  | MECLOFENAMATE SODIUM.....        | 11      |
| lyleq.....                        | 252 | medi-first aspirin.....          | 7       |
| lyllana.....                      | 243 | medique aspirin.....             | 7       |
| LYNPARZA.....                     | 74  | MEDROL.....                      | 235     |
| LYSIPLEX PLUS.....                | 208 | medroxyprogesterone acetate..... | 251,252 |

|  |         |  |         |
|--|---------|--|---------|
| mefenamic acid . . . . .   | 11      | methimazole . . . . .  | 259     |
| mefloquine hcl . . . . .   | 78      | METHIONAID . . . . .   | 283     |
| megestrol acetate . . . . .  | 252     | methocarbamol . . . . .  | 305     |
| MEGESTROL ACETATE . . . . .  | 252     | methotrexate sodium . . . . .  | 268     |
| MEIJER ADVANCED FORMULA . . . . .  | 208     | METHOTREXATE SODIUM . . . . .  | 268,269 |
| meijer aspirin ec . . . . .  | 7       | METHOTREXATE SODIUM (PF) . . . . .   | 268,269 |
| meijer glucose . . . . .   | 96      | methotrexate sodium (pf) . . . . .   | 269     |
| MEIJER GLUCOSE . . . . .   | 96      | METHOXSALEN RAPID . . . . .  | 169     |
| MEKINIST . . . . .   | 77      | methscopolamine bromide . . . . .  | 224     |
| meleya . . . . .   | 252     | methyl dopa . . . . .  | 108     |
| meloxicam . . . . .  | 11      | METHYLDOPA . . . . .   | 108     |
| MELPHALAN . . . . .  | 60      | methylergonovine maleate . . . . .   | 281     |
| memantine hcl . . . . .  | 135     | Methylphenidate 10 MG/9HR PATCH (generic of<br>DAYTRANA) . . . . .             | 151     |
| MEMANTINE HCL . . . . .  | 135     | Methylphenidate 15 MG/9HR PATCH (generic of<br>DAYTRANA) . . . . .             | 151     |
| memantine hcl er . . . . .   | 135     | Methylphenidate 20 MG/9HR PATCH (generic of<br>DAYTRANA) . . . . .             | 151     |
| MENATROL . . . . .   | 208     | Methylphenidate 30 MG/9HR PATCH (generic of<br>DAYTRANA) . . . . .             | 151     |
| MENEST . . . . .   | 242     | Methylphenidate HCl 10 MG CHEW TAB (generic of<br>METHYLIN) . . . . .          | 151     |
| MENOPUR . . . . .  | 237     | Methylphenidate HCl 10 MG TAB (generic of<br>RITALIN) . . . . .                | 151     |
| MENOSTAR . . . . .   | 243     | Methylphenidate HCl 10 MG/5ML SOLUTION (generic<br>of METHYLIN) . . . . .      | 151     |
| MENS LIFE PACK . . . . .   | 208     | Methylphenidate HCl 2.5 MG CHEW TAB (generic of<br>METHYLIN) . . . . .         | 151     |
| MEPERIDINE HCL . . . . .   | 18      | Methylphenidate HCl 20 MG TAB (generic of<br>RITALIN) . . . . .                | 151     |
| mercaptapurine . . . . .   | 63      | Methylphenidate HCl 5 MG CHEW TAB (generic of<br>METHYLIN) . . . . .           | 151     |
| merzee . . . . .   | 247     | Methylphenidate HCl 5 MG TAB (generic of<br>RITALIN) . . . . .                 | 151     |
| mesalamine . . . . .   | 270,271 | Methylphenidate HCl 5 MG/5ML SOLUTION (generic<br>of METHYLIN) . . . . .       | 151     |
| MESALAMINE . . . . .   | 270,271 | METHYLPHENIDATE HCL ER . . . . .   | 152     |
| mesalamine er . . . . .  | 271     | Methylphenidate HCl ER (CD) 10 MG CAP ER<br>(generic of METADATE CD) . . . . . | 152     |
| mesalamine-cleanser . . . . .  | 271     | Methylphenidate HCl ER (CD) 20 MG CAP ER<br>(generic of METADATE CD) . . . . . | 152     |
| MESNEX . . . . .   | 64      |  |         |
| metaxalone . . . . .   | 305     |  |         |
| metformin hcl . . . . .  | 91,92   |  |         |
| metformin hcl 850 mg tab . . . . .   | 92      |  |         |
| metformin hcl er . . . . .   | 92      |  |         |
| METFORMIN HCL ER 500 MG TAB ER 24H<br>(GENERIC OF GLUCOPHAGE XR) . . . . . | 92      |  |         |
| METFORMIN HCL ER 750 MG TAB ER 24H<br>(GENERIC OF GLUCOPHAGE XR) . . . . . | 92      |  |         |
| methadone hcl . . . . .  | 13      |  |         |
| methazolamide . . . . .  | 292     |  |         |
| methenamine hippurate . . . . .  | 34      |  |         |
| METHENAMINE MANDELATE . . . . .  | 34      |  |         |
| methergine . . . . .   | 281     |  |         |

|   |         |  |         |
|---|---------|--|---------|
| Methylphenidate HCl ER (CD) 30 MG CAP ER<br>(generic of METADATE CD) . . . . .            | 152     | mexiletine hcl . . . . .                 | 112     |
| Methylphenidate HCl ER (CD) 40 MG CAP ER<br>(generic of METADATE CD) . . . . .            | 152     | MI-VITE RX . . . . .                     | 193     |
| Methylphenidate HCl ER (CD) 50 MG CAP ER<br>(generic of METADATE CD) . . . . .            | 152     | mibelas 24 fe . . . . .                  | 247     |
| Methylphenidate HCl ER (CD) 60 MG CAP ER<br>(generic of METADATE CD) . . . . .            | 152     | MICONAZOLE 3 . . . . .                   | 58      |
| methylphenidate hcl er (la) . . . . .   | 153     | MICONAZOLE-ZINC OXIDE-PETROLAT . . . . . | 58      |
| Methylphenidate HCl ER (LA) 10 MG CAP ER 24H<br>(generic of RITALIN LA) . . . . .         | 152     | microgestin 1.5/30 . . . . .             | 249     |
| Methylphenidate HCl ER (LA) 20 MG CAP ER 24H<br>(generic of RITALIN LA) . . . . .         | 153     | microgestin 1/20 . . . . .               | 249     |
| Methylphenidate HCl ER (LA) 30 MG CAP ER 24H<br>(generic of RITALIN LA) . . . . .         | 153     | microgestin 24 fe . . . . .              | 247     |
| Methylphenidate HCl ER (LA) 40 MG CAP ER 24H<br>(generic of RITALIN LA) . . . . .         | 153     | microgestin fe 1.5/30 . . . . .          | 248     |
| Methylphenidate HCl ER (LA) 60 MG CAP ER 24H<br>(generic of RITALIN LA) . . . . .         | 153     | microgestin fe 1/20 . . . . .            | 248     |
| Methylphenidate HCl ER 10 MG TAB ER (generic of<br>METADATE ER) . . . . .                 | 151     | midazolam hcl . . . . .                  | 145     |
| Methylphenidate HCl ER 20 MG TAB ER (generic of<br>METADATE ER) . . . . .                 | 152     | midodrine hcl . . . . .                  | 108     |
| METHYLPHENIDATE HCL ER(DIFFUS) . . . . .  | 152     | MIEBO . . . . .                          | 289     |
| methylphenidate hcl tab er osmotic release (osm) 18<br>mg (generic of CONCERTA) . . . . . | 151,153 | mifepristone . . . . .                   | 235     |
| methylphenidate hcl tab er osmotic release (osm) 27<br>mg (generic of CONCERTA) . . . . . | 152,153 | MIGERGOT . . . . .                       | 146     |
| methylphenidate hcl tab er osmotic release (osm) 36<br>mg (generic of CONCERTA) . . . . . | 152,153 | MIGLITOL . . . . .                       | 92      |
| methylphenidate hcl tab er osmotic release (osm) 54<br>mg (generic of CONCERTA) . . . . . | 152,153 | miglustat . . . . .                      | 228     |
| methylprednisolone . . . . .  | 235     | MIGRANAL . . . . .                       | 145     |
| metoclopramide hcl . . . . .  | 56      | mili . . . . .                           | 250     |
| METOCLOPRAMIDE HCL . . . . .  | 56      | milnacipran hcl . . . . .                | 157     |
| metolazone . . . . .  | 128     | milophene . . . . .                      | 240     |
| metoprolol succinate er . . . . .   | 114     | mimvey . . . . .                         | 243     |
| metoprolol tartrate . . . . .   | 114     | minocycline hcl . . . . .                | 40      |
| metoprolol-hydrochlorothiazide . . . . .  | 124,125 | minoxidil . . . . .                      | 134     |
| metronidazole . . . . .   | 34,35   | miralax . . . . .                        | 222     |
| metronidazole vaginal gel 0.75% . . . . .   | 35      | MIRENA (52 MG) . . . . .                 | 251     |
|   |         | mirtazapine . . . . .                    | 50      |
|   |         | misoprostol . . . . .                    | 225,226 |
|   |         | MIUDELLA INTRAUTERINE COPPER . . . . .   | 275     |
|   |         | mm aspirin . . . . .                     | 7       |
|   |         | mm clearlax . . . . .                    | 223     |
|   |         | MMA/PA ANAMIX EARLY YEARS . . . . .      | 180,283 |
|   |         | MMA/PA ANAMIX NEXT . . . . .             | 283     |
|   |         | MMA/PA COOLER15 . . . . .                | 180     |
|   |         | MMA/PA EXPRESS 15 . . . . .              | 180     |
|   |         | MMA/PA GEL . . . . .                     | 180     |
|   |         | MMA/PA MAXAMUM . . . . .                 | 283     |
|   |         | MNEXSPIKE . . . . .                      | 270     |
|   |         | modafinil . . . . .                      | 306     |
|   |         | MODD1 PATIENT WELCOME KIT . . . . .      | 279     |
|   |         | MODD1 SUPPLY KIT . . . . .               | 279     |

|  |             |   |         |
|--|-------------|---|---------|
| MODEYSO . . . . .                        | 311         | MULTIGEN FOLIC . . . . .                | 193     |
| MODULEN . . . . .                        | 283         | MULTIPLE VIT/MINERALS/NO IRON . . . . . | 209     |
| moexipril hcl . . . . .                  | 111         | MULTIPLE VITAMINS/WOMENS . . . . .      | 209     |
| mometasone furoate . . . . .             | 166,235,294 | MULTIPRO . . . . .                      | 209     |
| mondoxyne nl . . . . .                   | 40          | MULTITOL-M . . . . .                    | 209     |
| mono-lyyah . . . . .                     | 250         | MULTIVITAMIN ADULTS . . . . .           | 209     |
| MONOGEN . . . . .                        | 283         | MULTIVITAMIN ADULTS 50+ . . . . .       | 209     |
| montelukast sodium . . . . .             | 295,296     | MULTIVITAMIN MEN 50+ . . . . .          | 209     |
| morphine sulfate . . . . .               | 18          | MULTIVITAMIN WOMEN . . . . .            | 209     |
| MORPHINE SULFATE . . . . .               | 18,19       | MULTIVITAMIN WOMEN 50+ . . . . .        | 209     |
| morphine sulfate (concentrate) . . . . . | 18,19       | MULTIVITAMIN WOMENS 50+ ADV . . . . .   | 209     |
| MORPHINE SULFATE (CONCENTRATE) . . . . . | 19          | MULTIVITAMIN/FLUORIDE . . . . .         | 188,216 |
| morphine sulfate er . . . . .            | 13,14       | mupirocin . . . . .                     | 172     |
| motion sickness relief . . . . .         | 55          | mupirocin calcium . . . . .             | 172     |
| MOUNJARO . . . . .                       | 94          | MUSE . . . . .                          | 232     |
| MOVANTIK . . . . .                       | 221         | MYAMULTI . . . . .                      | 209     |
| moxifloxacin hcl . . . . .               | 39,290      | mycophenolate mofetil . . . . .         | 269     |
| MSUD 2 . . . . .                         | 283         | mycophenolate sodium . . . . .          | 269     |
| MSUD AID . . . . .                       | 283         | mycophenolic acid . . . . .             | 269     |
| MSUD ANALOG . . . . .                    | 200         | MYFEMBREE . . . . .                     | 237     |
| MSUD ANAMIX EARLY YEARS . . . . .        | 180,283     | MYFORTIC . . . . .                      | 269     |
| MSUD COOLER . . . . .                    | 180         | MYLERAN . . . . .                       | 60      |
| MSUD COOLER15 . . . . .                  | 180         | MYNEPHRON . . . . .                     | 193     |
| MSUD EXPRESS 15 PLUS . . . . .           | 180         | MYQORZO . . . . .                       | 308     |
| MSUD EXPRESS 20 PLUS . . . . .           | 180         | MYRBETRIQ . . . . .                     | 230,231 |
| MSUD GEL . . . . .                       | 180         | MYTESI . . . . .                        | 223     |
| MSUD LOPHLEX LQ . . . . .                | 180         |   |         |
| MSUD MAXAMAID . . . . .                  | 283         | <b>N</b>                                |         |
| MSUD MAXAMUM . . . . .                   | 283         | n-acetyl cysteine . . . . .             | 192     |
| MULPLETA . . . . .                       | 105         | na sulfate-k sulfate-mg sulf . . . . .  | 223     |
| MULTAQ . . . . .                         | 112         | nabumetone . . . . .                    | 11      |
| MULTI COMPLETE/IRON . . . . .            | 209         | nac . . . . .                           | 192     |
| MULTI FOR HER . . . . .                  | 209         | nac 600 . . . . .                       | 192     |
| MULTI FOR HER 50+ . . . . .              | 209         | nadolol . . . . .                       | 114     |
| MULTI FOR HIM . . . . .                  | 209         | NAFTIFINE HCL . . . . .                 | 58      |
| MULTI FOR HIM 50+ . . . . .              | 209         | naftifine hcl . . . . .                 | 58      |
| MULTI VITAMIN/MINERALS . . . . .         | 209         | NAFTIN . . . . .                        | 58      |
| MULTI-VITAMIN/FLUORIDE . . . . .         | 216         | naloxone hcl . . . . .                  | 23      |
| MULTI-VITAMIN/FLUORIDE/IRON . . . . .    | 217         | naltrexone hcl . . . . .                | 23      |
| MULTI-VITAMIN/MINERALS . . . . .         | 209         | naproxen . . . . .                      | 12      |
| MULTIGEN . . . . .                       | 193         | naproxen dr . . . . .                   | 12      |

|  |     |  |          |
|--|-----|--|----------|
| naproxen sodium . . . . .                | 12  | NEPRO/CARBSTEADY . . . . .               | 181      |
| naratriptan hcl . . . . .                | 146 | NESTABS . . . . .                        | 219      |
| NARCAN . . . . .                         | 23  | NESTABS DHA . . . . .                    | 219      |
| NATACHEW . . . . .                       | 217 | NESTABS ONE . . . . .                    | 220      |
| NATALCHEW . . . . .                      | 218 | neuac . . . . .                          | 162      |
| NATALVIT . . . . .                       | 218 | NEUPRO . . . . .                         | 80,81    |
| NATAZIA . . . . .                        | 244 | NEVANAC . . . . .                        | 291      |
| nateglinide . . . . .                    | 92  | nevirapine . . . . .                     | 84       |
| NAYZILAM . . . . .                       | 22  | NEVIRAPINE . . . . .                     | 84       |
| nebivolol hcl . . . . .                  | 114 | nevirapine er . . . . .                  | 84       |
| NEBUSAL . . . . .                        | 305 | nexium 24hr . . . . .                    | 226      |
| necon 0.5/35 (28) . . . . .              | 249 | nexium 24hr clear minis . . . . .        | 226      |
| NEEVO DHA . . . . .                      | 220 | NEXLETOL . . . . .                       | 122      |
| NEFAZODONE HCL . . . . .                 | 52  | NEXLIZET . . . . .                       | 132      |
| NEFFY . . . . .                          | 297 | NEXPLANON . . . . .                      | 251      |
| neo-polycin . . . . .                    | 289 | NEXTSTELLIS . . . . .                    | 241      |
| neo-polycin hc . . . . .                 | 289 | nf formulas nac . . . . .                | 192      |
| NEOCATE INFANT DHA/ARA . . . . .         | 283 | NIACIN (ANTIHYPERSLIPIDEMIC) . . . . .   | 133      |
| NEOCATE JUNIOR . . . . .                 | 284 | niacin er (antihyperlipidemic) . . . . . | 133      |
| NEOCATE JUNIOR PREBIOTICS . . . . .      | 284 | NIACOR . . . . .                         | 133      |
| NEOCATE SPLASH JUNIOR . . . . .          | 180 | NICADAN . . . . .                        | 209      |
| NEOCATE SPOON . . . . .                  | 284 | nicardipine hcl . . . . .                | 115,116  |
| NEOCATE SYNEO INFANT . . . . .           | 201 | NICAZEL . . . . .                        | 209      |
| NEOCATE SYNEO JUNIOR . . . . .           | 181 | NICAZEL FORTE . . . . .                  | 209      |
| neomycin sulfate . . . . .               | 34  | nicoderm cq . . . . .                    | 25       |
| neomycin-bacitracin zn-polymyx . . . . . | 289 | nicorette . . . . .                      | 30,31    |
| NEOMYCIN-BACITRACIN ZN-POLYMYX . . . . . | 289 | nicorette mini . . . . .                 | 31       |
| neomycin-polymyxin-dexameth . . . . .    | 289 | nicorette starter kit . . . . .          | 31       |
| NEOMYCIN-POLYMYXIN-GRAMICIDIN . . . . .  | 289 | nicotine . . . . .                       | 25       |
| NEOMYCIN-POLYMYXIN-HC . . . . .          | 289 | NICOTINE . . . . .                       | 25,26,27 |
| neomycin-polymyxin-hc . . . . .          | 293 | nicotine mini . . . . .                  | 31       |
| NEONATAL + DHA . . . . .                 | 217 | nicotine polacrilex . . . . .            | 31       |
| NEONATAL 19 . . . . .                    | 217 | nicotine polacrilex mini . . . . .       | 32       |
| NEONATAL COMPLETE . . . . .              | 218 | nicotine step 1 . . . . .                | 25       |
| NEONATAL FE . . . . .                    | 217 | nicotine step 2 . . . . .                | 26       |
| NEONATAL PLUS . . . . .                  | 218 | nicotine step 3 . . . . .                | 26       |
| NEORAL . . . . .                         | 267 | NICOTROL . . . . .                       | 26       |
| NEOVITE . . . . .                        | 209 | NICOTROL NS . . . . .                    | 26       |
| NEPHPLEX RX . . . . .                    | 193 | nifedipine . . . . .                     | 116      |
| nephronex . . . . .                      | 193 | nifedipine er . . . . .                  | 116      |
| NEPRO . . . . .                          | 181 | nifedipine er osmotic release . . . . .  | 116      |

|  |     |  |         |
|--|-----|--|---------|
| nikki . . . . .                          | 241 | nortrel 1/35 (21) . . . . .            | 249     |
| nilotinib hcl . . . . .                  | 73  | nortrel 1/35 (28) . . . . .            | 249     |
| nilutamide . . . . .                     | 61  | nortrel 7/7/7 . . . . .                | 249     |
| NILUTAMIDE . . . . .                     | 62  | nortriptyline hcl . . . . .            | 55      |
| nimodipine . . . . .                     | 116 | NORVEXA . . . . .                      | 209     |
| NINJACOF-XG . . . . .                    | 304 | norwegian salmon oil . . . . .         | 215     |
| NINLARO . . . . .                        | 64  | NOURISH . . . . .                      | 181     |
| nintedanib esylate . . . . .             | 301 | NOURISH PEPTIDE BERRY MEDLEY . . . . . | 181     |
| nisoldipine er . . . . .                 | 116 | NOURISH PEPTIDE FORMULA . . . . .      | 181     |
| NISOLDIPINE ER . . . . .                 | 116 | NOVASOURCE RENAL . . . . .             | 181     |
| nitazoxanide . . . . .                   | 78  | NOVOLIN 70/30 . . . . .                | 98      |
| nitro-bid . . . . .                      | 134 | NOVOLIN 70/30 FLEXPEN . . . . .        | 98      |
| NITRO-DUR . . . . .                      | 134 | NOVOLIN 70/30 FLEXPEN RELION . . . . . | 98      |
| nitrofurantoin . . . . .                 | 35  | NOVOLIN 70/30 RELION . . . . .         | 98      |
| NITROFURANTOIN . . . . .                 | 35  | NOVOLIN N . . . . .                    | 97      |
| nitrofurantoin macrocrystal . . . . .    | 35  | NOVOLIN N FLEXPEN . . . . .            | 97      |
| nitrofurantoin monohyd macro . . . . .   | 35  | NOVOLIN N FLEXPEN RELION . . . . .     | 97      |
| nitroglycerin . . . . .                  | 134 | NOVOLIN N RELION . . . . .             | 97      |
| NITROLINGUAL . . . . .                   | 135 | NOVOLIN R . . . . .                    | 98      |
| NIVA THYROID . . . . .                   | 257 | NOVOLIN R FLEXPEN . . . . .            | 98      |
| NIVA-PLUS . . . . .                      | 218 | NOVOLIN R FLEXPEN RELION . . . . .     | 98      |
| nizatidine . . . . .                     | 225 | NOVOLIN R RELION . . . . .             | 98      |
| NIZATIDINE . . . . .                     | 225 | NOVOLOG . . . . .                      | 97      |
| NOCDURNA . . . . .                       | 237 | NOVOLOG 70/30 FLEXPEN RELION . . . . . | 97      |
| nora-be . . . . .                        | 252 | NOVOLOG FLEXPEN . . . . .              | 97      |
| NORDITROPIN FLEXPEN . . . . .            | 238 | NOVOLOG FLEXPEN RELION . . . . .       | 97      |
| norelgestromin-eth estradiol . . . . .   | 246 | NOVOLOG MIX 70/30 . . . . .            | 97      |
| norethin ace-eth estrad-fe . . . . .     | 248 | NOVOLOG MIX 70/30 FLEXPEN . . . . .    | 97      |
| norethin-eth estradiol-fe . . . . .      | 250 | NOVOLOG MIX 70/30 RELION . . . . .     | 97      |
| norethindron-ethinyl estrad-fe . . . . . | 248 | NOVOLOG PENFILL . . . . .              | 97      |
| norethindrone . . . . .                  | 252 | NOVOLOG RELION . . . . .               | 97      |
| norethindrone acet-ethinyl est . . . . . | 249 | NOXAFIL . . . . .                      | 58      |
| norethindrone acetate . . . . .          | 252 | NP THYROID . . . . .                   | 257,258 |
| norethindrone-eth estradiol . . . . .    | 248 | NUBEQA . . . . .                       | 61      |
| NORGESIC . . . . .                       | 305 | NUCALA . . . . .                       | 304     |
| norgestim-eth estrad triphasic . . . . . | 250 | NUCYNTA . . . . .                      | 20      |
| norgestimate-eth estradiol . . . . .     | 250 | NUCYNTA ER . . . . .                   | 15      |
| NORIXA . . . . .                         | 209 | NUDEXTA . . . . .                      | 155     |
| norlyroc . . . . .                       | 253 | NUFOL . . . . .                        | 196     |
| NORPACE CR . . . . .                     | 112 | NULEV . . . . .                        | 224     |
| nortrel 0.5/35 (28) . . . . .            | 249 | NURTEC . . . . .                       | 146     |

|                                |     |
|--------------------------------|-----|
| NUTRA/SHAKE                    | 181 |
| NUTRALYN                       | 209 |
| NUTRAMINE                      | 181 |
| NUTRAMINE AMINO BITES          | 181 |
| NUTREN 1.0                     | 181 |
| NUTREN 1.0/FIBER               | 181 |
| NUTREN 1.5                     | 181 |
| NUTREN 2.0                     | 181 |
| NUTREN JR                      | 181 |
| NUTREN JR FIBER                | 181 |
| NUTREN JUNIOR                  | 181 |
| NUTREN JUNIOR 1.0              | 181 |
| NUTREN JUNIOR/FIBER            | 181 |
| NUTREN PULMONARY               | 181 |
| NUTRICAP                       | 209 |
| NUTRICIA PREOP                 | 181 |
| NUTRIFAC ZX                    | 209 |
| NUTRIFOCUS                     | 181 |
| NUTRIHEP 1.5 CAL               | 181 |
| NUTRITIONAL DRINK              | 181 |
| NUTRITIONAL DRINK MIX          | 284 |
| NUTRITIONAL DRINK PLUS         | 181 |
| NUTRITIONAL DRINK SHAKE MIX    | 284 |
| NUTRITIONAL SHAKE              | 182 |
| NUTRITIONAL SHAKE COMPLETE     | 182 |
| NUTRITIONAL SHAKE HIGH PROTEIN | 182 |
| NUTRITIONAL SHAKE PLUS         | 182 |
| NUTRITIONAL SHAKE PLUS PROTEIN | 182 |
| NUTRITIONAL SUPPLEMENT         | 182 |
| NUTRITIONAL SUPPLEMENT PLUS    | 182 |
| NUTROPIN AQ NUSPIN 10          | 239 |
| NUTROPIN AQ NUSPIN 20          | 239 |
| NUTROPIN AQ NUSPIN 5           | 239 |
| nyamyc                         | 58  |
| nylia 1/35                     | 249 |
| nylia 7/7/7                    | 250 |
| nymyo                          | 250 |
| nystatin                       | 58  |
| nystatin-triamcinolone         | 169 |
| nystop                         | 58  |

## O

|                               |         |
|-------------------------------|---------|
| OA 1                          | 284     |
| OA 2                          | 284     |
| OB COMPLETE                   | 219     |
| OB COMPLETE ONE               | 220     |
| OB COMPLETE PETITE            | 220     |
| OB COMPLETE PREMIER           | 219     |
| OB COMPLETE/DHA               | 220     |
| OBSTETRIX DHA                 | 217     |
| ocella                        | 241     |
| octreotide acetate            | 258,259 |
| OCTREOTIDE ACETATE            | 258,259 |
| OCUTABS                       | 210     |
| OCUTABS-LUTEIN                | 210     |
| OCUVEL                        | 210     |
| OCUVITE EXTRA                 | 210     |
| OCUVITE EYE + MULTI           | 210     |
| OCUVITE-LUTEIN                | 210     |
| ODEFSEY                       | 84      |
| ODOMZO                        | 76      |
| OFEV                          | 301     |
| OFLOXACIN                     | 39      |
| ofloxacin                     | 290,293 |
| OGSIVEO                       | 64,65   |
| OHTUVAYRE                     | 311     |
| OJEMDA                        | 316,317 |
| olanzapine                    | 139,140 |
| olmesartan medoxomil          | 109     |
| olmesartan medoxomil-hctz     | 125     |
| olmesartan-amlodipine-hctz    | 125     |
| olopatadine hcl               | 290,295 |
| omega 3                       | 215     |
| omega 3 fish oil              | 215     |
| omega-3                       | 215     |
| omega-3 cf                    | 215     |
| omega-3 fish oil              | 215     |
| omega-3-acid ethyl esters     | 133     |
| omeprazole                    | 227     |
| OMEPRAZOLE+SYRSPEND SF ALKA   | 286     |
| omeprazole-sodium bicarbonate | 227     |

|   |     |  |         |
|---|-----|--|---------|
| OMNIFLEX DIAPHRAGM . . . . .                | 275 | one-a-day teen advantage/her . . . . .   | 210     |
| OMNIPOD 5 DEXG7G6 INTRO GEN 5 . . . . .     | 279 | ONE-DAILY MULTI-VIT/MINERAL . . . . .    | 211     |
| OMNIPOD 5 DEXG7G6 PODS GEN 5 . . . . .      | 279 | ONEVITE . . . . .                        | 211     |
| Omnipod 5 DexG7G6 Pods Gen 5 MISC . . . . . | 279 | ONIVYDE . . . . .                        | 64      |
| Omnipod 5 G7 Intro (Gen 5) KIT . . . . .    | 279 | OPFOLDA . . . . .                        | 228     |
| OMNIPOD 5 G7 PODS (GEN 5) . . . . .         | 279 | OPSITE 11"X11-3/4" . . . . .             | 287     |
| OMNIPOD 5 LIBRE2 G6 INTRO GEN5 . . . . .    | 280 | OPSITE 11"X17-3/4" . . . . .             | 287     |
| OMNIPOD 5 LIBRE2 PLUS G6 PODS . . . . .     | 280 | OPSITE 11"X6" . . . . .                  | 287     |
| OMNIPOD CLASSIC PODS (GEN 3) . . . . .      | 280 | OPSITE 17-3/4"X21-5/8" . . . . .         | 287     |
| OMNIPOD DASH INTRO (GEN 4) . . . . .        | 280 | OPSITE 4"X5-1/2" . . . . .               | 287     |
| OMNIPOD DASH PDM (GEN 4) . . . . .          | 280 | OPSITE FLEXIGRID 2-3/8"X2-3/4" . . . . . | 288     |
| OMNIPOD DASH PODS (GEN 4) . . . . .         | 280 | OPSITE FLEXIGRID 4"X4-3/4" . . . . .     | 288     |
| OMNIPOD POD PALS . . . . .                  | 280 | OPSITE FLEXIGRID 4-3/4"X10" . . . . .    | 288     |
| OMNITROPE . . . . .                         | 239 | OPSITE FLEXIGRID 6"X8" . . . . .         | 288     |
| ONAPGO . . . . .                            | 79  | OPSITE IV 3000 . . . . .                 | 288     |
| ondansetron . . . . .                       | 57  | OPSITE POST-OP 10"X4" . . . . .          | 288     |
| ONDANSETRON HCL . . . . .                   | 57  | OPSITE POST-OP 13-3/4"X4" . . . . .      | 288     |
| ondansetron hcl . . . . .                   | 57  | OPSITE POST-OP 4-3/4"X4" . . . . .       | 288     |
| ONE DAILY 50 PLUS . . . . .                 | 210 | OPSITE POST-OP 8"X4" . . . . .           | 288     |
| ONE DAILY CALCIUM/IRON . . . . .            | 210 | OPSITE POST-OP VISIBLE . . . . .         | 288     |
| ONE DAILY COMPLETE . . . . .                | 210 | OPSITE POST-OP VISIBLE 10"X4" . . . . .  | 288     |
| ONE DAILY COMPLETE FOR MEN . . . . .        | 210 | OPSITE POST-OP VISIBLE 4X3-1/8 . . . . . | 288     |
| ONE DAILY FOR MEN 50+ ADVANCED . . . . .    | 210 | OPSITE POST-OP VISIBLE 6"X4" . . . . .   | 288     |
| ONE DAILY FOR MEN/LYCOPENE . . . . .        | 210 | OPSUMIT . . . . .                        | 300     |
| ONE DAILY FOR WOMEN . . . . .               | 210 | OPTIC-VITES . . . . .                    | 211     |
| ONE DAILY FOR WOMEN 50+ ADV . . . . .       | 210 | OPTIC-VITES WITH LUTEIN . . . . .        | 211     |
| ONE DAILY HEALTHY WEIGHT . . . . .          | 210 | OPTICLEANSE GHI . . . . .                | 182,284 |
| ONE DAILY HEALTHY WEIGHT ADV . . . . .      | 210 | OPTICLEANSE PLUS . . . . .               | 182     |
| ONE DAILY MAXIMUM . . . . .                 | 210 | OPTIMENTAL . . . . .                     | 182     |
| ONE DAILY MENS . . . . .                    | 210 | OPTIMETABOLIX . . . . .                  | 182     |
| ONE DAILY MENS 50+ MULTIVIT . . . . .       | 210 | OPTIMETABOLIX 2:1 . . . . .              | 182     |
| ONE DAILY MENS 50+/LYCOPENE . . . . .       | 210 | OPTIMUM PMS . . . . .                    | 211     |
| ONE DAILY MENS HEALTH . . . . .             | 210 | OPTIONS GYNOL II CONTRACEPTIVE . . . . . | 232     |
| ONE DAILY MULTIVIT/IRON-FREE . . . . .      | 210 | OPVEE . . . . .                          | 281     |
| ONE DAILY MULTIVITAMIN MEN . . . . .        | 210 | oralone . . . . .                        | 161     |
| ONE DAILY MULTIVITAMIN WOMEN . . . . .      | 210 | ORGAIN KIDS PROTEIN ORGANIC NU . . . . . | 182     |
| ONE DAILY WOMENS . . . . .                  | 211 | ORGANIC MIX-INS STAGE1/STAGE 2 . . . . . | 182     |
| ONE DAILY WOMENS 50 PLUS . . . . .          | 211 | ORGANIC NUTRITION SHAKE . . . . .        | 182     |
| ONE DAILY WOMENS 50+ . . . . .              | 211 | ORGANIC PEDIA SMART . . . . .            | 284     |
| ONE DAILY/MINERALS . . . . .                | 210 | ORGOVYX . . . . .                        | 259     |
| ONE VITE WOMENS PLUS . . . . .              | 218 | ORIAHNN . . . . .                        | 237     |



|                                |         |                               |         |
|--------------------------------|---------|-------------------------------|---------|
| PEDIASURE 1.5 CAL              | 183     | PEPTAMEN JUNIOR HP            | 184     |
| PEDIASURE 1.5 CAL/FIBER        | 183     | PEPTAMEN JUNIOR PHGG 1.2      | 184     |
| PEDIASURE ENTERAL 1.0 CAL      | 183     | PEPTAMEN JUNIOR/PREBIO1       | 184     |
| PEDIASURE ENTERAL 1.0CAL/FIBER | 183     | PEPTAMEN/PREBIO1              | 184     |
| PEDIASURE GROW & GAIN          | 183,284 | PEPTICATE                     | 201     |
| PEDIASURE GROW & GAIN ORGANIC  | 183     | PERATIVE                      | 184     |
| PEDIASURE GROW & GAIN/FIBER    | 183     | PERATIVE 1.3 CAL              | 184     |
| PEDIASURE HARVEST 1.0 CAL      | 183     | PERIFLEX ADVANCE              | 284     |
| PEDIASURE NUTRIPALS            | 183     | PERIFLEX INFANT               | 201     |
| PEDIASURE PEDIATRIC            | 183     | PERIFLEX JUNIOR               | 284     |
| PEDIASURE PEPTIDE 1.0 CAL      | 183     | PERINDOPRIL ERBUMINE          | 111     |
| PEDIASURE PEPTIDE 1.5 CAL      | 183     | perindopril erbumine          | 111     |
| PEDIASURE REDUCED CALORIE      | 183     | perio gard                    | 160     |
| PEDIASURE SHAKE MIX            | 284     | permethrin                    | 171     |
| PEDIASURE SHAKE/FIBER          | 183     | perphenazine                  | 56      |
| PEDIASURE SIDEKICKS            | 183,284 | PERPHENAZINE-AMITRIPTYLINE    | 50      |
| PEDIASURE SIDEKICKS CLEAR      | 183     | PERTZYE                       | 229     |
| PEDIASURE SIDEKICKS SHAKE      | 183     | PFD                           | 284     |
| PEDIASURE/FIBER                | 183     | PFD 2                         | 284     |
| PEDIATRIC DRINK                | 183     | pharbedryl                    | 295     |
| peg 3350                       | 223     | pharmacist choice d-vitamin   | 272     |
| peg 3350-kcl-na bicarb-nacl    | 221     | phenazo                       | 233     |
| peg-3350/electrolytes          | 225     | phenazopyridine hcl           | 233     |
| PEN NEEDLES                    | 280     | PHENAZOPYRIDINE HCL           | 233     |
| PENICILLIN V POTASSIUM         | 37      | phendimetrazine tartrate      | 155     |
| penicillin v potassium         | 37      | PHENELZINE SULFATE            | 50      |
| PENMENVY                       | 313     | PHENEX-1                      | 284     |
| pentamidine isethionate        | 78      | PHENEX-2                      | 284     |
| PENTASA                        | 271     | phenobarbital                 | 45,46   |
| pentoxifylline er              | 125     | PHENOBARBITAL                 | 45,46   |
| PEPTAMEN                       | 184     | phenoxybenzamine hcl          | 108     |
| PEPTAMEN 1 CAL/PREBIO1         | 183     | phentermine hcl               | 155     |
| PEPTAMEN 1.5 CAL               | 183     | phentermine-topiramate er     | 155     |
| PEPTAMEN 1.5 CAL/PREBIO1       | 183     | phentermine-topiramate erxdnu | 155,156 |
| PEPTAMEN AF                    | 183     | PHENYL-FREE 1                 | 201     |
| PEPTAMEN INTENSE VHP           | 183     | PHENYL-FREE 2                 | 285     |
| PEPTAMEN JUNIOR 1 CAL          | 184     | PHENYL-FREE 2HP               | 285     |
| PEPTAMEN JUNIOR 1 CAL/PREBIO1  | 184     | PHENYLADE DRINK MIX           | 284     |
| PEPTAMEN JUNIOR 1.5            | 184     | PHENYLADE ESSENTIAL DRINK MIX | 184,284 |
| PEPTAMEN JUNIOR 1.5 CAL        | 184     | PHENYLADE ESSENTIAL MIX/FIBER | 184,284 |
| PEPTAMEN JUNIOR FIBER          | 184     | PHENYLADE GMP                 | 184,284 |

|  |         |                                       |         |
|--|---------|---------------------------------------|---------|
| PHENYLADE GMP MIX DHA/FIBER . . . . .    | 184     | PKU AIR20 YELLOW . . . . .            | 185     |
| PHENYLADE GMP MIX-IN . . . . .           | 184,284 | PKU COOLER 10 . . . . .               | 185     |
| PHENYLADE GMP READY . . . . .            | 184     | PKU COOLER 15 . . . . .               | 185     |
| PHENYLADE GMP ULTRA . . . . .            | 184     | PKU COOLER 20 . . . . .               | 185     |
| phenylade phebloc . . . . .              | 192     | PKU EASY SHAKE & GO . . . . .         | 185     |
| PHENYLADE RTD PKU 10 . . . . .           | 184     | PKU EXPLORE10 . . . . .               | 185     |
| PHENYLADE60 DRINK MIX . . . . .          | 184,284 | PKU EXPLORE5 . . . . .                | 185     |
| phenylephrine hcl . . . . .              | 289     | PKU GEL . . . . .                     | 185     |
| phenytek . . . . .                       | 48      | PKU LOPHLEX LQ 20 . . . . .           | 185     |
| phenytoin . . . . .                      | 48      | PKU PERIFLEX EARLY YEARS . . . . .    | 185,285 |
| phenytoin infatabs . . . . .             | 48      | PKU PERIFLEX JUNIOR PLUS . . . . .    | 285     |
| phenytoin sodium extended . . . . .      | 49      | PKU SPHERE 15 . . . . .               | 185     |
| PHEXX . . . . .                          | 251     | PKU SPHERE 20 . . . . .               | 185     |
| PHEXXI . . . . .                         | 251     | PKU SPHERE NEXT 15 . . . . .          | 185     |
| philith . . . . .                        | 249     | PKU START . . . . .                   | 185,214 |
| PHLEXY-10 . . . . .                      | 184     | PKU TRIO . . . . .                    | 185,285 |
| phlexy-10 . . . . .                      | 192     | PLAQUENIL . . . . .                   | 78      |
| PHOSPHA 250 NEUTRAL . . . . .            | 233     | PNV 27-CA/FE/FA . . . . .             | 218     |
| PHOSPHO-TRIN 250 NEUTRAL . . . . .       | 233     | PNV-DHA . . . . .                     | 219     |
| PHOSPHOROUS . . . . .                    | 233     | PNV-DHA+DOCUSATE . . . . .            | 220     |
| PHYRAGO . . . . .                        | 70      | PNV-OMEGA . . . . .                   | 220     |
| phytonadione . . . . .                   | 106     | PNV-SELECT . . . . .                  | 219     |
| PIFELTRO . . . . .                       | 83      | podofilox . . . . .                   | 169     |
| pilocarpine hcl . . . . .                | 160,292 | PODOFILOX . . . . .                   | 169     |
| pimecrolimus . . . . .                   | 166     | POLIGRIP SUPER STRONG EX ST . . . . . | 275     |
| pimozide . . . . .                       | 140     | POLY-IRON 150 FORTE . . . . .         | 204     |
| pimtra . . . . .                         | 241     | POLY-VI-FLOR . . . . .                | 216     |
| pindolol . . . . .                       | 114     | POLY-VI-FLOR/IRON . . . . .           | 217     |
| pioglitazone hcl . . . . .               | 93      | POLYCAL . . . . .                     | 285     |
| pioglitazone hcl-glimepiride . . . . .   | 93      | polycin . . . . .                     | 288     |
| pioglitazone hcl-metformin hcl . . . . . | 93      | polyethylene glycol 3350 . . . . .    | 223     |
| PIQRAY (200 MG DAILY DOSE) . . . . .     | 68      | polymyxin b-trimethoprim . . . . .    | 290     |
| PIQRAY (250 MG DAILY DOSE) . . . . .     | 68      | POLYSACCHARIDE IRON FORTE . . . . .   | 204     |
| PIQRAY (300 MG DAILY DOSE) . . . . .     | 68      | PORTAGEN . . . . .                    | 285     |
| pirfenidone . . . . .                    | 301     | portia-28 . . . . .                   | 245     |
| piroxicam . . . . .                      | 12      | posaconazole . . . . .                | 58      |
| PIVOT 1.5 CAL . . . . .                  | 185     | potassium chloride . . . . .          | 189     |
| PKU 2 . . . . .                          | 285     | potassium chloride crys er . . . . .  | 189     |
| PKU 3 . . . . .                          | 285     | potassium chloride er . . . . .       | 189     |
| PKU AIR20 GOLD . . . . .                 | 185     | POTASSIUM CHLORIDE ER . . . . .       | 189     |
| PKU AIR20 GREEN . . . . .                | 185     | potassium citrate er . . . . .        | 189     |

|  |             |   |         |
|--|-------------|---|---------|
| POTASSIUM IODIDE (EXPECTORANT) . . . . . | 259         | PRENATE DHA . . . . .                   | 220     |
| PR BENZOYL PEROXIDE WASH . . . . .       | 167,168     | PRENATE ELITE . . . . .                 | 219     |
| pramipexole dihydrochloride . . . . .    | 79          | PRENATE ENHANCE . . . . .               | 219     |
| pramipexole dihydrochloride er . . . . . | 79,80       | PRENATE ESSENTIAL . . . . .             | 220     |
| PRAMOSONE . . . . .                      | 169         | PRENATE MINI . . . . .                  | 220     |
| prasugrel hcl . . . . .                  | 106         | PRENATE PIXIE . . . . .                 | 220     |
| pravastatin sodium . . . . .             | 130         | PRENATE RESTORE . . . . .               | 220     |
| praziquantel . . . . .                   | 78          | PRENATRIX . . . . .                     | 218     |
| prazosin hcl . . . . .                   | 108         | PRENATRYL . . . . .                     | 218     |
| pre protein . . . . .                    | 192         | PRETOMANID . . . . .                    | 60      |
| PRECISION XTRA KETONE . . . . .          | 280         | PREV-RX . . . . .                       | 211     |
| PRED MILD . . . . .                      | 291         | prevalite . . . . .                     | 132     |
| prednisolone . . . . .                   | 235         | PREVIDENT . . . . .                     | 161     |
| prednisolone acetate . . . . .           | 291         | PREVIDENT 5000 ENAMEL PROTECT . . . . . | 161     |
| PREDNISOLONE SODIUM PHOSPHATE . . . . .  | 235,236,291 | PREVIDENT 5000 SENSITIVE . . . . .      | 161     |
| prednisolone sodium phosphate . . . . .  | 235,236     | PREVYMIS . . . . .                      | 82,312  |
| prednisone . . . . .                     | 236         | PREZCOBIX . . . . .                     | 86      |
| PREDNISONONE . . . . .                   | 236         | PREZISTA . . . . .                      | 86      |
| PREDNISONONE INTENSOL . . . . .          | 236         | PRIFTIN . . . . .                       | 60      |
| PREFERRED PLUS GLUCOSE . . . . .         | 96          | PRILOVIX . . . . .                      | 21      |
| pregabalin . . . . .                     | 157         | prilovix lite . . . . .                 | 21      |
| PREGESTIMIL . . . . .                    | 201         | prilovix lite plus . . . . .            | 21      |
| PREGNYL . . . . .                        | 237         | PRILOVIX PLUS . . . . .                 | 22      |
| PREMARIN . . . . .                       | 244         | prilovix ultralite . . . . .            | 22      |
| PREMIUM INFANT FORMULA/IRON . . . . .    | 201         | prilovix ultralite plus . . . . .       | 22      |
| PREMIUM LIDOCAINE . . . . .              | 21          | PRIMACARE . . . . .                     | 219     |
| PREMPHASE . . . . .                      | 240         | primaquine phosphate . . . . .          | 78      |
| PREMPRO . . . . .                        | 240         | PRIMIDONE . . . . .                     | 46      |
| PRENA1 . . . . .                         | 220         | primidone . . . . .                     | 46      |
| PRENA1 PEARL . . . . .                   | 220         | PRO-PHREE . . . . .                     | 285     |
| PRENAISSANCE . . . . .                   | 220         | PRO-RED AC . . . . .                    | 304     |
| PRENAISSANCE PLUS . . . . .              | 220         | probenecid . . . . .                    | 59      |
| PRENATABS FA . . . . .                   | 218         | procentra . . . . .                     | 149     |
| PRENATABS RX . . . . .                   | 219         | prochlorperazine . . . . .              | 56      |
| PRENATAL . . . . .                       | 218         | prochlorperazine maleate . . . . .      | 56      |
| PRENATAL 19 . . . . .                    | 217,218     | PROCRIT . . . . .                       | 104,105 |
| PRENATAL PLUS . . . . .                  | 218         | procto-med hc . . . . .                 | 166     |
| PRENATAL PLUS VITAMIN/MINERAL . . . . .  | 218         | PROCTOCORT . . . . .                    | 166     |
| PRENATAL-U . . . . .                     | 219         | PROCTOFOAM HC . . . . .                 | 168     |
| PRENATE . . . . .                        | 217         | proctosol hc . . . . .                  | 166     |
| PRENATE AM . . . . .                     | 219         | proctozone-hc . . . . .                 | 166     |

|                                      |             |  |         |
|--------------------------------------|-------------|--|---------|
| PROFOLA . . . . .                    | 211         | pseudoeph-bromphen-dm . . . . .          | 305     |
| progesterone . . . . .               | 253         | PULMICORT FLEXHALER . . . . .            | 293,294 |
| PROGRAF . . . . .                    | 269,270     | PULMOCARE . . . . .                      | 186     |
| PROLENSA . . . . .                   | 291         | PULMOCARE 1.5 . . . . .                  | 186     |
| PROMACTA . . . . .                   | 104         | PULMOSAL . . . . .                       | 305     |
| promethazine hcl . . . . .           | 56,295      | PULMOZYME . . . . .                      | 297     |
| PROMETHAZINE VC . . . . .            | 304         | PURAMINO DHA/ARA . . . . .               | 201     |
| promethazine-codeine . . . . .       | 304         | PURAMINO JR . . . . .                    | 201     |
| promethazine-dm . . . . .            | 304         | PURE BLISS ORG/A2 MILK/IRON . . . . .    | 201     |
| PROMETHAZINE-PHENYLEPHRINE . . . . . | 304         | PURE BLISS ORGANIC/IRON . . . . .        | 201,278 |
| promethegan . . . . .                | 56          | PURECARB . . . . .                       | 285     |
| PROMETHEGAN . . . . .                | 56          | PURIXAN . . . . .                        | 63      |
| PROMOD . . . . .                     | 185,285     | PUSH 20+ ADVANCED . . . . .              | 186     |
| PROMOTE . . . . .                    | 185         | pyrazinamide . . . . .                   | 60      |
| PROMOTE 1.0 . . . . .                | 185         | pyridostigmine bromide . . . . .         | 148     |
| PROMOTE 1.0 WITH FIBER . . . . .     | 185         | pyridostigmine bromide er . . . . .      | 148     |
| PROMOTE/FIBER . . . . .              | 185         | pyrimethamine . . . . .                  | 78      |
| propafenone hcl . . . . .            | 112         | PYRUKYND . . . . .                       | 105,106 |
| propafenone hcl er . . . . .         | 112         | PYRUKYND TAPER PACK . . . . .            | 106     |
| PROPIMEX-1 . . . . .                 | 285         |  |         |
| PROPIMEX-2 . . . . .                 | 285         | <b>Q</b>                                 |         |
| propranolol hcl . . . . .            | 114,115     | qc aspirin . . . . .                     | 7       |
| PROPRANOLOL HCL . . . . .            | 114,115     | qc aspirin low dose . . . . .            | 7       |
| propranolol hcl er . . . . .         | 115         | qc childrens aspirin . . . . .           | 7       |
| propylthiouracil . . . . .           | 259         | QC DAILY MULTIVIT/MULTIMINERAL . . . . . | 211     |
| PROSIGHT . . . . .                   | 211         | qc enteric aspirin . . . . .             | 7       |
| PROSOURCE . . . . .                  | 185,186,285 | qc esomeprazole magnesium . . . . .      | 226     |
| prosource no carb . . . . .          | 189,220     | qc fish oil . . . . .                    | 215     |
| PROSOURCE PLUS . . . . .             | 186         | qc folic acid . . . . .                  | 196     |
| prosource protein . . . . .          | 221         | QC HAIR SKIN & NAILS . . . . .           | 211     |
| PROSOURCE TF . . . . .               | 186         | QC MENS DAILY MULTIVITAMIN . . . . .     | 211     |
| PROSOURCE XTRACAL . . . . .          | 186         | QC MULTI-VITE . . . . .                  | 211     |
| PROSOURCE ZAC . . . . .              | 186         | QC MULTI-VITE 50 & OVER . . . . .        | 211     |
| PROSURE . . . . .                    | 186         | qc natura-lax . . . . .                  | 223     |
| PROTALITY . . . . .                  | 186         | qc nicotine transdermal system . . . . . | 26      |
| PROTEIN FORTIFIER . . . . .          | 278         | QC THERIN-M . . . . .                    | 211     |
| proteinex . . . . .                  | 192         | qc vitamin d3 . . . . .                  | 272     |
| protriptyline hcl . . . . .          | 55          | QC WOMENS DAILY MULTIVITAMIN . . . . .   | 211     |
| PROVIDA OB . . . . .                 | 219         | QNASL CHILDRENS . . . . .                | 293     |
| PROVIMIN . . . . .                   | 285         | QSYMIA . . . . .                         | 156     |
| PROXIVOL . . . . .                   | 21          | quetiapine fumarate . . . . .            | 140,141 |

|                               |         |
|-------------------------------|---------|
| QUETIAPINE FUMARATE           | 140,141 |
| quetiapine fumarate er        | 141     |
| QUFLORA PEDIATRIC             | 216     |
| QUILLICHEW ER                 | 153     |
| QUILLIVANT XR                 | 153     |
| quinapril hcl                 | 111     |
| QUINAPRIL-HYDROCHLOROTHIAZIDE | 125     |
| quinapril-hydrochlorothiazide | 125     |
| quinidine gluconate er        | 112     |
| quinine sulfate               | 78      |
| QUINTABS-M                    | 211     |
| QULIPTA                       | 145     |
| QVAR REDIHALER                | 293     |

## R

|                                |         |
|--------------------------------|---------|
| ra aspirin                     | 8       |
| ra aspirin adult low dose      | 8       |
| ra aspirin adult low strength  | 8       |
| ra aspirin childrens           | 8       |
| ra aspirin ec                  | 8       |
| ra aspirin ec adult low st     | 8       |
| ra central-vite mens mature    | 211     |
| ra central-vite womens mature  | 211     |
| ra esomeprazole magnesium      | 226     |
| ra fish oil                    | 215     |
| ra folic acid                  | 196     |
| ra laxative                    | 223     |
| ra mini nicotine               | 32      |
| ra nicotine                    | 26,32   |
| ra nicotine gum                | 32      |
| ra nicotine polacrilex         | 32      |
| ra one daily maximum           | 211     |
| ra one daily mens 50+ w/vit d3 | 211     |
| ra one daily mens multi        | 211     |
| ra one daily mens/vit d-3      | 211     |
| ra pain relief aspirin         | 8       |
| rabeprazole sodium             | 227     |
| RADICAVA ORS                   | 155     |
| RADICAVA ORS STARTER KIT       | 155     |
| raloxifene hcl                 | 251     |
| ramelteon                      | 306     |
| ramipril                       | 111     |
| ranolazine er                  | 125     |
| RAPAMUNE                       | 269     |
| rasagiline mesylate            | 81      |
| RAVICTI                        | 227     |
| RCF                            | 201     |
| RCF LOW-IRON                   | 201     |
| RE/NEPH                        | 186     |
| RE/NEPH LP/HC                  | 186     |
| RE/NEPH REDUCED SUGAR          | 186     |
| REAL FOOD BLENDS               | 186     |
| REAL FOOD BLENDS MINI          | 186     |
| REASON                         | 186     |
| REASON PEPTIDE 1.5             | 186     |
| REBIF                          | 159     |
| REBIF REBIDOSE                 | 159     |
| REBIF REBIDOSE TITRATION PACK  | 159     |
| REBIF TITRATION PACK           | 159     |
| reclipsen                      | 241     |
| REDEMPLO                       | 314     |
| REGRANEX                       | 167     |
| REGULAR NUTRITIONAL SHAKE      | 186     |
| relador pak                    | 22      |
| relador pak plus               | 22      |
| RELENZA DISKHALER              | 86      |
| RELEVIA                        | 218     |
| relgaabi                       | 45      |
| relion glucose                 | 95,96   |
| RELNATE DHA                    | 218     |
| REMEDIENT                      | 212     |
| RENAL                          | 193     |
| RENALCAL                       | 186     |
| RENAPLEX                       | 212     |
| RENASTART                      | 186,285 |
| RENASTEP                       | 186     |
| RENO CAPS                      | 193     |
| repaglinide                    | 93      |
| REPATHA                        | 132     |
| REPATHA PUSHTRONEX SYSTEM      | 132     |
| REPATHA SURECLICK              | 132     |
| REPLETE                        | 187     |

|                              |            |                                |     |
|------------------------------|------------|--------------------------------|-----|
| REPLETE FIBER                | 186        | ropinirole hcl                 | 80  |
| REPLETE FIBER 1 CAL          | 186        | ropinirole hcl er              | 80  |
| RESOURCE 2.0                 | 187        | rosuvastatin calcium           | 131 |
| RESTASIS                     | 289        | rosuvastatin calcium 10 mg tab | 130 |
| RESTASIS MULTIDOSE           | 289        | rosuvastatin calcium 5 mg tab  | 131 |
| RESTORE FUSION RENAL SUPPORT | 214        | rosyrah                        | 246 |
| RESTORE RENAL SUPPORT        | 215        | roweepra                       | 44  |
| RESURGEX                     | 187        | ROZLYTREK                      | 64  |
| RESURGEX PLUS                | 187        | RUBRACA                        | 76  |
| RESURGEX SELECT              | 187        | rufinamide                     | 49  |
| RETACRIT                     | 105        | RUKOBIA                        | 85  |
| RETEVMO                      | 66,315,316 | RYBELSUS                       | 94  |
| REVUFORJ                     | 315        | RYDAPT                         | 73  |
| REXTOVY                      | 23         |                                |     |
| REXULTI                      | 137        | <b>S</b>                       |     |
| REYATAZ                      | 85         | S.O.S. 25                      | 187 |
| REYVOW                       | 146        | sacubitril-valsartan           | 126 |
| REZDIFFRA                    | 315        | SAIZEN                         | 239 |
| REZLIDHIA                    | 74         | sajazir                        | 260 |
| RHOPRESSA                    | 292        | SALICYLIC ACID                 | 169 |
| RIBAVIRIN                    | 83         | salicylic acid wart remover    | 169 |
| rifabutin                    | 59         | SALICYLIC ACID WART REMOVER    | 169 |
| rifampin                     | 60         | salsalate                      | 12  |
| rilpivirine hcl              | 84         | SALSALATE                      | 12  |
| riluzole                     | 156        | salynta                        | 169 |
| RINVOQ                       | 270        | SANCUSO                        | 57  |
| RINVOQ LQ                    | 317        | SANDIMMUNE                     | 267 |
| RIOMET                       | 92         | SANTYL                         | 168 |
| risedronate sodium           | 273,274    | sapropterin dihydrochloride    | 230 |
| risperidone                  | 141        | sarnol-hc                      | 166 |
| RISPERIDONE                  | 141,142    | SAVELLA                        | 157 |
| ritonavir                    | 86         | SAVELLA TITRATION PACK         | 157 |
| rivaroxaban                  | 100        | SAXENDA                        | 281 |
| rivastigmine                 | 135        | sb aspirin                     | 8   |
| rivastigmine tartrate        | 135,136    | sb aspirin ec                  | 8   |
| rivelsa                      | 246        | sb childrens aspirin           | 9   |
| RIVFLOZA                     | 313,314    | SB COMPLETE NUTRITION          | 187 |
| rizatriptan benzoate         | 146,147    | SB COMPLETE NUTRITION PLUS     | 187 |
| ROCKLATAN                    | 289        | sb low dose asa ec             | 9   |
| roflumilast                  | 299        | sb omega-3 fish oil            | 215 |
| ROMVIMZA                     | 317        | sb polyethylene glycol 3350    | 223 |

|                                     |         |                                     |         |
|-------------------------------------|---------|-------------------------------------|---------|
| SCANDICAL.....                      | 285     | SIMILAC ADVANCE COMPLETE.....       | 201,278 |
| SCANDISHAKE.....                    | 285     | SIMILAC ADVANCE EARLY SHIELD.....   | 201,278 |
| scopolamine.....                    | 56      | SIMILAC ADVANCE KOSHER.....         | 278     |
| SE-NATAL 19.....                    | 217,218 | SIMILAC ADVANCE LAMEHADRIDIN.....   | 201     |
| sea-omega.....                      | 215     | SIMILAC ADVANCE NON-GMO.....        | 201     |
| SECUADO.....                        | 136     | SIMILAC ADVANCE ON-THE-GO.....      | 278     |
| SELECT-OB.....                      | 219     | SIMILAC ADVANCE OPTIGRO/IRON.....   | 202     |
| SELECT-OB+DHA.....                  | 217     | SIMILAC ADVANCE ORGANIC.....        | 202,278 |
| selegiline hcl.....                 | 81      | SIMILAC ADVANCE-IRON.....           | 201,278 |
| selenium sulfide.....               | 166     | SIMILAC ADVANCE/IRON.....           | 201     |
| SELENIUM SULFIDE.....               | 166     | SIMILAC ALIMENTUM ADVANCE-IRON..... | 278     |
| SELZENTRY.....                      | 85      | SIMILAC ALIMENTUM IMMUNESUPP.....   | 278     |
| SENIOR TABS.....                    | 212     | SIMILAC ALIMENTUM TODDLER.....      | 202     |
| SENTRY.....                         | 212     | SIMILAC ALIMENTUM-IRON.....         | 202     |
| SENTRY SENIOR.....                  | 212     | SIMILAC EXPERT CARE ALIMENTUM.....  | 278     |
| SERACAL.....                        | 187     | SIMILAC EXPERT CARE DIARRHEA.....   | 278     |
| SEREVENT DISKUS.....                | 297     | SIMILAC EXPERT CARE NEOSURE/FE..... | 278     |
| SEROSTIM.....                       | 239     | SIMILAC FOR SPIT-UP.....            | 202,278 |
| sertraline hcl.....                 | 53      | SIMILAC FOR SPIT-UP/OPTIGRO.....    | 202     |
| setlakin.....                       | 246     | SIMILAC FOR SUPPLEMENTATION.....    | 202,278 |
| sevelamer carbonate.....            | 192     | SIMILAC GO & GROW EARLY SHIELD..... | 202     |
| sevelamer hcl.....                  | 192     | SIMILAC GO & GROW HMO.....          | 202     |
| SF.....                             | 161     | SIMILAC GO & GROW NON-GMO.....      | 202     |
| SF 5000 PLUS.....                   | 161     | SIMILAC GO & GROW OPTIGRO.....      | 202     |
| SFROWASA.....                       | 271     | SIMILAC GO & GROW TODDLER.....      | 202     |
| sharobel.....                       | 253     | SIMILAC HUMAN MILK FORTIFIER.....   | 202     |
| SHINGRIX.....                       | 318     | SIMILAC LACTOSE FREE.....           | 202     |
| SIDEROL.....                        | 212     | SIMILAC LACTOSE FREE ADVANCE.....   | 202,278 |
| SIGNIFOR.....                       | 259     | SIMILAC LOW-IRON.....               | 202,278 |
| SIKLOS.....                         | 63      | SIMILAC NATURAL CARE.....           | 278     |
| sildenafil citrate.....             | 233,300 | SIMILAC NEOSURE.....                | 202     |
| silodosin.....                      | 231     | SIMILAC NEOSURE ADVANCE/IRON.....   | 279     |
| silver sulfadiazine.....            | 169     | SIMILAC NEOSURE OPTIGRO.....        | 202,279 |
| SIMBRINZA.....                      | 292     | SIMILAC ORGANIC/A2 MILK/IRON.....   | 202     |
| SIMILAC.....                        | 203,278 | SIMILAC ORGANIC/IRON.....           | 203,279 |
| SIMILAC 2 ADVANCE.....              | 201     | SIMILAC PM.....                     | 203     |
| SIMILAC 2-IRON.....                 | 201     | SIMILAC PRO-ADVANCE OPTIGRO.....    | 203,279 |
| SIMILAC 360 TOT CARE SENS 5HMO..... | 278     | SIMILAC PRO-ADVANCE WITH IRON.....  | 203,279 |
| SIMILAC 360 TOTAL CARE.....         | 201     | SIMILAC PRO-SENSITIVE.....          | 279     |
| SIMILAC 360 TOTAL CARE 5 HMO.....   | 201,278 | SIMILAC PRO-SENSITIVE OPTIGRO.....  | 203,279 |
| SIMILAC 360 TOTAL CARE SENS.....    | 201     | SIMILAC PRO-SENSITIVE/IRON.....     | 203     |

|  |         |  |             |
|--|---------|--|-------------|
| SIMILAC PRO-TOTAL COMFORT . . . . .      | 203,279 | sm clearlax . . . . .                    | 223         |
| SIMILAC PURE BLISS . . . . .             | 203     | sm complete . . . . .                    | 212         |
| SIMILAC PURE BLISS/IRON . . . . .        | 203     | sm complete 50+ . . . . .                | 212         |
| SIMILAC SENSITIVE . . . . .              | 203     | sm complete 50+ ultimate mens . . . . .  | 212         |
| SIMILAC SENSITIVE EARLY SHIELD . . . . . | 203,279 | sm complete 50+ ultimate women . . . . . | 212         |
| SIMILAC SENSITIVE FUSSINESS . . . . .    | 203     | sm complete advanced formula . . . . .   | 212         |
| SIMILAC SENSITIVE NON-GMO . . . . .      | 203     | sm complete senior formula . . . . .     | 212         |
| SIMILAC SENSITIVE OPTIGRO . . . . .      | 279     | sm daily diet support . . . . .          | 212         |
| SIMILAC SENSITIVE OPTIGRO/IRON . . . . . | 203     | sm esomeprazole magnesium . . . . .      | 226         |
| SIMILAC SENSITIVE SPIT-UP . . . . .      | 279     | sm fish oil . . . . .                    | 216         |
| SIMILAC SOY ISOMIL . . . . .             | 203,279 | sm folic acid . . . . .                  | 196         |
| SIMILAC SPECIAL CARE . . . . .           | 279     | sm hair/skin/nails . . . . .             | 212         |
| SIMILAC SPECIAL CARE PREMATURE . . . . . | 279     | sm motion sickness . . . . .             | 55          |
| SIMILAC SPECIAL CARE/IRON . . . . .      | 279     | sm nicotine . . . . .                    | 26,27,32,33 |
| SIMILAC SPECIAL CARE/LOW IRON . . . . .  | 279     | sm nicotine polacrilex . . . . .         | 33          |
| SIMILAC SPIT-UP OPTIGRO/IRON . . . . .   | 203     | SM NUTRI-DRINK . . . . .                 | 187         |
| SIMILAC TOTAL CMFRT OPTIGRO/FE . . . . . | 203     | SM NUTRI-DRINK + . . . . .               | 187         |
| SIMILAC TOTAL COMFORT . . . . .          | 203,279 | sm opti-vitamins . . . . .               | 212         |
| SIMILAC/IRON . . . . .                   | 202,278 | sm slow release iron . . . . .           | 195         |
| simliya . . . . .                        | 241     | sm vitamin d . . . . .                   | 272         |
| simpesse . . . . .                       | 246     | SMART SENSE GLUCOSE . . . . .            | 96          |
| simvastatin . . . . .                    | 131,132 | smooth lax . . . . .                     | 223         |
| simvastatin 10 mg tab . . . . .          | 131     | SOD ANAMIX EARLY YEARS . . . . .         | 203         |
| simvastatin 20 mg tab . . . . .          | 131     | SOD FLUORIDE-POTASSIUM NITRATE . . . . . | 161         |
| simvastatin 40 mg tab . . . . .          | 131     | SODIUM CHLORIDE . . . . .                | 305         |
| simvastatin tab 5 mg . . . . .           | 132     | SODIUM FLUORIDE . . . . .                | 161,189,221 |
| simvastatin tab 80 mg . . . . .          | 132     | SODIUM FLUORIDE 5000 ENAMEL . . . . .    | 161         |
| sirolimus . . . . .                      | 269     | SODIUM FLUORIDE 5000 PLUS . . . . .      | 161         |
| SIRTURO . . . . .                        | 59      | sodium fluoride 5000 ppm . . . . .       | 161         |
| SKYCLARYS . . . . .                      | 228     | SODIUM FLUORIDE 5000 PPM . . . . .       | 161         |
| SKYLA . . . . .                          | 251     | SODIUM FLUORIDE 5000 SENSITIVE . . . . . | 161         |
| SKYRIZI . . . . .                        | 263     | sodium oxybate . . . . .                 | 307         |
| SKYRIZI PEN . . . . .                    | 263     | SODIUM OXYBATE . . . . .                 | 307         |
| slow fe . . . . .                        | 195     | sodium phenylbutyrate . . . . .          | 230         |
| SLYND . . . . .                          | 251     | sodium polystyrene sulfonate . . . . .   | 192         |
| sm antioxidant vitamins . . . . .        | 212     | SODIUM SACCHARIN . . . . .               | 287         |
| sm aspirin adult low strength . . . . .  | 9       | SODIUM SULFACETAMIDE WASH . . . . .      | 169         |
| sm aspirin ec . . . . .                  | 9       | SOHONOS . . . . .                        | 228         |
| sm aspirin ec low strength . . . . .     | 9       | SOL CARB . . . . .                       | 285         |
| sm aspirin low dose . . . . .            | 9       | solifenacin succinate . . . . .          | 231         |
| sm childrens aspirin . . . . .           | 9       | SOLIQUA . . . . .                        | 91          |

|                                     |         |                                    |         |
|-------------------------------------|---------|------------------------------------|---------|
| SOLIRIS.....                        | 276     | SULFACETAMIDE SODIUM-SULFUR.....   | 170     |
| SOLTAMOX.....                       | 62      | sulfacetamide sodium-sulfur.....   | 170     |
| SOLU-CORTEF.....                    | 235     | SULFACETAMIDE-PREDNISOLONE.....    | 289     |
| SOMAVERT.....                       | 259     | SULFACETAMIDE-SULFUR IN UREA.....  | 169     |
| SOOLANTRA.....                      | 171     | SULFACLEANSE 8/4.....              | 170     |
| sorafenib tosylate.....             | 76      | sulfadiazine.....                  | 39      |
| sotalol hcl.....                    | 112     | sulfamethoxazole-trimethoprim..... | 39      |
| sotalol hcl (af).....               | 112     | SULFAMEZ WASH.....                 | 170     |
| SOTYLIZE.....                       | 112     | sulfasalazine.....                 | 271     |
| SPINOSAD.....                       | 171     | sulfatrim pediatric.....           | 39      |
| SPIRIVA HANDIHALER.....             | 296     | sulindac.....                      | 12      |
| SPIRIVA RESPIMAT.....               | 296     | sumatriptan.....                   | 147     |
| spironolactone.....                 | 127     | sumatriptan succinate.....         | 147     |
| spironolactone-hctz.....            | 126     | SUMATRIPTAN SUCCINATE REFILL.....  | 147     |
| SPRAVATO (56 MG DOSE).....          | 50      | sunitinib malate.....              | 76,77   |
| SPRAVATO (84 MG DOSE).....          | 50      | SUNOSI.....                        | 307     |
| sprintec 28.....                    | 250     | super amino acids.....             | 192     |
| sronyx.....                         | 245     | SUPER AYTINAL.....                 | 212     |
| ssd.....                            | 169     | SUPER AYTINAL 50 PLUS.....         | 212     |
| SSS 10-5.....                       | 170     | super dha gems.....                | 216     |
| st joseph aspirin.....              | 9       | super multiple.....                | 212     |
| st joseph low dose.....             | 9,10    | super omega-3.....                 | 216     |
| STELARA.....                        | 265     | SUPER THERA VITE M.....            | 212     |
| sterile water for irrigation.....   | 288     | SUPER VITA-MINS.....               | 212     |
| STERILE WATER FOR IRRIGATION.....   | 288     | SUPLENA.....                       | 187     |
| STIOLTO RESPIMAT.....               | 305     | SUPLENA 1.8/CARBSTEADY.....        | 187     |
| STIVARGA.....                       | 75      | SUPLENA/CARB STEADY.....           | 187     |
| STRENSIQ.....                       | 227     | SUPPORT.....                       | 212     |
| STRESS B COMPLEX/ANTIOXID/ZINC..... | 212     | sweet cheeks.....                  | 95      |
| STRESSTABS ADVANCED.....            | 212     | syeda.....                         | 241     |
| STRIBILD.....                       | 83      | SYMDEKO.....                       | 298,299 |
| STROVITE ONE.....                   | 212     | SYMLINPEN 120.....                 | 93      |
| SUBLOCADE.....                      | 22      | SYMLINPEN 60.....                  | 93      |
| subvenite.....                      | 43      | SYMTUZA.....                       | 86      |
| SUCRAID.....                        | 229     | SYNAREL.....                       | 258     |
| sucralfate.....                     | 226     | SYNJARDY.....                      | 88,89   |
| SULCONAZOLE NITRATE.....            | 59      | SYNJARDY XR.....                   | 89      |
| SULFACETAMIDE SOD-SULFUR WASH.....  | 170     | SYNTHROID.....                     | 255     |
| sulfacetamide sodium.....           | 169,290 |                                    |         |
| SULFACETAMIDE SODIUM.....           | 169,290 | <b>T</b>                           |         |
| sulfacetamide sodium (acne).....    | 39      | TABLOID.....                       | 63      |

|                                    |         |                                     |         |
|------------------------------------|---------|-------------------------------------|---------|
| TABRECTA.....                      | 63,64   | tetracycline hcl.....               | 40      |
| tacrolimus.....                    | 166,270 | TEZSPIRE.....                       | 264     |
| tadalafil.....                     | 231,232 | THALOMID.....                       | 62      |
| tadalafil (pah).....               | 232,300 | THEO-24.....                        | 299     |
| TAFINLAR.....                      | 69      | theophylline.....                   | 299     |
| tafluprost (pf).....               | 293     | THEOPHYLLINE ER.....                | 299     |
| TAGRISSO.....                      | 74      | theophylline er.....                | 299     |
| TAKHZYRO.....                      | 260     | THERA VITAL M.....                  | 213     |
| tamoxifen citrate.....             | 62      | THERA VITAL-M.....                  | 213     |
| tamsulosin hcl.....                | 232     | THERABASIC-M.....                   | 212     |
| tapentadol hcl.....                | 20      | theradex m.....                     | 213     |
| TAPENTADOL HCL ER.....             | 15,16   | theradex m/beta carotene.....       | 213     |
| tarina 24 fe.....                  | 248     | THERAPEUTIC FORMULA/HEMATINICS..... | 213     |
| tarina fe 1/20 eq.....             | 248     | THERAPEUTIC-M.....                  | 213     |
| TARON-C DHA.....                   | 217     | theratrum complete.....             | 213     |
| TARPEYO.....                       | 271     | THERATRUM COMPLETE.....             | 213     |
| TASIGNA.....                       | 73,74   | theratrum complete 50 plus.....     | 213     |
| tavaborole.....                    | 59      | THERATRUM COMPLETE 50 PLUS.....     | 213     |
| taysofy.....                       | 248     | theromega.....                      | 216     |
| tazarotene.....                    | 163     | THICK-IT THICKENED CRANBERRY.....   | 187     |
| taztia xt.....                     | 118,119 | thioridazine hcl.....               | 142     |
| TAZVERIK.....                      | 66      | thiothixene.....                    | 142     |
| TEGSEDI.....                       | 227     | thrive.....                         | 33      |
| telmisartan.....                   | 109     | THRIVE FOR LIFE WOMENS.....         | 213     |
| telmisartan-hctz.....              | 126     | THRIVITE RX.....                    | 219     |
| temazepam.....                     | 306     | THYROID.....                        | 258     |
| temozolomide.....                  | 60,61   | tiadylt er.....                     | 119     |
| TENCON.....                        | 153     | TIAGABINE HCL.....                  | 46      |
| tenofovir disoproxil fumarate..... | 85      | tiagabine hcl.....                  | 46      |
| terazosin hcl.....                 | 108     | ticagrelor.....                     | 107     |
| terbinafine hcl.....               | 59      | tilia fe.....                       | 248     |
| terbutaline sulfate.....           | 297     | timolol maleate.....                | 147,292 |
| terconazole.....                   | 59      | TIMOLOL MALEATE.....                | 147     |
| teriflunomide.....                 | 160     | timolol maleate (once-daily).....   | 292     |
| testosterone.....                  | 239,240 | timolol maleate ocudose.....        | 292     |
| TESTOSTERONE.....                  | 239,240 | timolol maleate pf.....             | 292     |
| testosterone cypionate.....        | 240     | tinidazole.....                     | 35      |
| TESTOSTERONE ENANTHATE.....        | 240     | tiopronin.....                      | 233     |
| tetrabenazine.....                 | 156     | tiotropium bromide.....             | 296     |
| tetracaine hcl.....                | 290     | TIROSINT.....                       | 255,256 |
| TETRACAINE HCL.....                | 290     | TIROSINT-SOL.....                   | 256     |

|   |         |                                      |         |
|---|---------|--------------------------------------|---------|
| TIVICAY . . . . .   | 83      | tretinoin microsphere . . . . .      | 163     |
| TIVICAY PD . . . . .  | 83      | TRETINOIN MICROSPHERE . . . . .      | 163,164 |
| tizanidine hcl . . . . .  | 81,82   | TRETINOIN MICROSPHERE PUMP . . . . . | 163,164 |
| TM-VITE RX . . . . .  | 193     | tretinoin microsphere pump . . . . . | 163     |
| TOBI PODHALER . . . . .   | 299     | TREXALL . . . . .                    | 269     |
| TOBRADEX . . . . .  | 290     | TREXION . . . . .                    | 213     |
| tobramycin . . . . .  | 290,299 | tri-estarylla . . . . .              | 250     |
| TOBRAMYCIN . . . . .  | 299     | tri-legest fe . . . . .              | 248     |
| tobramycin-dexamethasone . . . . .                              | 290     | tri-linyah . . . . .                 | 250     |
| TODAY SPONGE . . . . .  | 233     | tri-lo-estarylla . . . . .           | 250     |
| tolcapone . . . . .   | 79      | tri-lo-marzia . . . . .              | 250     |
| TOLEREX . . . . .   | 187     | tri-lo-mili . . . . .                | 250     |
| tolterodine tartrate . . . . .                                  | 231     | tri-lo-sprintec . . . . .            | 250     |
| tolterodine tartrate er . . . . .                               | 231     | tri-mili . . . . .                   | 250     |
| tolvaptan . . . . .   | 190,191 | tri-nymyo . . . . .                  | 250     |
| tolvaptan (hyponatremia) . . . . .                              | 191     | tri-sprintec . . . . .               | 251     |
| topiramate . . . . .  | 44      | TRI-VI-FLOR . . . . .                | 216     |
| toremifene citrate . . . . .                                    | 62      | TRI-VITAMIN WITH FLUORIDE . . . . .  | 216     |
| torpenz . . . . .   | 71      | TRI-VITE/FLUORIDE . . . . .          | 216     |
| torseamide . . . . .  | 127     | tri-vylibra . . . . .                | 251     |
| TRADJENTA . . . . .   | 91      | tri-vylibra lo . . . . .             | 251     |
| tramadol hcl . . . . .  | 20      | triamcinolone acetonide . . . . .    | 161,167 |
| TraMADol HCl ER 100 MG TAB ER 24H (generic of RYZOLT) . . . . . | 16      | TRIAMCINOLONE ACETONIDE . . . . .    | 167     |
| TraMADol HCl ER 200 MG TAB ER 24H (generic of RYZOLT) . . . . . | 16      | triamino . . . . .                   | 192     |
| TraMADol HCl ER 300 MG TAB ER 24H (generic of RYZOLT) . . . . . | 16      | triamterene . . . . .                | 128     |
| tramadol-acetaminophen . . . . .                                | 20      | triamterene-hctz . . . . .           | 126     |
| trandolapril . . . . .  | 111     | triazolam . . . . .                  | 306     |
| TRANDOLAPRIL-VERAPAMIL HCL ER . . . . .                         | 126     | TRICARE . . . . .                    | 218     |
| tranexamic acid . . . . .                                       | 106     | TRICON . . . . .                     | 194     |
| tranylcypromine sulfate . . . . .                               | 51      | tridacaine ii . . . . .              | 21      |
| travoprost (bak free) . . . . .                                 | 293     | tridacaine iii . . . . .             | 21      |
| trazodone hcl . . . . .   | 53      | triderm . . . . .                    | 167     |
| TRELEGY ELLIPTA . . . . .                                       | 303     | trientine hcl . . . . .              | 191     |
| TREMFYA . . . . .   | 261     | TRIENTINE HCL . . . . .              | 191     |
| TREMFYA ONE-PRESS . . . . .                                     | 261     | trifluoperazine hcl . . . . .        | 142     |
| TREMFYA PEN . . . . .   | 261     | TRIFLURIDINE . . . . .               | 87      |
| TREMFYA-CD/UC INDUCTION . . . . .                               | 261     | TRIGELS-F FORTE . . . . .            | 193     |
| tretinoin . . . . .   | 77,163  | TRIHENYPHENIDYL HCL . . . . .        | 78,79   |
|   |         | trihexyphenidyl hcl . . . . .        | 79      |
|   |         | TRIJARDY XR . . . . .                | 88      |
|   |         | TRIKAFTA . . . . .                   | 297,298 |

|                        |         |                                |         |
|------------------------|---------|--------------------------------|---------|
| trimethobenzamide hcl  | 56      | TYROS 2                        | 286     |
| trimethoprim           | 35      | TYVASO                         | 300     |
| TRIMETHOPRIM           | 35      | TYVASO DPI INSTITUTIONAL KIT   | 300,301 |
| trimipramine maleate   | 55      | TYVASO DPI MAINTENANCE KIT     | 301     |
| TRINATAL RX 1          | 219     | TYVASO DPI TITRATION KIT       | 301     |
| TRINATE                | 219     | TYVASO REFILL                  | 301     |
| TRINTELLIX             | 54      | TYVASO STARTER                 | 301     |
| TRIPHROCAPS            | 193     |                                |         |
| TRISTART DHA           | 219     | <b>U</b>                       |         |
| TRIUMEQ                | 84      | UBRELVY                        | 147     |
| TRIUMEQ PD             | 84      | UCD 2                          | 286     |
| trivora (28)           | 245     | UCD ANAMIX INFANT              | 203     |
| TRONVITE               | 193     | UCD ANAMIX JUNIOR              | 286     |
| tropicamide            | 290     | UCD TRIO                       | 188,286 |
| tropium chloride       | 231     | UDAMIN SP                      | 213     |
| tropium chloride er    | 231     | ULTRA FREEDA                   | 213     |
| true folic acid        | 196     | ULTRA FREEDA/IRON              | 213     |
| true laxative          | 223     | ultra omega 3                  | 216     |
| true vitamin d3        | 273     | ULTRACHOICE ADV FORMULA MATURE | 213     |
| TRULANCE               | 221     | ULTRACHOICE ADVANCED FORMULA   | 213     |
| TRULICITY              | 88      | ULTRAMINO SOY PROTEIN          | 286     |
| TRUQAP                 | 67,309  | ULTRIENT 1.5 SAFE-T FEED       | 188     |
| TRYNGOLZA              | 314     | umecta mousse                  | 170     |
| TRYPTYR                | 307     | unithroid                      | 256     |
| turqoz                 | 251     | UP & UP GLUCOSE                | 96      |
| TWOCAL HN              | 187     | UREA                           | 170,171 |
| TWOCAL HN 2.0          | 187     | urea                           | 170     |
| TYBOST                 | 85      | urea nail                      | 171     |
| tydemy                 | 242     | UREDEB                         | 171     |
| TYMLOS                 | 271     | URELLE                         | 34      |
| TYR ANAMIX EARLY YEARS | 187,285 | UREMEZ-40                      | 171     |
| TYR ANAMIX NEXT        | 285     | uribel                         | 34      |
| TYR COOLER             | 187     | URO-MP                         | 34      |
| TYR COOLER15           | 187     | ursodiol                       | 225     |
| TYR GEL                | 187     | USTEKINUMAB                    | 265     |
| TYR GOLIKE PLUS        | 187     | UTYMAX                         | 188     |
| TYR LOPHLEX GMP MIX-IN | 187     | UZEDY                          | 141,142 |
| TYR LOPHLEX LQ         | 188     |                                |         |
| TYREX-1                | 285     | <b>V</b>                       |         |
| TYREX-2                | 285     | V-C FORTE                      | 213     |
| TYROS 1                | 285     | valacyclovir hcl               | 87      |

|  |     |  |        |
|--|-----|--|--------|
| VALCHLOR . . . . .                       | 60  | vigabatrin . . . . .                   | 46     |
| valganciclovir hcl . . . . .             | 82  | vigadrone . . . . .                    | 46     |
| valproic acid . . . . .                  | 44  | vigpoder . . . . .                     | 47     |
| valsartan . . . . .                      | 109 | VIJOICE . . . . .                      | 63,308 |
| valsartan-hydrochlorothiazide . . . . .  | 126 | VILAMIT MB . . . . .                   | 34     |
| VALTOCO 10 MG DOSE . . . . .             | 44  | vilazodone hcl . . . . .               | 53     |
| VALTOCO 15 MG DOSE . . . . .             | 45  | VILEVEV MB . . . . .                   | 34     |
| VALTOCO 20 MG DOSE . . . . .             | 45  | VINATE CARE . . . . .                  | 219    |
| VALTOCO 5 MG DOSE . . . . .              | 45  | VINATE DHA RF . . . . .                | 220    |
| valtya 1/35 . . . . .                    | 244 | VINATE II . . . . .                    | 217    |
| valtya 1/50 . . . . .                    | 244 | VINATE ONE . . . . .                   | 219    |
| value plus glucose . . . . .             | 95  | viorele . . . . .                      | 241    |
| vancomycin hcl . . . . .                 | 35  | VIRACEPT . . . . .                     | 86     |
| VANFLYTA . . . . .                       | 65  | VIREAD . . . . .                       | 85     |
| VANRAFIA . . . . .                       | 308 | virt-caps . . . . .                    | 193    |
| varenicline tartrate . . . . .           | 33  | VISION FORMULA/LUTEIN . . . . .        | 213    |
| varenicline tartrate (starter) . . . . . | 33  | VISION VITAMINS . . . . .              | 213    |
| varenicline tartrate(continue) . . . . . | 33  | VITA HAIR . . . . .                    | 214    |
| VARUBI (180 MG DOSE) . . . . .           | 57  | VITA S FORTE . . . . .                 | 214    |
| VCF VAGINAL CONTRACEPTIVE . . . . .      | 233 | VITABASIC COMPLETE . . . . .           | 213    |
| VELIVET . . . . .                        | 241 | VITABASIC SENIOR . . . . .             | 213    |
| VELTASSA . . . . .                       | 192 | VITACEL . . . . .                      | 214    |
| VENCLEXTA . . . . .                      | 77  | VITAFOL FE+ . . . . .                  | 218    |
| VENCLEXTA STARTING PACK . . . . .        | 77  | VITAFOL GUMMIES . . . . .              | 218    |
| VENEXA . . . . .                         | 213 | VITAFOL STRIPS . . . . .               | 220    |
| VENEXA FE . . . . .                      | 213 | VITAFOL ULTRA . . . . .                | 218    |
| venlafaxine hcl . . . . .                | 53  | VITAFOL-NANO . . . . .                 | 220    |
| venlafaxine hcl er . . . . .             | 53  | VITAFOL-OB . . . . .                   | 219    |
| VENTAVIS . . . . .                       | 300 | VITAFOL-OB+DHA . . . . .               | 217    |
| VENTRIXYL . . . . .                      | 213 | VITAFOL-ONE . . . . .                  | 217    |
| VENTRIXYL FE . . . . .                   | 213 | VITAL 1.0 CAL . . . . .                | 188    |
| VEOZAH . . . . .                         | 276 | VITAL 1.5 CAL . . . . .                | 188    |
| verapamil hcl . . . . .                  | 119 | VITAL AF 1.2 CAL . . . . .             | 188    |
| VERAPAMIL HCL ER . . . . .               | 119 | VITAL AF 1.2 CAL ADV FORMULA . . . . . | 188    |
| verapamil hcl er . . . . .               | 119 | VITAL HIGH PROTEIN . . . . .           | 188    |
| VERZENIO . . . . .                       | 67  | VITAL HN . . . . .                     | 188    |
| vestura . . . . .                        | 241 | VITAL HP 1.0 CAL . . . . .             | 188    |
| VIBERZI . . . . .                        | 223 | VITAL JR . . . . .                     | 188    |
| VIC-FORTE . . . . .                      | 213 | VITAL PEPTIDE 1.5 CAL . . . . .        | 188    |
| VICTOZA . . . . .                        | 91  | VITAMEDMD ONE RX/QUATREFOLIC . . . . . | 220    |
| vienna . . . . .                         | 245 | VITAMEDMD REDICHEW RX . . . . .        | 220    |

|                             |         |                               |         |
|-----------------------------|---------|-------------------------------|---------|
| vitamin d                   | 273     | VYALEV                        | 311     |
| vitamin d (cholecalciferol) | 273     | vyfemla                       | 249     |
| vitamin d (ergocalciferol)  | 273     | VYKAT XR                      | 310     |
| vitamin d infant            | 273     | vylibra                       | 250     |
| vitamin d3                  | 273     | VYNDAMAX                      | 126     |
| VITAMINS A-D-E/SELENIUM     | 214     | VYNDAQEL                      | 230     |
| VITAMINS ACD-FLUORIDE       | 216,217 | VYZULTA                       | 293     |
| VITAPEARL                   | 220     |                               |         |
| VITAROCA PLUS               | 214     | <b>W</b>                      |         |
| VITASCRIPT                  | 214     | WAINUA                        | 311     |
| VITASURE                    | 193     | WAKIX                         | 307     |
| VITATHELY WITH GINGER       | 219     | walgreens glucose             | 95      |
| VITATRUE                    | 219     | WALGREENS GLUCOSE             | 96      |
| vitatum complete            | 214     | warfarin sodium               | 101     |
| VITRAMYN                    | 214     | water for irrigation, sterile | 288     |
| VITRANOL                    | 214     | WATER ORAL                    | 279     |
| VITRANOL FE                 | 214     | wee care                      | 193     |
| VITREXATE                   | 214     | WEGOVI                        | 286,287 |
| VITREXATE FE                | 214     | WELLFOLA                      | 214     |
| VITREXYL                    | 214     | wera                          | 249     |
| VITREXYL + IRON             | 214     | WES-PHOS 250 NEUTRAL          | 233     |
| vitrum senior               | 214     | WESCAP-PN DHA                 | 220     |
| VIVA DHA                    | 218     | WESCAPS                       | 193     |
| VIVITROL                    | 22      | WESNATAL DHA COMPLETE         | 217     |
| VIVONEX PEDIATRIC           | 188     | WESNATE DHA                   | 218     |
| VIVONEX PLUS                | 188,286 | westab max                    | 196     |
| VIVONEX RTF                 | 188     | westab one                    | 196     |
| VIVONEX T.E.N.              | 188     | WESTAB PLUS                   | 219     |
| VIZIMPRO                    | 69,70   | WIDE-SEAL DIAPHRAGM 60        | 275     |
| VIZZ                        | 307     | WIDE-SEAL DIAPHRAGM 65        | 275     |
| volnea                      | 241     | WIDE-SEAL DIAPHRAGM 70        | 275     |
| VONJO                       | 65      | WIDE-SEAL DIAPHRAGM 75        | 275     |
| VOQUEZNA                    | 225     | WIDE-SEAL DIAPHRAGM 80        | 275     |
| VORANIGO                    | 318     | WIDE-SEAL DIAPHRAGM 85        | 276     |
| voriconazole                | 59      | WIDE-SEAL DIAPHRAGM 90        | 276     |
| VOWST                       | 276     | WIDE-SEAL DIAPHRAGM 95        | 276     |
| VOXZOGO                     | 230     | WINLEVI                       | 162     |
| VOYDEYA                     | 310     | WINREVAIR                     | 316     |
| VOYXACT                     | 316     | wixela inhub                  | 303     |
| VRAYLAR                     | 137     | WND 1                         | 286     |
| VUMERITY                    | 158     | WND 2                         | 286     |

|                            |     |
|----------------------------|-----|
| womens daily form/fa/ca/fe | 214 |
| WOMENS DAILY FORMULA       | 214 |
| WOMENS LIFE PACK           | 214 |
| WOMENS MULTIVITAMIN        | 214 |
| wymzya fe                  | 250 |

## X

|                            |             |                             |        |
|----------------------------|-------------|-----------------------------|--------|
| XALKORI                    | 69          | XPHE-XTYR MAXAMAID          | 286    |
| xarah fe                   | 248         | XPHOZAH                     | 287    |
| XARELTO                    | 100         | XPOVIO (100 MG ONCE WEEKLY) | 65     |
| XARELTO STARTER PACK       | 100         | XPOVIO (40 MG ONCE WEEKLY)  | 65     |
| XCOPRI                     | 41          | XPOVIO (40 MG TWICE WEEKLY) | 65     |
| XCOPRI (250 MG DAILY DOSE) | 41          | XPOVIO (60 MG ONCE WEEKLY)  | 66     |
| XCOPRI (350 MG DAILY DOSE) | 41          | XPOVIO (60 MG TWICE WEEKLY) | 66     |
| XDEMVY                     | 289         | XPOVIO (80 MG ONCE WEEKLY)  | 66     |
| XELJANZ                    | 264,265     | XPOVIO (80 MG TWICE WEEKLY) | 66     |
| XELJANZ XR                 | 270         | XPTM ANALOG                 | 204    |
| xelria fe                  | 250         | XROMI                       | 311    |
| XERAC AC                   | 167         | XTAMPZA ER                  | 14     |
| XERESE                     | 167         | XTANDI                      | 61     |
| XHANCE                     | 294         | XTRACAL PLUS                | 188    |
| XIFAXAN                    | 35          | XULANE                      | 246    |
| XIGDUO XR                  | 88          | XULTOPHY                    | 91     |
| XIIDRA                     | 289         | XUREA                       | 171    |
| XLEU ANALOG                | 204         | XYOSTED                     | 240    |
| XLEU MAXAMAID              | 286         | XYWAV                       | 306    |
| XLYS XTRP ANALOG           | 204         |                             |        |
| XLYS-XTRP MAXAMAID         | 286         | <b>Y</b>                    |        |
| XLYS-XTRP MAXAMUM          | 286         | yargesa                     | 228    |
| XMET ANALOG                | 204         | YEZTUGO                     | 85,312 |
| XMET MAXAMAID              | 286         | yl folic acid               | 196    |
| XMET XCYS MAXAMAID         | 286         | YORVIPATH                   | 314    |
| XMTVI ANALOG               | 204         | yumvs glucose gummies       | 95     |
| XMTVI MAXAMAID             | 286         | yuvaferm                    | 244    |
| XOFLUZA (40 MG DOSE)       | 86          | YUVEZZI                     | 309    |
| XOFLUZA (80 MG DOSE)       | 86          |                             |        |
| XOLAIR                     | 261,262,314 | <b>Z</b>                    |        |
| XOLREMDI                   | 313         | ZAFEMY                      | 246    |
| XOSPATA                    | 72          | zafemy                      | 246    |
| XPHE MAXAMAID              | 286         | zafirlukast                 | 296    |
| XPHE-XTYR ANALOG           | 204         | zaleplon                    | 306    |
|                            |             | ZARXIO                      | 105    |
|                            |             | zegerid otc                 | 227    |
|                            |             | ZEJULA                      | 74     |
|                            |             | ZELAPAR                     | 81     |
|                            |             | ZELBORAF                    | 77     |
|                            |             | zelvysia                    | 230    |
|                            |             | zenatane                    | 163    |

|                                 |         |
|---------------------------------|---------|
| ZENPEP.....                     | 229     |
| zenzedi.....                    | 149     |
| ZEPBOUND.....                   | 287     |
| ZEPOSIA.....                    | 160     |
| ZEPOSIA 7-DAY STARTER PACK..... | 160     |
| ZEPOSIA STARTER KIT.....        | 160     |
| zidovudine.....                 | 85      |
| ZIEXTENZO.....                  | 106     |
| ZILBRYSQ.....                   | 318     |
| zileuton er.....                | 296     |
| ZIONODIL.....                   | 21      |
| ZIONODIL 100.....               | 21      |
| ziprasidone hcl.....            | 142     |
| ZIRGAN.....                     | 82      |
| ZOLINZA.....                    | 66      |
| zolmitriptan.....               | 147,148 |
| zolpidem tartrate.....          | 306     |
| zolpidem tartrate er.....       | 306     |
| zomig.....                      | 148     |
| zonisamide.....                 | 49      |
| ZORTRESS.....                   | 268     |
| zovia 1/35 (28).....            | 244     |
| ZTALMY.....                     | 41      |
| ZUBSOLV.....                    | 23      |
| zumandimine.....                | 241     |
| ZURNAI.....                     | 313     |
| ZURZUVAE.....                   | 50      |
| ZYCLARA PUMP.....               | 168     |
| ZYDELIG.....                    | 72      |
| ZYKADIA.....                    | 69      |
| ZYLET.....                      | 289     |

### Formulary Changes Pending

The Plan's pharmacy & therapeutics (P&T) committee develops CDPHP drug formularies to ensure that the most clinically appropriate and cost-effective drugs are available to CDPHP enrollees. The committee meets every other month and will make formulary changes during those meetings. Current CDPHP enrollees using a drug therapy on the date of the change made at the P&T meeting will be able to continue to use the drug with the same benefit until the end of their current plan year if the change would be considered as a negative change. Enrollees new to CDPHP after the date of the P&T meeting will be subject to the formulary change made. Enrollees and their corresponding providers will be notified in writing of any pending negative change at least 90 days prior to the date the enrollee will be subject to the change made.

Please refer to the table below for pending formulary changes.

| <b>Drug Name/Strength</b>         | <b>Formulary Change Action</b> | <b>Date of Formulary Change</b> | <b>Date Formulary Change Will Be Effective For Enrollees Using Therapy on Date of Change</b> |
|-----------------------------------|--------------------------------|---------------------------------|--|
| Brilinta oral tablets             | Brand Name Not Covered         | 6-11-2025                       | Date of enrollee's renewal after July 1, 2025  |
| Promacta oral tablets and packets | Brand Name Not Covered         | 6-11-25                         | Date of enrollee's renewal after July 1, 2025  |