



**CareFirst.**  

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**Community Health Plan**  
**District of Columbia**

**2023**

**CareFirst BlueCross BlueShield Community  
Health Plan District of Columbia Formulary**

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GOVERNMENT OF THE  
DISTRICT OF COLUMBIA  
**MURIEL BOWSER, MAYOR**

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## **Introduction**

CareFirst BlueCross BlueShield Community Health Plan District of Columbia (CareFirst CHPDC) formerly known as Trusted Health Plan (District of Columbia), Inc, is pleased to provide an updated 2020 Medicaid Formulary as a reference and informational tool for physicians, pharmacists and patients. The CareFirst Community Health Plan, District of Columbia Formulary is designed to assist practitioners in selecting clinically appropriate and cost-effective products for their patients.

## **The CareFirst CHPDC Pharmacy and Therapeutics Committee (P&T)**

The medications on this formulary have been reviewed by the CareFirst CHPDC P&T Committee. The Committee includes physicians, pharmacists and health professionals. The clinical information within the formulary is primarily derived from medical literature and is reviewed and approved by the P&T Committee.

## **Notice**

The information contained in this formulary is provided by CareFirst CHPDC, solely for the convenience of medical providers. This formulary is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in their choice of prescription drugs. CareFirst CHPDC assumes no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

## **Preface**

The CareFirst CHPDC formulary is organized by sections. Each section includes therapeutic groups identified by either drug class or disease state. Products are listed by its dispensable name. Brand names are included as a reference to assist in product recognition. CareFirst CHPDC will not cover prescription drugs that are prescribed for experimental, investigational or non-FDA approved indications, dosages, or routes of administration. CareFirst CHPDC does not cover any medication excluded by District of Columbia Medicaid ([https://dc.fhsc.com/downloads/providers/dcrx\\_pdl\\_listing.pdf](https://dc.fhsc.com/downloads/providers/dcrx_pdl_listing.pdf)).

## **Product Selection Criteria**

The CareFirst CHPDC P&T Committee considers clinical information on new to market drugs that are typically included in an outpatient pharmacy benefit. The primary goal of the CareFirst CHPDC P&T Committee is to preserve and evaluate the CareFirst CHPDC formulary based upon an objective analysis of the safety, efficacy, approved indications, adverse effects, contraindications, patient administration/compliance considerations and cost effectiveness. When a new drug is considered for formulary inclusion, it will be reviewed relative to similar drugs currently included in the CareFirst CHPDC Formulary. Formulary decisions are communicated quarterly on the CareFirst CHPDC website. Therapeutic substitution occurs when a preferred drug is approved for use because it has similar treatment effects but is not identical to a non-preferred drug.

## **Formulary Components**

The CareFirst CHPDC Formulary contains the following components: Covered medications without authorization, medications that must meet Step Therapy Protocol, medications that require Prior Authorization, Specialty medications and medications that are subject to Quantity Limits. Members will not be charged a co-pay when CareFirst CHPDC covers a medication.

## **Generic Substitution**

CareFirst CHPDC is a mandatory generic plan. The brand and common names listed in the formulary are for reference only. Generic medication will be dispensed where available.

## **Covered Medications without Authorization**

CareFirst CHPDC covers many medications without any authorization required. These medications include many prescription and over-the-counter medications (when ordered by a physician).

## **Non-Covered Benefits**

The following categories are not covered benefits: Medications used for cosmetic purposes, to promote fertility, for sexual dysfunction, for experimental or investigational purposes, or medications that are not licensed for use in the United States.

## **Prior Authorization**

Drugs indicated with "PA" require Prior Authorization for coverage. Details of the PA criteria are listed next to the drug name. Please call the Abarca Health Help Desk at 866-287-6156 or fax a completed Prior Authorization form to 866-839-2372. All requests must be accompanied by pertinent clinical information and are reviewed within 24 hours.

## **Step Therapy**

Drugs indicated with a "ST" require Step Therapy for coverage. The required step is listed next to the drug name. Step Therapy ensures clinically appropriate and cost-effective drugs are used before other alternatives.

## **Specialty Medications**

All specialty medications are handled by Abarca Health. To order a specialty medication by fax, send the prescription and a completed prior authorization form to 866-839-2372 or call Abarca Health Help Desk at 866-287-6156.

## **Quantity Limits**

Drugs indicated with a "QL" have a set quantity limit imposed. These limits are based on FDA recommended dosing guidelines. The quantity limit is listed next to the drug name. All medications are subject to a maximum of 30 days per prescription.

## **Benefit Exception**

The process for requesting non-formulary medication(s) requires faxing of a completed Formulary Exception form indicating the request for an exception to the formulary. This request will need to include pertinent clinical documentation showing trial and failure of all formulary agents. It should also contain information showing the medication is the standard of care for the indication provided (Peer reviewed journal articles may be required). Please call the Abarca Health Help Desk at 866-287-6156 or fax a completed Formulary Exception form to 866-839-2372.

## **Pharmacy Benefit Management**

CareFirst CHPDC utilizes Abarca Health to manage each member's pharmacy benefit. Abarca Health provides CareFirst CHPDC with a pharmacy network, pharmacy claims management services, and claims adjudication. Abarca Health Help Desk can be contacted at 866-287-6156.

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| Drug Name                                                                                                                                                                  | Drug Tier | Reference Name | Requirements/Limits <sup>1</sup> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------|----------------------------------|
| THERAPEUTIC CATEGORY                                                                                                                                                       |           |                |                                  |
| Therapeutic Class                                                                                                                                                          |           |                |                                  |
| <b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS</b>                                                                                                                       |           |                |                                  |
| <b>Amphetamines</b>                                                                                                                                                        |           |                |                                  |
| <i>amphetamine-dextroamphetamine 10 mg cap er 24 hr, 15 mg cap er 24 hr, 20 mg cap er 24 hr, 25 mg cap er 24 hr, 30 mg cap er 24 hr, 5 mg cap er 24 hr</i>                 | 1         | ADDERALL XR    | QL(60 / 30)                      |
| <i>amphetamine-dextroamphetamine 30 mg tab</i>                                                                                                                             | 1         | ADDERALL       | QL(60 / 30)                      |
| <i>amphetamine-dextroamphetamine 10 mg tab, 15 mg tab, 20 mg tab, 5 mg tab</i>                                                                                             | 1         | ADDERALL       | QL(90 / 30)                      |
| <i>dextroamphetamine sulfate 10 mg tab, 5 mg tab</i>                                                                                                                       | 1         | DEXTROSTAT     | QL(120 / 30)                     |
| <i>dextroamphetamine sulfate 15 mg tab</i>                                                                                                                                 | 1         | ZENZEDI        | QL(60 / 30)                      |
| <i>dextroamphetamine sulfate er 10 mg cap er 24 hr, 15 mg cap er 24 hr</i>                                                                                                 | 1         | DEXEDRINE      | QL(60 / 30)                      |
| <b>Attention-deficit/hyperactivity Disorder (adhd) Agents</b>                                                                                                              |           |                |                                  |
| <i>clonidine hcl er 0.1 mg tab er 12 hr</i>                                                                                                                                | 1         | KAPVAY         | 90 Days Supply Drug              |
| <i>guanfacine hcl er 1 mg tab er 24 hr, 2 mg tab er 24 hr, 3 mg tab er 24 hr, 4 mg tab er 24 hr</i>                                                                        | 1         | INTUNIV        | 90 Days Supply Drug              |
| <b>Stimulants - Misc.</b>                                                                                                                                                  |           |                |                                  |
| <i>dexmethylphenidate hcl 10 mg tab</i>                                                                                                                                    | 1         | FOCALIN        | QL(60 / 30)                      |
| <i>dexmethylphenidate hcl 2.5 mg tab, 5 mg tab</i>                                                                                                                         | 1         | FOCALIN        | QL(120 / 30)                     |
| <i>dexmethylphenidate hcl er 10 mg cap er 24 hr, 15 mg cap er 24 hr, 20 mg cap er 24 hr, 25 mg cap er 24 hr, 30 mg cap er 24 hr, 40 mg cap er 24 hr, 5 mg cap er 24 hr</i> | 1         | FOCALIN XR     | QL(30 / 30)                      |
| <i>methylphenidate hcl 10 mg tab, 20 mg tab, 5 mg tab</i>                                                                                                                  | 1         | RITALIN        | QL(90 / 30)                      |

| Drug Name                                                                                | Drug Tier | Reference Name | Requirements/Limits <sup>1</sup> |
|------------------------------------------------------------------------------------------|-----------|----------------|----------------------------------|
| <i>methylphenidate hcl er 18 mg tab er 24 hr, 27 mg tab er 24 hr, 54 mg tab er 24 hr</i> | 1         |                | QL(30 / 30)                      |
| <i>methylphenidate hcl er 36 mg tab er 24 hr</i>                                         | 1         |                | QL(60 / 30)                      |
| <i>methylphenidate hcl er 10 mg tab er, 20 mg tab er</i>                                 | 1         | RITALIN SR     | QL(90 / 30)                      |
| <i>methylphenidate hcl er (la) 20 mg cap er 24 hr, 40 mg cap er 24 hr</i>                | 1         | RITALIN LA     | QL(60 / 30)                      |
| <i>methylphenidate hcl er (osm) 18 mg tab er, 27 mg tab er, 54 mg tab er</i>             | 1         | CONCERTA       | QL(30 / 30)                      |
| <i>methylphenidate hcl er (osm) 36 mg tab er</i>                                         | 1         | CONCERTA       | QL(60 / 30)                      |
| <i>modafinil 100 mg tab, 200 mg tab</i>                                                  | 1         | PROVIGIL       |                                  |
| <b>AMINOGLYCOSIDES</b>                                                                   |           |                |                                  |
| <b>Aminoglycosides</b>                                                                   |           |                |                                  |
| <i>tobramycin 300 mg/5ml inh neb soln</i>                                                | 1         | TOBI           | PA                               |
| <b>ANALGESICS - ANTI-INFLAMMATORY</b>                                                    |           |                |                                  |
| <b>Antirheumatic - Enzyme Inhibitors</b>                                                 |           |                |                                  |
| XELJANZ 10 mg tab, 5 mg tab                                                              | 1         |                | PA                               |
| XELJANZ XR 11 mg tab er 24 hr, 22 mg tab er 24 hr                                        | 1         |                | PA                               |
| <b>Anti-tnf-alpha - Monoclonal Antibodies</b>                                            |           |                |                                  |
| HUMIRA 40 mg/0.8ml sc pfs kit                                                            | 1         |                | SP, PA                           |
| HUMIRA PEN 40 mg/0.8ml sc pen-inj kit                                                    | 1         |                | SP, PA                           |
| HUMIRA PEN-CD/UC/HS STARTER 40 mg/0.8ml sc pen-inj kit                                   | 1         |                | SP, PA                           |
| HUMIRA PEN-PS/UV/ADOL HS START 40 mg/0.8ml sc pen-inj kit                                | 1         |                | SP, PA                           |
| <b>Interleukin-1 Receptor Antagonist (il-1ra)</b>                                        |           |                |                                  |
| KINERET 100 mg/0.67ml sc soln pfs                                                        | 1         |                | SP, PA                           |
| <b>Nonsteroidal Anti-inflammatory Agents (nsaids)</b>                                    |           |                |                                  |
| <i>celecoxib 100 mg cap, 200 mg cap, 400 mg cap</i>                                      | 1         | CELEBREX       |                                  |

| Drug Name                                                                        | Drug Tier | Reference Name   | Requirements/Limits <sup>1</sup> |
|----------------------------------------------------------------------------------|-----------|------------------|----------------------------------|
| <i>childrens ibuprofen 100 mg/5ml susp</i>                                       | 1         | MOTRIN CHILDRENS |                                  |
| <i>diclofenac sodium 25 mg tab dr, 50 mg tab dr, 75 mg tab dr</i>                | 1         | VOLTAREN         |                                  |
| <i>diclofenac sodium er 100 mg tab er 24 hr</i>                                  | 1         | VOLTAREN XR      |                                  |
| <i>gnp childrens ibuprofen 100 mg/5ml susp</i>                                   | 1         | MOTRIN CHILDRENS |                                  |
| <i>goodsense ibuprofen 200 mg tab</i>                                            | 1         | MOTRIN           |                                  |
| <i>goodsense ibuprofen childrens 100 mg/5ml susp</i>                             | 1         | MOTRIN CHILDRENS |                                  |
| <i>goodsense ibuprofen infants 50 mg/1.25ml susp</i>                             | 1         |                  |                                  |
| <i>hm ibuprofen childrens 100 mg/5ml susp</i>                                    | 1         | MOTRIN CHILDRENS |                                  |
| <i>ibu-200 200 mg tab</i>                                                        | 1         | MOTRIN           |                                  |
| <i>ibuprofen 200 mg cap</i>                                                      | 1         | ADVIL            |                                  |
| <i>ibuprofen 200 mg tab, 400 mg tab, 600 mg tab, 800 mg tab</i>                  | 1         | MOTRIN           |                                  |
| <i>ibuprofen 100 mg/5ml susp</i>                                                 | 1         | MOTRIN CHILDRENS |                                  |
| <i>ibuprofen childrens 100 mg/5ml susp</i>                                       | 1         | MOTRIN CHILDRENS |                                  |
| <i>ibuprofen infants 50 mg/1.25ml susp</i>                                       | 1         |                  |                                  |
| <i>ibuprofen junior strength 100 mg tab chew</i>                                 | 1         | MOTRIN CHILDRENS |                                  |
| <i>ketorolac tromethamine 10 mg tab</i>                                          | 1         | TORADOL          |                                  |
| <i>meloxicam 15 mg tab, 7.5 mg tab</i>                                           | 1         | MOBIC            |                                  |
| <i>nabumetone 500 mg tab, 750 mg tab</i>                                         | 1         | RELAFEN          |                                  |
| <i>naproxen 250 mg tab, 375 mg tab, 375 mg tab dr, 500 mg tab, 500 mg tab dr</i> | 1         | NAPROSYN         |                                  |
| <i>naproxen 125 mg/5ml susp</i>                                                  | 1         | NAPROSYN         |                                  |
| <i>naproxen dr 375 mg tab dr, 500 mg tab dr</i>                                  | 1         | NAPROSYN         |                                  |
| <i>naproxen sodium 275 mg tab, 550 mg tab</i>                                    | 1         | ANAPROX          |                                  |
| <i>naproxen sodium er 500 mg tab er 24 hr</i>                                    | 1         | NAPRELAN         |                                  |

| Drug Name                                               | Drug Tier | Reference Name   | Requirements/Limits <sup>1</sup> |
|---------------------------------------------------------|-----------|------------------|----------------------------------|
| <i>oxaprozin 600 mg tab</i>                             | 1         | DAYPRO           |                                  |
| <i>sm childrens ibuprofen 100 mg/5ml susp</i>           | 1         | MOTRIN CHILDRENS |                                  |
| <i>sm ibuprofen 200 mg tab</i>                          | 1         | MOTRIN           |                                  |
| <i>sm ibuprofen ib 200 mg tab</i>                       | 1         | MOTRIN           |                                  |
| <i>sm ibuprofen ib 100 mg tab chew</i>                  | 1         | MOTRIN CHILDRENS |                                  |
| <i>sm infants ibuprofen 50 mg/1.25ml susp</i>           | 1         |                  |                                  |
| <i>sulindac 150 mg tab, 200 mg tab</i>                  | 1         | CLINORIL         |                                  |
| <b>Pyrimidine Synthesis Inhibitors</b>                  |           |                  |                                  |
| <i>leflunomide 10 mg tab, 20 mg tab</i>                 | 1         | ARAVA            |                                  |
| <b>Soluble Tumor Necrosis Factor Receptor Agents</b>    |           |                  |                                  |
| ENBREL 50 mg/ml sc soln pfs                             | 1         |                  | SP, PA                           |
| ENBREL SURECLICK 50 mg/ml sc soln auto-inj              | 1         |                  | SP, PA                           |
| <b>ANALGESICS - NONNARCOTIC</b>                         |           |                  |                                  |
| <b>Analgesic Combinations</b>                           |           |                  |                                  |
| <i>butalbital-apap-caffeine 50-300-40 mg cap</i>        | 1         | FIORICET         | QL(45 / 25)                      |
| <i>butalbital-aspirin-caffeine 50-325-40 mg tab</i>     | 1         |                  | QL(180 / 25)                     |
| <b>Analgesics Other</b>                                 |           |                  |                                  |
| <i>acetaminophen 325 mg tab, 500 mg tab</i>             | 1         |                  |                                  |
| <i>acetaminophen 160 mg/5ml liq</i>                     | 1         |                  |                                  |
| <i>acetaminophen extra strength 500 mg tab</i>          | 1         |                  |                                  |
| <i>ed-apap 160 mg/5ml liq</i>                           | 1         |                  |                                  |
| <i>goodsense pain relief extra st 500 mg tab</i>        | 1         |                  |                                  |
| <i>sm pain reliever 325 mg tab</i>                      | 1         |                  |                                  |
| <i>sm pain reliever ex st 500 mg tab</i>                | 1         |                  |                                  |
| <i>tactinal 325 mg tab</i>                              | 1         |                  |                                  |
| <b>Salicylates</b>                                      |           |                  |                                  |
| <i>adult aspirin regimen 81 mg tab dr</i>               | 1         |                  |                                  |
| <i>aspirin 325 mg tab, 81 mg tab chew, 81 mg tab dr</i> | 1         |                  |                                  |
| <i>aspirin 81 81 mg tab dr</i>                          | 1         |                  |                                  |
| <i>aspirin adult low dose 81 mg tab dr</i>              | 1         |                  |                                  |

| Drug Name                                                                                                                                         | Drug Tier | Reference Name | Requirements/Limits <sup>1</sup> |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------|----------------------------------|
| <i>aspirin adult low strength 81 mg tab chew</i>                                                                                                  | 1         |                |                                  |
| <i>aspirin ec 325 mg tab dr</i>                                                                                                                   | 1         |                |                                  |
| <i>aspirin ec low strength 81 mg tab dr</i>                                                                                                       | 1         |                |                                  |
| <i>aspirin low dose 81 mg tab chew, 81 mg tab dr</i>                                                                                              | 1         |                |                                  |
| <i>diflunisal 500 mg tab</i>                                                                                                                      | 1         | DOLOBID        |                                  |
| <i>gnp aspirin 81 mg tab dr</i>                                                                                                                   | 1         |                |                                  |
| <i>gnp aspirin low dose 81 mg tab dr</i>                                                                                                          | 1         |                |                                  |
| <i>goodsense aspirin 81 mg tab chew</i>                                                                                                           | 1         |                |                                  |
| <i>hm aspirin 81 mg tab chew</i>                                                                                                                  | 1         |                |                                  |
| <i>hm aspirin ec low dose 81 mg tab dr</i>                                                                                                        | 1         |                |                                  |
| <i>sm aspirin 325 mg tab</i>                                                                                                                      | 1         |                |                                  |
| <i>sm aspirin adult low strength 81 mg tab chew, 81 mg tab dr</i>                                                                                 | 1         |                |                                  |
| <i>sm aspirin ec 325 mg tab dr</i>                                                                                                                | 1         |                |                                  |
| <i>sm aspirin low dose 81 mg tab chew</i>                                                                                                         | 1         |                |                                  |
| <i>sm childrens aspirin 81 mg tab chew</i>                                                                                                        | 1         |                |                                  |
| <b>ANALGESICS - OPIOID</b>                                                                                                                        |           |                |                                  |
| <b>Opioid Agonists</b>                                                                                                                            |           |                |                                  |
| <i>fentanyl 100 mcg/hr td patch 72 hr, 12 mcg/hr td patch 72 hr, 25 mcg/hr td patch 72 hr, 50 mcg/hr td patch 72 hr, 75 mcg/hr td patch 72 hr</i> | 1         | DURAGESIC      | PA, QL(10 / 30)                  |
| <i>hydromorphone hcl 8 mg tab</i>                                                                                                                 | 1         | DILAUDID       | QL(60 / 30)                      |
| <i>hydromorphone hcl 4 mg tab</i>                                                                                                                 | 1         | DILAUDID       | QL(150 / 30)                     |
| <i>hydromorphone hcl 2 mg tab</i>                                                                                                                 | 1         | DILAUDID       | QL(330 / 30)                     |
| <i>hydromorphone hcl er 12 mg tab er 24 hr, 16 mg tab er 24 hr, 32 mg tab er 24 hr, 8 mg tab er 24 hr</i>                                         | 1         |                | PA, QL(30 / 30)                  |
| <i>morphine sulfate 30 mg tab</i>                                                                                                                 | 1         |                | QL(90 / 30)                      |
| <i>morphine sulfate 15 mg tab</i>                                                                                                                 | 1         |                | QL(180 / 30)                     |
| <i>morphine sulfate er 100 mg cap er 24 hr, 50 mg cap er 24 hr, 60 mg cap er 24 hr, 80 mg cap er 24 hr</i>                                        | 1         | KADIAN         | PA, QL(30 / 30)                  |
| <i>morphine sulfate er 40 mg cap er 24 hr</i>                                                                                                     | 1         | KADIAN         | PA, QL(60 / 30)                  |

| Drug Name                                                                                                        | Drug Tier | Reference Name       | Requirements/Limits <sup>1</sup> |
|------------------------------------------------------------------------------------------------------------------|-----------|----------------------|----------------------------------|
| <i>morphine sulfate er 30 mg cap er 24 hr</i>                                                                    | 1         | KADIAN               | PA, QL(90 / 30)                  |
| <i>morphine sulfate er 20 mg cap er 24 hr</i>                                                                    | 1         | KADIAN               | PA, QL(120 / 30)                 |
| <i>morphine sulfate er 10 mg cap er 24 hr</i>                                                                    | 1         | KADIAN               | PA, QL(270 / 30)                 |
| <i>morphine sulfate er 100 mg tab er, 200 mg tab er, 60 mg tab er</i>                                            | 1         | MS CONTIN            | PA, QL(30 / 30)                  |
| <i>morphine sulfate er 30 mg tab er</i>                                                                          | 1         | MS CONTIN            | PA, QL(90 / 30)                  |
| <i>morphine sulfate er 15 mg tab er</i>                                                                          | 1         | MS CONTIN            | PA, QL(120 / 30)                 |
| <i>morphine sulfate er beads 120 mg cap er 24 hr, 60 mg cap er 24 hr, 75 mg cap er 24 hr, 90 mg cap er 24 hr</i> | 1         | AVINZA               | PA, QL(30 / 30)                  |
| <i>morphine sulfate er beads 45 mg cap er 24 hr</i>                                                              | 1         | AVINZA               | PA, QL(60 / 30)                  |
| <i>morphine sulfate er beads 30 mg cap er 24 hr</i>                                                              | 1         | AVINZA               | PA, QL(90 / 30)                  |
| <i>oxycodone hcl 5 mg cap</i>                                                                                    | 1         | OXYIR                | QL(360 / 30)                     |
| <i>oxycodone hcl 30 mg tab</i>                                                                                   | 1         | ROXICODONE           | QL(60 / 30)                      |
| <i>oxycodone hcl 20 mg tab</i>                                                                                   | 1         | ROXICODONE           | QL(90 / 30)                      |
| <i>oxycodone hcl 15 mg tab</i>                                                                                   | 1         | ROXICODONE           | QL(120 / 30)                     |
| <i>oxycodone hcl 10 mg tab</i>                                                                                   | 1         | ROXICODONE           | QL(180 / 30)                     |
| <i>oxycodone hcl 5 mg tab</i>                                                                                    | 1         | ROXICODONE           | QL(360 / 30)                     |
| <i>oxycodone hcl 5 mg/5ml soln</i>                                                                               | 1         | ROXICODONE           | QL(1800 / 30)                    |
| <i>tramadol hcl 50 mg tab</i>                                                                                    | 1         | ULTRAM               | QL(240 / 30)                     |
| <i>tramadol hcl er 100 mg cap er 24 hr</i>                                                                       | 1         | CONZIP               | PA, QL(90 / 30)                  |
| <i>tramadol hcl er 200 mg tab er 24 hr</i>                                                                       | 1         | ULTRAM ER            | PA, QL(30 / 25)                  |
| <i>tramadol hcl er 300 mg tab er 24 hr</i>                                                                       | 1         | ULTRAM ER            | PA, QL(30 / 30)                  |
| <i>tramadol hcl er 100 mg tab er 24 hr</i>                                                                       | 1         | ULTRAM ER            | PA, QL(90 / 30)                  |
| <i>tramadol hcl er (biphasic) 100 mg tab er 24 hr</i>                                                            | 1         | RYZOLT               | PA, QL(30 / 25)                  |
| <b>Opioid Combinations</b>                                                                                       |           |                      |                                  |
| <i>acetaminophen-codeine 300-60 mg tab</i>                                                                       | 1         | TYLENOL WITH CODEINE | QL(180 / 30)                     |
| <i>acetaminophen-codeine 300-15 mg tab</i>                                                                       | 1         | TYLENOL WITH CODEINE | QL(360 / 30)                     |
| <i>acetaminophen-codeine 120-12 mg/5ml soln</i>                                                                  | 1         | TYLENOL WITH CODEINE | QL(4500 / 30)                    |

| Drug Name                                                                   | Drug Tier | Reference Name        | Requirements/Limits <sup>1</sup> |
|-----------------------------------------------------------------------------|-----------|-----------------------|----------------------------------|
| <i>acetaminophen-codeine #2 300-15 mg tab</i>                               | 1         | TYLENOL WITH CODEINE  | QL(360 / 30)                     |
| <i>acetaminophen-codeine #3 300-30 mg tab</i>                               | 1         | TYLENOL WITH CODEINE  | QL(360 / 30)                     |
| <i>acetaminophen-codeine #4 300-60 mg tab</i>                               | 1         | TYLENOL WITH CODEINE  | QL(180 / 30)                     |
| <i>butalbital-apap-caff-cod 50-300-40-30 mg cap</i>                         | 1         | FIORICET WITH CODEINE | QL(45 / 25)                      |
| <i>butalbital-asa-caff-codeine 50-325-40-30 mg cap</i>                      | 1         | FIORINAL WITH CODEINE | QL(360 / 30)                     |
| <i>hydrocodone-acetaminophen 5-325 mg tab</i>                               | 1         | NORCO                 | QL(360 / 30)                     |
| <i>hydrocodone-acetaminophen 5-300 mg tab</i>                               | 1         | VICODIN               | QL(390 / 30)                     |
| LORCET 5-325 mg tab                                                         | 1         |                       | QL(360 / 30)                     |
| <i>oxycodone-acetaminophen 5-325 mg tab</i>                                 | 1         | PERCOCET              | QL(360 / 30)                     |
| <i>tramadol-acetaminophen 37.5-325 mg tab</i>                               | 1         | ULTRACET              | QL(300 / 30)                     |
| <b>Opioid Partial Agonists</b>                                              |           |                       |                                  |
| BUNAVAIL 6.3-1 mg bucc film                                                 | 1         |                       | QL(60 / 30)                      |
| BUNAVAIL 4.2-0.7 mg bucc film                                               | 1         |                       | QL(90 / 30)                      |
| BUNAVAIL 2.1-0.3 mg bucc film                                               | 1         |                       | QL(180 / 30)                     |
| <i>buprenorphine hcl 8 mg tab subl</i>                                      | 1         | SUBUTEX               | QL(90 / 30)                      |
| <i>buprenorphine hcl 2 mg tab subl</i>                                      | 1         | SUBUTEX               | QL(360 / 30)                     |
| <i>buprenorphine hcl-naloxone hcl 12-3 mg subl film</i>                     | 1         | SUBOXONE              | QL(60 / 30)                      |
| <i>buprenorphine hcl-naloxone hcl 8-2 mg subl film, 8-2 mg tab subl</i>     | 1         | SUBOXONE              | QL(90 / 30)                      |
| <i>buprenorphine hcl-naloxone hcl 4-1 mg subl film</i>                      | 1         | SUBOXONE              | QL(180 / 30)                     |
| <i>buprenorphine hcl-naloxone hcl 2-0.5 mg subl film, 2-0.5 mg tab subl</i> | 1         | SUBOXONE              | QL(360 / 30)                     |
| SUBLOCADE 100 mg/0.5ml sc soln pfs                                          | 1         |                       | QL(0.5 / 30)                     |
| SUBLOCADE 300 mg/1.5ml sc soln pfs                                          | 1         |                       | QL(1.5 / 30)                     |
| SUBOXONE 12-3 mg subl film                                                  | 1         |                       | QL(60 / 30)                      |
| SUBOXONE 8-2 mg subl film                                                   | 1         |                       | QL(90 / 30)                      |
| SUBOXONE 4-1 mg subl film                                                   | 1         |                       | QL(180 / 30)                     |

| Drug Name                                            | Drug Tier | Reference Name | Requirements/Limits <sup>1</sup> |
|------------------------------------------------------|-----------|----------------|----------------------------------|
| SUBOXONE 2-0.5 mg subl film                          | 1         |                | QL(360 / 30)                     |
| ZUBSOLV 11.4-2.9 mg tab subl                         | 1         |                | QL(30 / 30)                      |
| ZUBSOLV 8.6-2.1 mg tab subl                          | 1         |                | QL(60 / 30)                      |
| ZUBSOLV 5.7-1.4 mg tab subl                          | 1         |                | QL(90 / 30)                      |
| ZUBSOLV 2.9-0.71 mg tab subl                         | 1         |                | QL(150 / 30)                     |
| ZUBSOLV 1.4-0.36 mg tab subl                         | 1         |                | QL(330 / 30)                     |
| ZUBSOLV 0.7-0.18 mg tab subl                         | 1         |                | QL(690 / 30)                     |
| <b>ANORECTAL AGENTS</b>                              |           |                |                                  |
| <b>Rectal Combinations</b>                           |           |                |                                  |
| hemorrhoidal 1-0.25-14.4-15 % crm                    | 1         |                |                                  |
| lidocaine-hydrocortisone ace 3-1 % rect kit          | 1         | ANAMANTLE HC   |                                  |
| <b>Rectal Steroids</b>                               |           |                |                                  |
| anucort-hc 25 mg rect supp                           | 1         |                |                                  |
| hydrocortisone (perianal) 1 % crm                    | 1         | PROCTOCORT     |                                  |
| hydrocortisone acetate 25 mg rect supp               | 1         |                |                                  |
| hydrocortisone acetate 30 mg rect supp               | 1         | PROCTOCORT     |                                  |
| <b>ANTACIDS</b>                                      |           |                |                                  |
| <b>Antacid Combinations</b>                          |           |                |                                  |
| antacid 200-200-20 mg/5ml susp                       | 1         |                |                                  |
| antacid anti-gas max strength 400-400-40 mg/5ml susp | 1         |                |                                  |
| antacid fast acting 200-200-20 mg/5ml susp           | 1         |                |                                  |
| antacid maximum strength 400-400-40 mg/5ml susp      | 1         |                |                                  |
| hm antacid/antigas 200-200-20 mg/5ml susp            | 1         |                |                                  |
| sm antacid advanced max st 400-400-40 mg/5ml susp    | 1         |                |                                  |
| sm antacid/antigas 200-200-20 mg/5ml susp            | 1         |                |                                  |
| <b>Antacids - Aluminum Salts</b>                     |           |                |                                  |
| aluminum hydroxide gel 320 mg/5ml susp               | 1         |                |                                  |
| <b>Antacids - Calcium Salts</b>                      |           |                |                                  |
| calcium antacid 500 mg tab chew                      | 1         |                |                                  |



| Drug Name                                                                                    | Drug Tier | Reference Name    | Requirements/Limits <sup>1</sup> |
|----------------------------------------------------------------------------------------------|-----------|-------------------|----------------------------------|
| <i>calcium carbonate antacid 648 mg tab</i>                                                  | 1         |                   |                                  |
| <i>calcium carbonate antacid 1250 mg/5ml susp</i>                                            | 1         |                   |                                  |
| <b>Antacids - Magnesium Salts</b>                                                            |           |                   |                                  |
| <i>magnesium oxide 400 (240 Mg) mg tab, 400 mg tab</i>                                       | 1         |                   |                                  |
| <b>ANTIANGINAL AGENTS</b>                                                                    |           |                   |                                  |
| <b>Nitrates</b>                                                                              |           |                   |                                  |
| <i>isosorbide dinitrate 10 mg tab, 20 mg tab, 30 mg tab, 5 mg tab</i>                        | 1         | ISORDIL TITRADOSE |                                  |
| <i>isosorbide mononitrate 10 mg tab, 20 mg tab</i>                                           | 1         | MONOKET           |                                  |
| <i>isosorbide mononitrate er 120 mg tab er 24 hr, 30 mg tab er 24 hr, 60 mg tab er 24 hr</i> | 1         | IMDUR             |                                  |
| <i>nitroglycerin 0.2 mg/hr td patch 24hr, 0.4 mg/hr td patch 24hr</i>                        | 1         | NITRO-DUR         |                                  |
| <i>nitroglycerin 0.3 mg tab subl, 0.4 mg tab subl</i>                                        | 1         | NITROSTAT         |                                  |
| <b>ANTIANXIETY AGENTS</b>                                                                    |           |                   |                                  |
| <b>Antianxiety Agents - Misc.</b>                                                            |           |                   |                                  |
| <i>buspirone hcl 10 mg tab, 15 mg tab, 30 mg tab, 5 mg tab, 7.5 mg tab</i>                   | 1         | BUSPAR            |                                  |
| <i>hydroxyzine hcl 10 mg tab, 25 mg tab, 50 mg tab</i>                                       | 1         | ATARAX            |                                  |
| <i>hydroxyzine hcl 10 mg/5ml syr</i>                                                         | 1         | ATARAX            |                                  |
| <i>hydroxyzine pamoate 100 mg cap, 25 mg cap, 50 mg cap</i>                                  | 1         | VISTARIL          |                                  |
| <b>Benzodiazepines</b>                                                                       |           |                   |                                  |
| <i>alprazolam 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab</i>                                | 1         | XANAX             | QL(90 / 30)                      |
| <i>chlordiazepoxide hcl 10 mg cap, 25 mg cap, 5 mg cap</i>                                   | 1         | LIBRIUM           | QL(120 / 30)                     |
| <i>diazepam 5 mg/5ml soln</i>                                                                | 1         | VALIUM            |                                  |
| <i>diazepam 10 mg tab, 2 mg tab, 5 mg tab</i>                                                | 1         | VALIUM            | QL(120 / 30)                     |
| <i>lorazepam 0.5 mg tab, 1 mg tab, 2 mg tab</i>                                              | 1         | ATIVAN            | QL(120 / 30)                     |

| Drug Name                                                                                                       | Drug Tier | Reference Name | Requirements/Limits <sup>1</sup> |
|-----------------------------------------------------------------------------------------------------------------|-----------|----------------|----------------------------------|
| <i>oxazepam 10 mg cap, 15 mg cap, 30 mg cap</i>                                                                 | 1         | SERAX          | QL(120 / 30)                     |
| <b>ANTIARRHYTHMICS</b>                                                                                          |           |                |                                  |
| <b>Antiarrhythmics Type I-c</b>                                                                                 |           |                |                                  |
| <i>flecainide acetate 50 mg tab</i>                                                                             | 1         | TAMBOCOR       |                                  |
| <i>propafenone hcl er 325 mg cap er 12 hr, 425 mg cap er 12 hr</i>                                              | 1         | RYTHMOL SR     |                                  |
| <b>Antiarrhythmics Type Iii</b>                                                                                 |           |                |                                  |
| <i>amiodarone hcl 200 mg tab</i>                                                                                | 1         | CORDARONE      |                                  |
| <b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b>                                                                  |           |                |                                  |
| <b>Bronchodilators - Anticholinergics</b>                                                                       |           |                |                                  |
| ATROVENT HFA 17 mcg/act inh aer soln                                                                            | 1         |                |                                  |
| INCRUSE ELLIPTA 62.5 mcg/act inh aer pwdr br act                                                                | 1         |                |                                  |
| <i>ipratropium bromide 0.02 % inh soln</i>                                                                      | 1         | ATROVENT       | 90 Days Supply Drug              |
| SPIRIVA HANDIHALER 18 mcg inh cap                                                                               | 1         |                |                                  |
| SPIRIVA RESPIMAT 1.25 mcg/act inh aer soln, 2.5 mcg/act inh aer soln                                            | 1         |                |                                  |
| <b>Leukotriene Modulators</b>                                                                                   |           |                |                                  |
| <i>montelukast sodium 10 mg tab, 4 mg pckt, 4 mg tab chew, 5 mg tab chew</i>                                    | 1         | SINGULAIR      | 90 Days Supply Drug              |
| <i>zafirlukast 10 mg tab, 20 mg tab</i>                                                                         | 1         | ACCOLATE       | 90 Days Supply Drug              |
| <b>Steroid Inhalants</b>                                                                                        |           |                |                                  |
| <i>budesonide 0.25 mg/2ml inh susp, 0.5 mg/2ml inh susp</i>                                                     | 1         | PULMICORT      | 90 Days Supply Drug              |
| FLOVENT DISKUS 100 mcg/act inh aer pwdr br act, 250 mcg/act inh aer pwdr br act, 50 mcg/act inh aer pwdr br act | 1         |                | 90 Days Supply Drug              |
| <i>fluticasone propionate hfa 110 mcg/act inh aer, 220 mcg/act inh aer, 44 mcg/act inh aer</i>                  | 1         |                | 90 Days Supply Drug              |
| PULMICORT FLEXHALER 180 mcg/act inh aer pwdr br act, 90 mcg/act inh aer pwdr br act                             | 1         |                | 90 Days Supply Drug              |

| Drug Name                                                                                                                                | Drug Tier | Reference Name | Requirements/Limits <sup>1</sup> |
|------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------|----------------------------------|
| QVAR REDIHALER 40 mcg/act inh aer br act, 80 mcg/act inh aer br act                                                                      | 1         |                |                                  |
| <b>Sympathomimetics</b>                                                                                                                  |           |                |                                  |
| ADVAIR HFA 115-21 mcg/act inh aer, 230-21 mcg/act inh aer, 45-21 mcg/act inh aer                                                         | 1         |                | 90 Days Supply Drug              |
| AIRDUO RESPICLICK 113/14 113-14 mcg/act inh aer pwdr br act                                                                              | 1         |                | 90 Days Supply Drug              |
| AIRDUO RESPICLICK 232/14 232-14 mcg/act inh aer pwdr br act                                                                              | 1         |                | 90 Days Supply Drug              |
| AIRDUO RESPICLICK 55/14 55-14 mcg/act inh aer pwdr br act                                                                                | 1         |                | 90 Days Supply Drug              |
| <i>albuterol sulfate 0.63 mg/3ml inh neb soln, 1.25 mg/3ml inh neb soln</i>                                                              | 1         | ACCUNEB        |                                  |
| <i>albuterol sulfate 2.5 mg/0.5ml inh neb soln, 4 mg tab</i>                                                                             | 1         | PROVENTIL      |                                  |
| <i>albuterol sulfate (2.5 MG/3ML) 0.083% inh neb soln, (5 MG/ML) 0.5% inh neb soln, 2 mg/5ml syr</i>                                     | 1         | PROVENTIL      |                                  |
| <i>albuterol sulfate hfa 108 (90 Base) mcg/act inh aer soln</i>                                                                          | 1         | PROAIR HFA     | 90 Days Supply Drug              |
| <i>budesonide-formoterol fumarate 160-4.5 mcg/act inh aer, 80-4.5 mcg/act inh aer</i>                                                    | 1         | SYMBICORT      | 90 Days Supply Drug              |
| COMBIVENT RESPIMAT 20-100 mcg/act inh aer soln                                                                                           | 1         |                |                                  |
| DULERA 100-5 mcg/act inh aer, 200-5 mcg/act inh aer                                                                                      | 1         |                | 90 Days Supply Drug              |
| <i>fluticasone-salmeterol 100-50 mcg/act inh aer pwdr br act, 250-50 mcg/act inh aer pwdr br act, 500-50 mcg/act inh aer pwdr br act</i> | 1         | ADVAIR DISKUS  | 90 Days Supply Drug              |
| <i>fluticasone-salmeterol 113-14 mcg/act inh aer pwdr br act, 232-14 mcg/act inh aer pwdr br act</i>                                     | 1         | AIRDUO         | 90 Days Supply Drug              |
| <i>levalbuterol hcl 0.31 mg/3ml inh neb soln, 0.63 mg/3ml inh neb soln, 1.25 mg/3ml inh neb soln</i>                                     | 1         | XOPENEX        |                                  |
| <i>levalbuterol tartrate 45 mcg/act inh aer</i>                                                                                          | 1         | XOPENEX HFA    | 90 Days Supply Drug              |

| Drug Name                                                                                                                                                                                                                       | Drug Tier | Reference Name | Requirements/Limits <sup>1</sup> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------|----------------------------------|
| SEREVENT DISKUS 50 mcg/act inh aer pwdr br act                                                                                                                                                                                  | 1         |                |                                  |
| STIOLTO RESPIMAT 2.5-2.5 mcg/act inh aer soln                                                                                                                                                                                   | 1         |                |                                  |
| <i>terbutaline sulfate 2.5 mg tab</i>                                                                                                                                                                                           | 1         | BRETHINE       |                                  |
| WIXELA INHUB 100-50 mcg/act inh aer pwdr br act, 250-50 mcg/act inh aer pwdr br act, 500-50 mcg/act inh aer pwdr br act                                                                                                         | 1         |                | 90 Days Supply Drug              |
| XOPENEX HFA 45 mcg/act inh aer                                                                                                                                                                                                  | 1         |                | 90 Days Supply Drug              |
| <b>Xanthines</b>                                                                                                                                                                                                                |           |                |                                  |
| <i>theophylline er 300 mg tab er 12 hr</i>                                                                                                                                                                                      | 1         | THEO-DUR       | 90 Days Supply Drug              |
| <b>ANTICOAGULANTS</b>                                                                                                                                                                                                           |           |                |                                  |
| <b>Coumarin Anticoagulants</b>                                                                                                                                                                                                  |           |                |                                  |
| <i>warfarin sodium 1 mg tab, 10 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab</i>                                                                                                            | 1         | COUMADIN       |                                  |
| <b>Direct Factor Xa Inhibitors</b>                                                                                                                                                                                              |           |                |                                  |
| ELIQUIS 2.5 mg tab, 5 mg tab                                                                                                                                                                                                    | 1         |                | QL(60 / 30)                      |
| ELIQUIS DVT/PE STARTER PACK 5 mg tab pack                                                                                                                                                                                       | 1         |                | QL(74 / 30)                      |
| XARELTO 10 mg tab, 15 mg tab, 20 mg tab                                                                                                                                                                                         | 1         |                | QL(35 / 28)                      |
| XARELTO 2.5 mg tab                                                                                                                                                                                                              | 1         |                | QL(60 / 30)                      |
| <b>Heparins And Heparinoid-like Agents</b>                                                                                                                                                                                      |           |                |                                  |
| <i>enoxaparin sodium 100 mg/ml inj soln pfs, 120 mg/0.8ml inj soln pfs, 150 mg/ml inj soln pfs, 30 mg/0.3ml inj soln pfs, 300 mg/3ml inj soln, 40 mg/0.4ml inj soln pfs, 60 mg/0.6ml inj soln pfs, 80 mg/0.8ml inj soln pfs</i> | 1         | LOVENOX        |                                  |
| <b>Thrombin Inhibitors</b>                                                                                                                                                                                                      |           |                |                                  |
| <i>dabigatran etexilate mesylate 150 mg cap</i>                                                                                                                                                                                 | 1         | PRADAXA        |                                  |
| <b>ANTICONVULSANTS</b>                                                                                                                                                                                                          |           |                |                                  |
| <b>Anticonvulsants - Benzodiazepines</b>                                                                                                                                                                                        |           |                |                                  |
| <i>clobazam 10 mg tab</i>                                                                                                                                                                                                       | 1         | ONFI           |                                  |
| <i>clonazepam 0.125 mg tab disint, 0.25 mg tab disint, 0.5 mg tab, 0.5</i>                                                                                                                                                      | 1         | KLONOPIN       | QL(90 / 30)                      |

| Drug Name                                                                                                         | Drug Tier | Reference Name | Requirements/Limits <sup>1</sup> |
|-------------------------------------------------------------------------------------------------------------------|-----------|----------------|----------------------------------|
| <i>mg tab disint, 1 mg tab, 1 mg tab disint, 2 mg tab, 2 mg tab disint</i>                                        |           |                |                                  |
| <i>diazepam 10 mg rect gel, 2.5 mg rect gel, 20 mg rect gel</i>                                                   | 1         | DIASTAT        |                                  |
| <b>Anticonvulsants - Misc.</b>                                                                                    |           |                |                                  |
| <i>carbamazepine 100 mg tab chew, 200 mg tab</i>                                                                  | 1         | TEGRETOL       |                                  |
| <i>carbamazepine er 100 mg tab er 12 hr</i>                                                                       | 1         | TEGRETOL XR    |                                  |
| <i>gabapentin 100 mg cap, 300 mg cap, 400 mg cap, 600 mg tab, 800 mg tab</i>                                      | 1         | NEURONTIN      |                                  |
| <i>gabapentin 250 mg/5ml soln</i>                                                                                 | 1         | NEURONTIN      |                                  |
| <i>lamotrigine 100 mg tab, 150 mg tab, 200 mg tab, 25 mg tab, 25 mg tab chew, 25 mg tab disint, 5 mg tab chew</i> | 1         | LAMICTAL       |                                  |
| <i>lamotrigine er 100 mg tab er 24 hr, 200 mg tab er 24 hr, 300 mg tab er 24 hr, 50 mg tab er 24 hr</i>           | 1         | LAMICTAL       |                                  |
| <i>levetiracetam 1000 mg tab, 250 mg tab, 500 mg tab, 750 mg tab</i>                                              | 1         | KEPPRA         |                                  |
| <i>levetiracetam 100 mg/ml soln</i>                                                                               | 1         | KEPPRA         |                                  |
| <i>levetiracetam er 500 mg tab er 24 hr, 750 mg tab er 24 hr</i>                                                  | 1         | KEPPRA XR      |                                  |
| <i>oxcarbazepine 150 mg tab, 300 mg tab, 600 mg tab</i>                                                           | 1         | TRILEPTAL      |                                  |
| <i>oxcarbazepine 300 mg/5ml susp</i>                                                                              | 1         | TRILEPTAL      |                                  |
| <i>pregabalin 300 mg cap</i>                                                                                      | 1         | LYRICA         | QL(60 / 30)                      |
| <i>pregabalin 100 mg cap, 150 mg cap, 200 mg cap, 225 mg cap, 25 mg cap, 50 mg cap, 75 mg cap</i>                 | 1         | LYRICA         | QL(90 / 30)                      |
| <i>primidone 50 mg tab</i>                                                                                        | 1         | MYSOLINE       |                                  |
| <i>topiramate 100 mg tab, 200 mg tab, 25 mg cap sprinkle, 25 mg tab, 50 mg tab</i>                                | 1         | TOPAMAX        |                                  |
| <i>zonisamide 100 mg cap, 25 mg cap, 50 mg cap</i>                                                                | 1         | ZONEGRAN       |                                  |
| <b>Hydantoins</b>                                                                                                 |           |                |                                  |
| <i>phenytoin 50 mg tab chew</i>                                                                                   | 1         | DILANTIN       |                                  |
| <i>phenytoin 125 mg/5ml susp</i>                                                                                  | 1         | DILANTIN       |                                  |

| Drug Name                                                                                       | Drug Tier | Reference Name | Requirements/Limits <sup>1</sup> |
|-------------------------------------------------------------------------------------------------|-----------|----------------|----------------------------------|
| PHENYTOIN INFATABS 50 mg tab chew                                                               | 1         |                |                                  |
| <i>phenytoin sodium extended 100 mg cap, 200 mg cap, 300 mg cap</i>                             | 1         | DILANTIN       |                                  |
| <b>Succinimides</b>                                                                             |           |                |                                  |
| <i>ethosuximide 250 mg cap</i>                                                                  | 1         | ZARONTIN       |                                  |
| <i>ethosuximide 250 mg/5ml soln</i>                                                             | 1         | ZARONTIN       |                                  |
| <b>Valproic Acid</b>                                                                            |           |                |                                  |
| <i>divalproex sodium 125 mg cap dr sprinkle, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr</i>    | 1         | DEPAKOTE       |                                  |
| <i>divalproex sodium er 250 mg tab er 24 hr, 500 mg tab er 24 hr</i>                            | 1         | DEPAKOTE ER    |                                  |
| <i>valproic acid 250 mg cap</i>                                                                 | 1         | DEPAKENE       |                                  |
| <b>ANTIDEMENTIA AGENTS - DRUGS TO TREAT ALZHEIMER'S DISEASE AND DEMENTIA</b>                    |           |                |                                  |
| <b>N-methyl-d-aspartate (nmda) Receptor Antagonist - Alzheimer's Disease And Dementia Drugs</b> |           |                |                                  |
| <i>memantine hcl 10 mg tab, 28 x 5 MG &amp; 21 x 10 mg tab, 5 mg tab</i>                        | 1         | NAMENDA        |                                  |
| <b>ANTIDEPRESSANTS</b>                                                                          |           |                |                                  |
| <b>Alpha-2 Receptor Antagonists (tetracyclics)</b>                                              |           |                |                                  |
| <i>mirtazapine 15 mg tab, 15 mg tab disint, 30 mg tab, 45 mg tab, 7.5 mg tab</i>                | 1         | REMERON        | 90 Days Supply Drug              |
| <b>Antidepressants - Misc.</b>                                                                  |           |                |                                  |
| <i>bupropion hcl 100 mg tab, 75 mg tab</i>                                                      | 1         | WELLBUTRIN     | 90 Days Supply Drug              |
| <i>bupropion hcl er (sr) 100 mg tab er 12 hr, 150 mg tab er 12 hr, 200 mg tab er 12 hr</i>      | 1         | WELLBUTRIN SR  | 90 Days Supply Drug              |
| <i>bupropion hcl er (xl) 450 mg tab er 24 hr</i>                                                | 1         | FORFIVO XL     | 90 Days Supply Drug              |
| <i>bupropion hcl er (xl) 150 mg tab er 24 hr, 300 mg tab er 24 hr</i>                           | 1         | WELLBUTRIN XL  | 90 Days Supply Drug              |
| <b>Monoamine Oxidase Inhibitors (maois)</b>                                                     |           |                |                                  |
| <i>phenelzine sulfate 15 mg tab</i>                                                             | 1         | NARDIL         | 90 Days Supply Drug              |
| <i>tranylcypromine sulfate 10 mg tab</i>                                                        | 1         | PARNATE        | 90 Days Supply Drug              |
| <b>Selective Serotonin Reuptake Inhibitors (ssris)</b>                                          |           |                |                                  |
| <i>citalopram hydrobromide 10 mg tab, 20 mg tab, 40 mg tab</i>                                  | 1         | CELEXA         | 90 Days Supply Drug              |

| Drug Name                                                                                   | Drug Tier | Reference Name | Requirements/Limits <sup>1</sup> |
|---------------------------------------------------------------------------------------------|-----------|----------------|----------------------------------|
| <i>escitalopram oxalate 10 mg tab, 20 mg tab, 5 mg tab</i>                                  | 1         | LEXAPRO        | 90 Days Supply Drug              |
| <i>fluoxetine hcl 10 mg cap, 10 mg tab, 20 mg cap, 20 mg tab, 40 mg cap</i>                 | 1         | PROZAC         | 90 Days Supply Drug              |
| <i>fluoxetine hcl 20 mg/5ml soln</i>                                                        | 1         | PROZAC         | 90 Days Supply Drug              |
| <i>fluvoxamine maleate 100 mg tab, 25 mg tab, 50 mg tab</i>                                 | 1         | LUVOX          | 90 Days Supply Drug              |
| <i>paroxetine hcl 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab</i>                            | 1         | PAXIL          | 90 Days Supply Drug              |
| <i>paroxetine hcl er 12.5 mg tab er 24 hr, 25 mg tab er 24 hr, 37.5 mg tab er 24 hr</i>     | 1         | PAXIL CR       | 90 Days Supply Drug              |
| <i>sertraline hcl 100 mg tab, 25 mg tab, 50 mg tab</i>                                      | 1         | ZOLOFT         | 90 Days Supply Drug              |
| <i>sertraline hcl 20 mg/ml oral conc</i>                                                    | 1         | ZOLOFT         | 90 Days Supply Drug              |
| <b>Serotonin Modulators</b>                                                                 |           |                |                                  |
| <i>trazodone hcl 100 mg tab, 150 mg tab, 300 mg tab, 50 mg tab</i>                          | 1         | DESYREL        | 90 Days Supply Drug              |
| <b>Serotonin-norepinephrine Reuptake Inhibitors (snris)</b>                                 |           |                |                                  |
| <i>duloxetine hcl 30 mg cap dr prt</i>                                                      | 1         | CYMBALTA       | 90 Days Supply Drug, QL(30 / 30) |
| <i>duloxetine hcl 20 mg cap dr prt, 60 mg cap dr prt</i>                                    | 1         | CYMBALTA       | 90 Days Supply Drug, QL(60 / 30) |
| <i>venlafaxine hcl 25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab</i>                         | 1         | EFFEXOR        | 90 Days Supply Drug              |
| <i>venlafaxine hcl er 225 mg tab er 24 hr, 37.5 mg tab er 24 hr</i>                         | 1         |                | 90 Days Supply Drug              |
| <i>venlafaxine hcl er 150 mg cap er 24 hr, 37.5 mg cap er 24 hr, 75 mg cap er 24 hr</i>     | 1         | EFFEXOR XR     | 90 Days Supply Drug              |
| <b>Tricyclic Agents</b>                                                                     |           |                |                                  |
| <i>amitriptyline hcl 10 mg tab, 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab, 75 mg tab</i> | 1         | ELAVIL         | 90 Days Supply Drug              |
| <i>clomipramine hcl 25 mg cap, 50 mg cap</i>                                                | 1         | ANAFRANIL      | 90 Days Supply Drug              |
| <i>doxepin hcl 10 mg cap, 100 mg cap, 150 mg cap, 25 mg cap, 50 mg cap, 75 mg cap</i>       | 1         | SINEQUAN       | 90 Days Supply Drug              |
| <i>doxepin hcl 10 mg/ml oral conc</i>                                                       | 1         | SINEQUAN       | 90 Days Supply Drug              |

| Drug Name                                                                                                       | Drug Tier | Reference Name | Requirements/Limits <sup>1</sup> |
|-----------------------------------------------------------------------------------------------------------------|-----------|----------------|----------------------------------|
| <i>imipramine hcl 10 mg tab, 25 mg tab, 50 mg tab</i>                                                           | 1         | TOFRANIL       | 90 Days Supply Drug              |
| <i>imipramine pamoate 100 mg cap</i>                                                                            | 1         | TOFRANIL-PM    | 90 Days Supply Drug              |
| <i>nortriptyline hcl 10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap</i>                                             | 1         | PAMELOR        | 90 Days Supply Drug              |
| <b>ANTIDIABETICS</b>                                                                                            |           |                |                                  |
| <b>Alpha-glucosidase Inhibitors</b>                                                                             |           |                |                                  |
| <i>acarbose 25 mg tab, 50 mg tab</i>                                                                            | 1         | PRECOSE        | 90 Days Supply Drug              |
| <b>Antidiabetic Combinations</b>                                                                                |           |                |                                  |
| <i>alogliptin-metformin hcl 12.5-1000 mg tab, 12.5-500 mg tab</i>                                               | 1         | KAZANO         | 90 Days Supply Drug              |
| <i>glipizide-metformin hcl 2.5-500 mg tab, 5-500 mg tab</i>                                                     | 1         | METAGLIP       | 90 Days Supply Drug              |
| <i>glyburide-metformin 5-500 mg tab</i>                                                                         | 1         | GLUCOVANCE     | 90 Days Supply Drug              |
| JANUMET 50-1000 mg tab, 50-500 mg tab                                                                           | 1         |                |                                  |
| JANUMET XR 100-1000 mg tab er 24 hr, 50-1000 mg tab er 24 hr, 50-500 mg tab er 24 hr                            | 1         |                |                                  |
| <i>pioglitazone hcl-glimepiride 30-2 mg tab, 30-4 mg tab</i>                                                    | 1         | DUETACT        |                                  |
| <i>pioglitazone hcl-metformin hcl 15-850 mg tab</i>                                                             | 1         | ACTOPLUS MET   |                                  |
| SEGLUROMET 2.5-1000 mg tab, 2.5-500 mg tab, 7.5-1000 mg tab, 7.5-500 mg tab                                     | 1         |                | 90 Days Supply Drug              |
| SYNJARDY 12.5-1000 mg tab, 12.5-500 mg tab, 5-1000 mg tab, 5-500 mg tab                                         | 1         |                | 90 Days Supply Drug              |
| SYNJARDY XR 10-1000 mg tab er 24 hr, 12.5-1000 mg tab er 24 hr, 25-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr | 1         |                | 90 Days Supply Drug              |
| <b>Biguanides</b>                                                                                               |           |                |                                  |
| <i>metformin hcl 1000 mg tab, 500 mg tab, 850 mg tab</i>                                                        | 1         | GLUCOPHAGE     | 90 Days Supply Drug              |
| <i>metformin hcl er 500 mg tab er 24 hr, 750 mg tab er 24 hr</i>                                                | 1         | GLUCOPHAGE XR  | 90 Days Supply Drug              |
| <i>metformin hcl er (mod) 1000 mg tab er 24 hr, 500 mg tab er 24 hr</i>                                         | 1         | GLUMETZA       | 90 Days Supply Drug              |



| Drug Name                                                                                                                       | Drug Tier | Reference Name     | Requirements/Limits <sup>1</sup> |
|---------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------|----------------------------------|
| <i>metformin hcl er (osm) 1000 mg tab er 24 hr, 500 mg tab er 24 hr</i>                                                         | 1         | FORTAMET           | 90 Days Supply Drug              |
| <b>Diabetic Other</b>                                                                                                           |           |                    |                                  |
| GLUCAGEN HYPOKIT 1 mg inj soln                                                                                                  | 1         |                    |                                  |
| <i>glucagon emergency 1 mg inj kit</i>                                                                                          | 1         | GLUCAGON EMERGENCY |                                  |
| <b>Dipeptidyl Peptidase-4 (dpp-4) Inhibitors</b>                                                                                |           |                    |                                  |
| <i>alogliptin benzoate 12.5 mg tab, 25 mg tab, 6.25 mg tab</i>                                                                  | 1         | NESINA             | 90 Days Supply Drug              |
| JANUVIA 100 mg tab, 25 mg tab, 50 mg tab                                                                                        | 1         |                    |                                  |
| ONGLYZA 2.5 mg tab, 5 mg tab                                                                                                    | 1         |                    | 90 Days Supply Drug              |
| <b>Incretin Mimetic Agents (glp-1 Receptor Agonists)</b>                                                                        |           |                    |                                  |
| BYDUREON 2 mg sc susp er                                                                                                        | 1         |                    | PA                               |
| BYDUREON BCISE 2 mg/0.85ml Subcutaneous Auto-injector                                                                           | 1         |                    | PA                               |
| BYETTA 10 MCG PEN 10 mcg/0.04ml sc soln pen-inj                                                                                 | 1         |                    | QL(2.4 / 30)                     |
| BYETTA 5 MCG PEN 5 mcg/0.02ml sc soln pen-inj                                                                                   | 1         |                    | QL(1.2 / 30)                     |
| TRULICITY 0.75 mg/0.5ml sc soln pen-inj, 1.5 mg/0.5ml sc soln pen-inj, 3 mg/0.5ml sc soln pen-inj, 4.5 mg/0.5ml sc soln pen-inj | 1         |                    | PA                               |
| <b>Insulin</b>                                                                                                                  |           |                    |                                  |
| ADMELOG 100 unit/ml inj soln                                                                                                    | 1         |                    |                                  |
| ADMELOG SOLOSTAR 100 unit/ml sc soln pen-inj                                                                                    | 1         |                    |                                  |
| BASAGLAR KWIKPEN 100 unit/ml sc soln pen-inj                                                                                    | 1         |                    |                                  |
| HUMALOG MIX 50/50 KWIKPEN (50-50) 100 unit/ml sc susp pen-inj                                                                   | 1         |                    |                                  |
| HUMALOG MIX 75/25 (75-25) 100 unit/ml sc susp                                                                                   | 1         |                    |                                  |
| HUMALOG MIX 75/25 KWIKPEN (75-25) 100 unit/ml sc susp pen-inj                                                                   | 1         |                    |                                  |
| HUMULIN 70/30 (70-30) 100 unit/ml sc susp                                                                                       | 1         |                    |                                  |

| Drug Name                                                                      | Drug Tier | Reference Name    | Requirements/Limits <sup>1</sup> |
|--------------------------------------------------------------------------------|-----------|-------------------|----------------------------------|
| HUMULIN 70/30 KWIKPEN (70-30) 100 unit/ml sc susp pen-inj                      | 1         |                   |                                  |
| HUMULIN N 100 unit/ml sc susp                                                  | 1         |                   |                                  |
| HUMULIN N KWIKPEN 100 unit/ml sc susp pen-inj                                  | 1         |                   |                                  |
| HUMULIN R 100 unit/ml inj soln                                                 | 1         |                   |                                  |
| HUMULIN R U-500 (CONCENTRATED) 500 unit/ml sc soln                             | 1         |                   |                                  |
| <i>insulin asp prot &amp; asp flexpen (70-30) 100 unit/ml sc susp pen-inj</i>  | 1         | NOVOLOG MIX 70/30 |                                  |
| NOVOLIN 70/30 (70-30) 100 unit/ml sc susp                                      | 1         |                   |                                  |
| NOVOLIN 70/30 RELION (70-30) 100 unit/ml sc susp                               | 1         |                   |                                  |
| NOVOLIN N 100 unit/ml sc susp                                                  | 1         |                   |                                  |
| NOVOLIN N RELION 100 unit/ml sc susp                                           | 1         |                   |                                  |
| NOVOLIN R 100 unit/ml inj soln                                                 | 1         |                   |                                  |
| NOVOLIN R RELION 100 unit/ml inj soln                                          | 1         |                   |                                  |
| <b>Insulin Sensitizing Agents</b>                                              |           |                   |                                  |
| <i>pioglitazone hcl 15 mg tab, 30 mg tab, 45 mg tab</i>                        | 1         | ACTOS             | 90 Days Supply Drug              |
| <b>Meglitinide Analogues</b>                                                   |           |                   |                                  |
| <i>repaglinide 1 mg tab</i>                                                    | 1         | PRANDIN           |                                  |
| <b>Sodium-glucose Co-transporter 2 (sglt2) Inhibitors</b>                      |           |                   |                                  |
| JARDIANCE 10 mg tab, 25 mg tab                                                 | 1         |                   | QL(30 / 30)                      |
| STEGLATRO 15 mg tab, 5 mg tab                                                  | 1         |                   | 90 Days Supply Drug              |
| <b>Sulfonylureas</b>                                                           |           |                   |                                  |
| <i>glimepiride 1 mg tab, 2 mg tab, 4 mg tab</i>                                | 1         | AMARYL            | 90 Days Supply Drug              |
| <i>glipizide 10 mg tab, 5 mg tab</i>                                           | 1         | GLUCOTROL         | 90 Days Supply Drug              |
| <i>glipizide er 10 mg tab er 24 hr, 2.5 mg tab er 24 hr, 5 mg tab er 24 hr</i> | 1         | GLUCOTROL XL      | 90 Days Supply Drug              |
| <i>glipizide xl 10 mg tab er 24 hr, 2.5 mg tab er 24 hr, 5 mg tab er 24 hr</i> | 1         | GLUCOTROL XL      | 90 Days Supply Drug              |
| <i>glyburide 1.25 mg tab, 2.5 mg tab, 5 mg tab</i>                             | 1         | DIABETA           | 90 Days Supply Drug              |
| <i>glyburide micronized 6 mg tab</i>                                           | 1         | GLYNASE           | 90 Days Supply Drug              |

| Drug Name                                                         | Drug Tier | Reference Name | Requirements/Limits <sup>1</sup> |
|-------------------------------------------------------------------|-----------|----------------|----------------------------------|
| <b>ANTIDIARRHEAL/PROBIOTIC AGENTS</b>                             |           |                |                                  |
| <b>Antidiarrheal/probiotic Agents - Misc.</b>                     |           |                |                                  |
| <i>gnp pink bismuth 262 mg tab chew</i>                           | 1         |                |                                  |
| <i>sm stomach relief 262 mg tab, 262 mg tab chew</i>              | 1         |                |                                  |
| <b>Antiperistaltic Agents</b>                                     |           |                |                                  |
| <i>anti-diarrheal 2 mg tab</i>                                    | 1         |                |                                  |
| <i>diphenoxylate-atropine 2.5-0.025 mg tab</i>                    | 1         | LOMOTIL        |                                  |
| <i>loperamide hcl 1 mg/5ml liq</i>                                | 1         |                |                                  |
| <i>sm anti-diarrheal 2 mg tab</i>                                 | 1         |                |                                  |
| <i>sm anti-diarrheal 2 mg cap</i>                                 | 1         | IMODIUM        |                                  |
| <b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>                         |           |                |                                  |
| <b>Antidotes - Chelating Agents</b>                               |           |                |                                  |
| <i>deferasirox 125 mg tab sol, 250 mg tab sol, 500 mg tab sol</i> | 1         | EXJADE         | PA                               |
| <b>Opioid Antagonists</b>                                         |           |                |                                  |
| <i>KLOXXADO 8 mg/0.1ml nasal liq</i>                              | 1         |                |                                  |
| <i>naloxone hcl 4 mg/0.1ml nasal liq</i>                          | 1         | NARCAN         |                                  |
| <i>naloxone hcl 0.4 mg/ml inj soln</i>                            | 1         | NARCAN         |                                  |
| <i>naltrexone hcl 50 mg tab</i>                                   | 1         | REVIA          | QL(30 / 30)                      |
| <i>NARCAN 4 mg/0.1ml nasal liq</i>                                | 1         |                |                                  |
| <i>VIVITROL 380 mg im susp</i>                                    | 1         |                | QL(1 / 30)                       |
| <b>ANTIEMETICS</b>                                                |           |                |                                  |
| <b>5-ht3 Receptor Antagonists</b>                                 |           |                |                                  |
| <i>granisetron hcl 1 mg tab</i>                                   | 1         | KYTRIL         |                                  |
| <i>ondansetron hcl 4 mg/5ml soln</i>                              | 1         | ZOFRAN         |                                  |
| <i>ondansetron hcl 4 mg tab, 8 mg tab</i>                         | 1         | ZOFRAN         | QL(30 / 25)                      |
| <b>Antiemetics - Anticholinergic</b>                              |           |                |                                  |
| <i>meclizine hcl 25 mg tab chew</i>                               | 1         |                |                                  |
| <i>meclizine hcl 12.5 mg tab, 25 mg tab</i>                       | 1         | ANTIVERT       |                                  |
| <b>Antiemetics - Miscellaneous</b>                                |           |                |                                  |
| <i>dronabinol 2.5 mg cap, 5 mg cap</i>                            | 1         | MARINOL        |                                  |
| <b>ANTIFUNGALS</b>                                                |           |                |                                  |
| <b>Antifungals</b>                                                |           |                |                                  |
| <i>griseofulvin microsize 500 mg tab</i>                          | 1         | GRIFULVIN V    |                                  |
| <i>griseofulvin microsize 125 mg/5ml susp</i>                     | 1         | GRIFULVIN V    |                                  |

| Drug Name                                                 | Drug Tier | Reference Name | Requirements/Limits <sup>1</sup> |
|-----------------------------------------------------------|-----------|----------------|----------------------------------|
| <i>griseofulvin ultramicrosize 125 mg tab, 250 mg tab</i> | 1         | GRIS-PEG       |                                  |
| <i>terbinafine hcl 250 mg tab</i>                         | 1         | LAMISIL        |                                  |
| <b>Imidazole-related Antifungals</b>                      |           |                |                                  |
| <i>fluconazole 100 mg tab, 200 mg tab, 50 mg tab</i>      | 1         | DIFLUCAN       |                                  |
| <i>fluconazole 10 mg/ml susp, 40 mg/ml susp</i>           | 1         | DIFLUCAN       |                                  |
| <i>fluconazole 150 mg tab</i>                             | 1         | DIFLUCAN       | QL(2 / 25)                       |
| <i>itraconazole 100 mg cap</i>                            | 1         | SPORANOX       |                                  |
| <i>ketoconazole 200 mg tab</i>                            | 1         | NIZORAL        |                                  |
| <b>ANTIHISTAMINES</b>                                     |           |                |                                  |
| <b>Antihistamines - Ethanolamines</b>                     |           |                |                                  |
| <i>allergy relief 25 mg cap, 25 mg tab</i>                | 1         |                |                                  |
| <i>allergy relief childrens 12.5 mg/5ml liq</i>           | 1         |                |                                  |
| <i>BANOPHEN 25 mg cap, 50 mg cap</i>                      | 1         |                |                                  |
| <i>clemastine fumarate 2.68 mg tab</i>                    | 1         | TAVIST         |                                  |
| <i>diphenhydramine hcl 25 mg cap, 50 mg cap</i>           | 1         |                |                                  |
| <i>diphenhydramine hcl 50 mg/ml inj soln</i>              | 1         | BENADRYL       |                                  |
| <i>gnp childrens allergy 12.5 mg/5ml liq</i>              | 1         |                |                                  |
| <i>sm allergy relief 12.5 mg/5ml liq</i>                  | 1         |                |                                  |
| <b>Antihistamines - Non-sedating</b>                      |           |                |                                  |
| <i>all day allergy 10 mg tab</i>                          | 1         | ZYRTEC ALLERGY |                                  |
| <i>all day allergy childrens 5 mg/5ml soln</i>            | 1         | ZYRTEC         |                                  |
| <i>allergy childrens 5 mg/5ml syr</i>                     | 1         | CLARITIN       |                                  |
| <i>allergy relief 180 mg tab</i>                          | 1         | ALLEGRA        | QL(30 / 30)                      |
| <i>allergy relief 10 mg tab</i>                           | 1         | CLARITIN       |                                  |
| <i>cetirizine hcl 5 mg tab</i>                            | 1         |                |                                  |
| <i>cetirizine hcl 10 mg tab chew, 5 mg tab chew</i>       | 1         | ZYRTEC         |                                  |
| <i>cetirizine hcl 1 mg/ml soln</i>                        | 1         | ZYRTEC         |                                  |
| <i>cetirizine hcl 10 mg tab</i>                           | 1         | ZYRTEC ALLERGY |                                  |
| <i>cetirizine hcl allergy child 5 mg/5ml soln</i>         | 1         | ZYRTEC         |                                  |

| Drug Name                                                                                     | Drug Tier | Reference Name | Requirements/Limits <sup>1</sup> |
|-----------------------------------------------------------------------------------------------|-----------|----------------|----------------------------------|
| <i>cetirizine hcl childrens 10 mg tab chew, 5 mg tab chew</i>                                 | 1         | ZYRTEC         |                                  |
| <i>cetirizine hcl childrens alrgy 1 mg/ml soln</i>                                            | 1         | ZYRTEC         |                                  |
| <i>childrens loratadine 5 mg/5ml soln, 5 mg/5ml syr</i>                                       | 1         | CLARITIN       |                                  |
| <i>fexofenadine hcl 180 mg tab</i>                                                            | 1         | ALLEGRA        | QL(30 / 30)                      |
| <i>fexofenadine hcl childrens 30 mg/5ml susp</i>                                              | 1         |                | QL(120 / 30)                     |
| <i>gnp all day allergy childrens 5 mg/5ml soln</i>                                            | 1         | ZYRTEC         |                                  |
| <i>gnp loratadine 10 mg tab</i>                                                               | 1         | CLARITIN       |                                  |
| <i>gnp loratadine 5 mg/5ml syr</i>                                                            | 1         | CLARITIN       |                                  |
| <i>goodsense all day allergy 10 mg tab</i>                                                    | 1         | ZYRTEC ALLERGY |                                  |
| <i>hm all day allergy 10 mg tab</i>                                                           | 1         | ZYRTEC ALLERGY |                                  |
| <i>hm loratadine 10 mg tab</i>                                                                | 1         | CLARITIN       |                                  |
| <i>hm loratadine childrens 5 mg/5ml syr</i>                                                   | 1         | CLARITIN       |                                  |
| <i>levocetirizine dihydrochloride 5 mg tab</i>                                                | 1         | XYZAL          |                                  |
| <i>levocetirizine dihydrochloride 2.5 mg/5ml soln</i>                                         | 1         | XYZAL          |                                  |
| <i>loratadine 10 mg tab</i>                                                                   | 1         | CLARITIN       |                                  |
| <i>loratadine childrens 5 mg/5ml soln, 5 mg/5ml syr</i>                                       | 1         | CLARITIN       |                                  |
| <i>qc loratadine allergy relief 10 mg tab</i>                                                 | 1         | CLARITIN       |                                  |
| <i>sm all day allergy 10 mg tab</i>                                                           | 1         | ZYRTEC ALLERGY |                                  |
| <i>sm all day allergy childrens 5 mg/5ml soln</i>                                             | 1         | ZYRTEC         |                                  |
| <i>sm childrens loratadine 5 mg/5ml syr</i>                                                   | 1         | CLARITIN       |                                  |
| <i>sm fexofenadine hcl 180 mg tab</i>                                                         | 1         | ALLEGRA        | QL(30 / 30)                      |
| <i>sm loratadine 10 mg tab</i>                                                                | 1         | CLARITIN       |                                  |
| <i>sm loratadine 5 mg/5ml syr</i>                                                             | 1         | CLARITIN       |                                  |
| <b>Antihistamines - Phenothiazines</b>                                                        |           |                |                                  |
| <i>promethazine hcl 12.5 mg rect supp, 12.5 mg tab, 25 mg rect supp, 25 mg tab, 50 mg tab</i> | 1         | PHENERGAN      |                                  |

| Drug Name                                                               | Drug Tier | Reference Name | Requirements/Limits <sup>1</sup> |
|-------------------------------------------------------------------------|-----------|----------------|----------------------------------|
| <i>promethazine hcl 6.25 mg/5ml soln, 6.25 mg/5ml syr</i>               | 1         | PHENERGAN      |                                  |
| <b>Antihistamines - Piperidines</b>                                     |           |                |                                  |
| <i>cyproheptadine hcl 4 mg tab</i>                                      | 1         | PERIACTIN      |                                  |
| <i>cyproheptadine hcl 2 mg/5ml syr</i>                                  | 1         | PERIACTIN      |                                  |
| <b>ANTHYPERLIPIDEMICS</b>                                               |           |                |                                  |
| <b>Bile Acid Sequestrants</b>                                           |           |                |                                  |
| <i>cholestyramine 4 gm/dose oral pwr</i>                                | 1         | QUESTRAN       |                                  |
| <i>cholestyramine light 4 gm pckt</i>                                   | 1         | QUESTRAN LIGHT |                                  |
| <i>cholestyramine light 4 gm/dose oral pwr</i>                          | 1         | QUESTRAN LIGHT |                                  |
| <b>Fibric Acid Derivatives</b>                                          |           |                |                                  |
| <i>fenofibrate 145 mg tab, 160 mg tab, 48 mg tab, 54 mg tab</i>         | 1         | TRICOR         |                                  |
| <i>fenofibrate micronized 134 mg cap, 200 mg cap, 67 mg cap</i>         | 1         | TRICOR         |                                  |
| <i>gemfibrozil 600 mg tab</i>                                           | 1         | LOPID          |                                  |
| <b>Hmg Coa Reductase Inhibitors</b>                                     |           |                |                                  |
| <i>atorvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab</i>  | 1         | LIPITOR        | 90 Days Supply Drug              |
| <i>lovastatin 10 mg tab, 20 mg tab, 40 mg tab</i>                       | 1         | MEVACOR        | 90 Days Supply Drug              |
| <i>pravastatin sodium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab</i>    | 1         | PRAVACHOL      | 90 Days Supply Drug              |
| <i>rosuvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab</i>   | 1         | CRESTOR        | 90 Days Supply Drug              |
| <i>simvastatin 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab, 80 mg tab</i> | 1         | ZOCOR          | 90 Days Supply Drug              |
| <b>Intestinal Cholesterol Absorption Inhibitors</b>                     |           |                |                                  |
| <i>ezetimibe 10 mg tab</i>                                              | 1         | ZETIA          |                                  |
| ZETIA 10 mg tab                                                         | 1         |                |                                  |
| <b>Nicotinic Acid Derivatives</b>                                       |           |                |                                  |
| <i>niacin er (antihyperlipidemic) 500 mg tab er</i>                     | 1         | NIASPAN        |                                  |
| <b>ANTHYPERTENSIVES</b>                                                 |           |                |                                  |
| <b>Ace Inhibitors</b>                                                   |           |                |                                  |
| <i>benazepril hcl 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab</i>         | 1         | LOTENSIN       | 90 Days Supply Drug              |

| Drug Name                                                                               | Drug Tier | Reference Name | Requirements/Limits <sup>1</sup> |
|-----------------------------------------------------------------------------------------|-----------|----------------|----------------------------------|
| <i>enalapril maleate 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab</i>                     | 1         | VASOTEC        | 90 Days Supply Drug              |
| <i>lisinopril 10 mg tab, 2.5 mg tab, 20 mg tab, 30 mg tab, 40 mg tab, 5 mg tab</i>      | 1         | ZESTRIL        | 90 Days Supply Drug              |
| <i>quinapril hcl 10 mg tab, 40 mg tab</i>                                               | 1         | ACCUPRIL       | 90 Days Supply Drug              |
| <b>Angiotensin II Receptor Antagonists</b>                                              |           |                |                                  |
| <i>irbesartan 150 mg tab, 300 mg tab, 75 mg tab</i>                                     | 1         | AVAPRO         | 90 Days Supply Drug, QL(30 / 30) |
| <i>losartan potassium 100 mg tab, 50 mg tab</i>                                         | 1         | COZAAR         | 90 Days Supply Drug, QL(30 / 30) |
| <i>losartan potassium 25 mg tab</i>                                                     | 1         | COZAAR         | 90 Days Supply Drug, QL(60 / 30) |
| <i>olmesartan medoxomil 20 mg tab, 40 mg tab, 5 mg tab</i>                              | 1         | BENICAR        | 90 Days Supply Drug, QL(30 / 30) |
| <i>valsartan 160 mg tab, 320 mg tab, 40 mg tab, 80 mg tab</i>                           | 1         | DIOVAN         |                                  |
| <b>Antiadrenergic Antihypertensives</b>                                                 |           |                |                                  |
| <i>clonidine 0.1 mg/24hr tdwk patch, 0.2 mg/24hr tdwk patch, 0.3 mg/24hr tdwk patch</i> | 1         | CATAPRES-TTS   | 90 Days Supply Drug, QL(4 / 30)  |
| <i>clonidine hcl 0.1 mg tab, 0.2 mg tab, 0.3 mg tab</i>                                 | 1         | CATAPRES       | 90 Days Supply Drug              |
| <i>doxazosin mesylate 1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab</i>                        | 1         | CARDURA        | 90 Days Supply Drug              |
| <i>guanfacine hcl 1 mg tab, 2 mg tab</i>                                                | 1         | TENEX          | 90 Days Supply Drug              |
| <i>methyldopa 250 mg tab, 500 mg tab</i>                                                | 1         | ALDOMET        | 90 Days Supply Drug              |
| <i>prazosin hcl 1 mg cap, 2 mg cap, 5 mg cap</i>                                        | 1         | MINIPRESS      | 90 Days Supply Drug              |
| <i>terazosin hcl 1 mg cap, 10 mg cap, 2 mg cap, 5 mg cap</i>                            | 1         | HYTRIN         | 90 Days Supply Drug              |
| <b>Antihypertensive Combinations</b>                                                    |           |                |                                  |
| <i>amlodipine-olmesartan 10-20 mg tab, 10-40 mg tab, 5-20 mg tab, 5-40 mg tab</i>       | 1         | AZOR           | 90 Days Supply Drug, QL(30 / 30) |
| <i>atenolol-chlorthalidone 100-25 mg tab, 50-25 mg tab</i>                              | 1         | TENORETIC      | 90 Days Supply Drug              |
| <i>AZOR 10-20 mg tab, 10-40 mg tab, 5-20 mg tab, 5-40 mg tab</i>                        | 1         |                | 90 Days Supply Drug, QL(30 / 30) |

| Drug Name                                                                                                           | Drug Tier | Reference Name | Requirements/Limits <sup>1</sup> |
|---------------------------------------------------------------------------------------------------------------------|-----------|----------------|----------------------------------|
| <i>benazepril-hydrochlorothiazide 10-12.5 mg tab, 20-25 mg tab</i>                                                  | 1         | LOTENSIN HCT   | 90 Days Supply Drug              |
| <i>bisoprolol-hydrochlorothiazide 10-6.25 mg tab</i>                                                                | 1         | ZIAC           | 90 Days Supply Drug              |
| <i>enalapril-hydrochlorothiazide 5-12.5 mg tab</i>                                                                  | 1         | VASERETIC      | 90 Days Supply Drug              |
| <i>lisinopril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab</i>                                  | 1         | ZESTORETIC     | 90 Days Supply Drug              |
| <i>losartan potassium-hctz 100-12.5 mg tab, 100-25 mg tab, 50-12.5 mg tab</i>                                       | 1         | HYZAAR         | 90 Days Supply Drug, QL(30 / 30) |
| <i>metoprolol-hydrochlorothiazide 100-25 mg tab, 50-25 mg tab</i>                                                   | 1         | LOPRESSOR HCT  | 90 Days Supply Drug              |
| <i>propranolol-hctz 40-25 mg tab</i>                                                                                | 1         | INDERIDE       | 90 Days Supply Drug              |
| TEKTURNA HCT 300-25 mg tab                                                                                          | 1         |                |                                  |
| <i>valsartan-hydrochlorothiazide 160-12.5 mg tab, 160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab, 80-12.5 mg tab</i> | 1         | DIOVAN HCT     |                                  |
| <b>Direct Renin Inhibitors</b>                                                                                      |           |                |                                  |
| <i>aliskiren fumarate 150 mg tab, 300 mg tab</i>                                                                    | 1         | TEKTURNA       |                                  |
| <b>Selective Aldosterone Receptor Antagonists (saras)</b>                                                           |           |                |                                  |
| <i>eplerenone 25 mg tab, 50 mg tab</i>                                                                              | 1         | INSPIRA        |                                  |
| <b>Vasodilators</b>                                                                                                 |           |                |                                  |
| <i>hydralazine hcl 10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab</i>                                                  | 1         | APRESOLINE     | 90 Days Supply Drug              |
| <b>ANTI-INFECTIVE AGENTS - MISC.</b>                                                                                |           |                |                                  |
| <b>Anti-infective Agents - Misc.</b>                                                                                |           |                |                                  |
| <i>metronidazole 250 mg tab, 375 mg cap, 500 mg tab</i>                                                             | 1         | FLAGYL         |                                  |
| <i>trimethoprim 100 mg tab</i>                                                                                      | 1         | PROLOPRIM      |                                  |
| <b>Anti-infective Misc. - Combinations</b>                                                                          |           |                |                                  |
| <i>sulfamethoxazole-trimethoprim 400-80 mg tab, 800-160 mg tab</i>                                                  | 1         | SEPTRA         |                                  |
| <i>sulfamethoxazole-trimethoprim 200-40 mg/5ml susp</i>                                                             | 1         | SEPTRA         |                                  |
| <b>Leprostatics</b>                                                                                                 |           |                |                                  |
| <i>dapsone 100 mg tab</i>                                                                                           | 1         |                |                                  |



| Drug Name                                                      | Drug Tier | Reference Name | Requirements/Limits <sup>1</sup> |
|----------------------------------------------------------------|-----------|----------------|----------------------------------|
| <b>Lincosamides</b>                                            |           |                |                                  |
| <i>clindamycin hcl 150 mg cap, 300 mg cap, 75 mg cap</i>       | 1         | CLEOCIN        |                                  |
| <i>clindamycin palmitate hcl 75 mg/5ml soln</i>                | 1         | CLEOCIN        |                                  |
| <b>ANTIMALARIALS</b>                                           |           |                |                                  |
| <b>Antimalarial Combinations</b>                               |           |                |                                  |
| <i>atovaquone-proguanil hcl 250-100 mg tab, 62.5-25 mg tab</i> | 1         | MALARONE       |                                  |
| <b>Antimalarials</b>                                           |           |                |                                  |
| <i>chloroquine phosphate 500 mg tab</i>                        | 1         | ARALEN         |                                  |
| <i>hydroxychloroquine sulfate 200 mg tab</i>                   | 1         | PLAQUENIL      |                                  |
| <i>mefloquine hcl 250 mg tab</i>                               | 1         |                |                                  |
| <b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>                       |           |                |                                  |
| <b>Antimyasthenic/cholinergic Agents</b>                       |           |                |                                  |
| <i>pyridostigmine bromide 60 mg tab</i>                        | 1         | MESTINON       |                                  |
| <b>ANTIMYCOBACTERIAL AGENTS</b>                                |           |                |                                  |
| <b>Antimycobacterial Agents</b>                                |           |                |                                  |
| <i>ethambutol hcl 400 mg tab</i>                               | 1         | MYAMBUTOL      |                                  |
| <i>isoniazid 100 mg tab, 300 mg tab</i>                        | 1         |                |                                  |
| <i>isoniazid 50 mg/5ml syr</i>                                 | 1         |                |                                  |
| <i>pyrazinamide 500 mg tab</i>                                 | 1         |                |                                  |
| <i>rifampin 300 mg cap</i>                                     | 1         | RIFADIN        |                                  |
| <b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</b>                |           |                |                                  |
| <b>Alkylating Agents</b>                                       |           |                |                                  |
| <i>GLEOSTINE 40 mg cap</i>                                     | 1         |                |                                  |
| <i>temozolomide 140 mg cap, 180 mg cap</i>                     | 1         | TEMODAR        | SP, PA                           |
| <b>Antimetabolites</b>                                         |           |                |                                  |
| <i>capecitabine 150 mg tab, 500 mg tab</i>                     | 1         | XELODA         |                                  |
| <i>mercaptopurine 50 mg tab</i>                                | 1         | PURINETHOL     |                                  |
| <i>methotrexate 2.5 mg tab</i>                                 | 1         |                |                                  |
| <i>methotrexate sodium 2.5 mg tab</i>                          | 1         |                |                                  |
| <i>TABLOID 40 mg tab</i>                                       | 1         |                |                                  |
| <b>Antineoplastic - Hedgehog Pathway Inhibitors</b>            |           |                |                                  |
| <i>ERIVEDGE 150 mg cap</i>                                     | 1         |                | SP, PA                           |
| <b>Antineoplastic - Hormonal And Related Agents</b>            |           |                |                                  |
| <i>abiraterone acetate 250 mg tab</i>                          | 1         | ZYTIGA         | SP, PA                           |

| Drug Name                                                         | Drug Tier | Reference Name | Requirements/Limits <sup>1</sup> |
|-------------------------------------------------------------------|-----------|----------------|----------------------------------|
| <i>anastrozole 1 mg tab</i>                                       | 1         | ARIMIDEX       |                                  |
| <i>bicalutamide 50 mg tab</i>                                     | 1         | CASODEX        |                                  |
| ELIGARD 22.5 mg sc kit, 30 mg sc kit, 45 mg sc kit, 7.5 mg sc kit | 1         |                | SP, PA                           |
| FIRMAGON 120 mg sc soln, 80 mg sc soln                            | 1         |                | SP, PA                           |
| FIRMAGON (240 MG DOSE) 120 mg/vial sc soln                        | 1         |                | SP, PA                           |
| <i>letrozole 2.5 mg tab</i>                                       | 1         | FEMARA         |                                  |
| LUPRON DEPOT (4-MONTH) 30 mg im kit                               | 1         |                | SP, PA                           |
| LUPRON DEPOT (6-MONTH) 45 mg im kit                               | 1         |                | SP, PA                           |
| <i>megestrol acetate 20 mg tab, 40 mg tab</i>                     | 1         | MEGACE         |                                  |
| <i>megestrol acetate 40 mg/ml susp</i>                            | 1         | MEGACE         |                                  |
| <i>tamoxifen citrate 20 mg tab</i>                                | 1         | NOLVADEX       |                                  |
| XTANDI 40 mg cap                                                  | 1         |                | SP, PA                           |
| <b>Antineoplastic Enzyme Inhibitors</b>                           |           |                |                                  |
| <i>erlotinib hcl 100 mg tab, 150 mg tab</i>                       | 1         | TARCEVA        | SP, PA, QL(30 / 30)              |
| <i>erlotinib hcl 25 mg tab</i>                                    | 1         | TARCEVA        | SP, PA, QL(90 / 30)              |
| <i>everolimus 2.5 mg tab, 5 mg tab, 7.5 mg tab</i>                | 1         | AFINITOR       | SP, PA                           |
| <i>imatinib mesylate 400 mg tab</i>                               | 1         | GLEEVEC        | SP, PA, QL(60 / 30)              |
| <i>imatinib mesylate 100 mg tab</i>                               | 1         | GLEEVEC        | SP, PA, QL(120 / 30)             |
| JAKAFI 10 mg tab                                                  | 1         |                | SP, PA                           |
| TARCEVA 100 mg tab, 150 mg tab                                    | 1         |                | SP, PA, QL(30 / 30)              |
| TARCEVA 25 mg tab                                                 | 1         |                | SP, PA, QL(90 / 30)              |
| VERZENIO 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab            | 1         |                | SP, PA                           |
| XALKORI 250 mg cap                                                | 1         |                | SP, PA                           |
| <b>Antineoplastics Misc.</b>                                      |           |                |                                  |
| <i>hydroxyurea 500 mg cap</i>                                     | 1         | HYDREA         |                                  |
| <b>ANTIPARKINSON AND RELATED THERAPY AGENTS</b>                   |           |                |                                  |
| <b>Antiparkinson Anticholinergics</b>                             |           |                |                                  |
| <i>benztropine mesylate 0.5 mg tab, 1 mg tab, 2 mg tab</i>        | 1         | COGENTIN       |                                  |
| <i>trihexyphenidyl hcl 2 mg tab, 5 mg tab</i>                     | 1         | ARTANE         |                                  |

| Drug Name                                                                                                                                     | Drug Tier | Reference Name | Requirements/Limits <sup>1</sup> |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------|----------------------------------|
| <b>Antiparkinson Dopaminergics</b>                                                                                                            |           |                |                                  |
| <i>amantadine hcl 100 mg cap</i>                                                                                                              | 1         | SYMMETREL      |                                  |
| <i>bromocriptine mesylate 2.5 mg tab, 5 mg cap</i>                                                                                            | 1         | PARLODEL       |                                  |
| <i>carbidopa-levodopa 10-100 mg tab, 25-100 mg tab, 25-250 mg tab</i>                                                                         | 1         | SINEMET        |                                  |
| <i>pramipexole dihydrochloride 0.125 mg tab, 0.25 mg tab, 0.5 mg tab</i>                                                                      | 1         | MIRAPEX        |                                  |
| <i>ropinirole hcl 0.25 mg tab, 0.5 mg tab</i>                                                                                                 | 1         | REQUIP         |                                  |
| <b>ANTIPSYCHOTICS/ANTIMANIC AGENTS</b>                                                                                                        |           |                |                                  |
| <b>Antimanic Agents</b>                                                                                                                       |           |                |                                  |
| <i>lithium carbonate 150 mg cap, 600 mg cap</i>                                                                                               | 1         |                | 90 Days Supply Drug              |
| <i>lithium carbonate 300 mg cap</i>                                                                                                           | 1         | ESKALITH       | 90 Days Supply Drug              |
| <i>lithium carbonate 300 mg tab</i>                                                                                                           | 1         | LITHOBID       | 90 Days Supply Drug              |
| <i>lithium carbonate er 450 mg tab er</i>                                                                                                     | 1         | ESKALITH CR    | 90 Days Supply Drug              |
| <i>lithium carbonate er 300 mg tab er</i>                                                                                                     | 1         | LITHOBID       | 90 Days Supply Drug              |
| <b>Antipsychotics - Misc.</b>                                                                                                                 |           |                |                                  |
| <i>lurasidone hcl 120 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab</i>                                                                  | 1         |                | PA                               |
| <i>ziprasidone hcl 20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap</i>                                                                             | 1         | GEODON         | 90 Days Supply Drug, AL          |
| <b>Benzisoxazoles</b>                                                                                                                         |           |                |                                  |
| INVEGA HAFYERA 1092 mg/3.5ml im susp pfs, 1560 mg/5ml im susp pfs                                                                             | 1         |                | 90 Days Supply Drug              |
| INVEGA SUSTENNA 117 mg/0.75ml im susp pfs, 156 mg/ml im susp pfs, 234 mg/1.5ml im susp pfs, 39 mg/0.25ml im susp pfs, 78 mg/0.5ml im susp pfs | 1         |                | 90 Days Supply Drug, AL          |
| INVEGA TRINZA 273 mg/0.88ml im susp pfs, 410 mg/1.32ml im susp pfs, 546 mg/1.75ml im susp pfs, 819 mg/2.63ml im susp pfs                      | 1         |                | 90 Days Supply Drug, AL          |
| <i>paliperidone er 1.5 mg tab er 24 hr, 3 mg tab er 24 hr, 6 mg tab er 24 hr, 9 mg tab er 24 hr</i>                                           | 1         | INVEGA         | AL                               |

| Drug Name                                                                                                                            | Drug Tier | Reference Name | Requirements/Limits <sup>1</sup>      |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------|---------------------------------------|
| <i>risperidone 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab</i>                                                   | 1         | RISPERDAL      | 90 Days Supply Drug, AL               |
| <b>Butyrophenones</b>                                                                                                                |           |                |                                       |
| <i>haloperidol 0.5 mg tab, 1 mg tab, 10 mg tab, 2 mg tab, 20 mg tab, 5 mg tab</i>                                                    | 1         | HALDOL         | 90 Days Supply Drug, AL               |
| <i>haloperidol decanoate 100 mg/ml im soln, 50 mg/ml im soln</i>                                                                     | 1         | HALDOL         | 90 Days Supply Drug, AL               |
| <b>Dibenzapines</b>                                                                                                                  |           |                |                                       |
| <i>clozapine 25 mg tab</i>                                                                                                           | 1         | CLOZARIL       | 90 Days Supply Drug, QL(120 / 25), AL |
| <i>clozapine 100 mg tab</i>                                                                                                          | 1         | CLOZARIL       | 90 Days Supply Drug, QL(270 / 25), AL |
| <i>olanzapine 10 mg tab, 15 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab, 7.5 mg tab</i>                                                  | 1         | ZYPREXA        | 90 Days Supply Drug, QL(30 / 25), AL  |
| <i>olanzapine 10 mg tab disint, 15 mg tab disint, 20 mg tab disint, 5 mg tab disint</i>                                              | 1         | ZYPREXA ZYDIS  | 90 Days Supply Drug, QL(30 / 25), AL  |
| <i>quetiapine fumarate 100 mg tab, 200 mg tab, 300 mg tab, 400 mg tab</i>                                                            | 1         | SEROQUEL       | 90 Days Supply Drug, QL(60 / 25), AL  |
| <i>quetiapine fumarate 25 mg tab, 50 mg tab</i>                                                                                      | 1         | SEROQUEL       | 90 Days Supply Drug, QL(90 / 30), AL  |
| <i>quetiapine fumarate er 150 mg tab er 24 hr, 200 mg tab er 24 hr, 300 mg tab er 24 hr, 400 mg tab er 24 hr, 50 mg tab er 24 hr</i> | 1         | SEROQUEL XR    | 90 Days Supply Drug, QL(60 / 25), AL  |
| <b>Phenothiazines</b>                                                                                                                |           |                |                                       |
| <i>fluphenazine decanoate 25 mg/ml inj soln</i>                                                                                      | 1         | PROLIXIN       | 90 Days Supply Drug, AL               |
| <i>fluphenazine hcl 1 mg tab, 10 mg tab, 5 mg tab</i>                                                                                | 1         | PROLIXIN       | 90 Days Supply Drug, AL               |
| <i>fluphenazine hcl 2.5 mg/5ml oral elix</i>                                                                                         | 1         | PROLIXIN       | 90 Days Supply Drug, AL               |
| <i>perphenazine 2 mg tab, 4 mg tab</i>                                                                                               | 1         | TRILAFON       | 90 Days Supply Drug, AL               |
| <i>prochlorperazine maleate 10 mg tab, 5 mg tab</i>                                                                                  | 1         | COMPAZINE      | 90 Days Supply Drug, AL               |

| Drug Name                                                                                                                                         | Drug Tier | Reference Name | Requirements/Limits <sup>1</sup> |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------|----------------------------------|
| <i>trifluoperazine hcl 1 mg tab, 10 mg tab, 2 mg tab, 5 mg tab</i>                                                                                | 1         | STELAZINE      | 90 Days Supply Drug, AL          |
| <b>Quinolinone Derivatives</b>                                                                                                                    |           |                |                                  |
| ABILIFY MAINTENA 300 mg im pfs, 300 mg Intramuscular Suspension Reconstituted ER, 400 mg im pfs, 400 mg Intramuscular Suspension Reconstituted ER | 1         |                |                                  |
| <i>aripiprazole 10 mg tab, 15 mg tab, 2 mg tab, 20 mg tab, 30 mg tab, 5 mg tab</i>                                                                | 1         | ABILIFY        | 90 Days Supply Drug, AL          |
| ARISTADA 441 mg/1.6ml im pfs                                                                                                                      | 1         |                | QL(1.6 / 30), AL                 |
| ARISTADA 662 mg/2.4ml im pfs                                                                                                                      | 1         |                | QL(2.4 / 30), AL                 |
| ARISTADA 882 mg/3.2ml im pfs                                                                                                                      | 1         |                | QL(3.2 / 30), AL                 |
| ARISTADA 1064 mg/3.9ml im pfs                                                                                                                     | 1         |                | QL(3.9 / 60), AL                 |
| ARISTADA INITIO 675 mg/2.4ml im pfs                                                                                                               | 1         |                | QL(2.4 / 30), AL                 |
| <b>Thioxanthenes</b>                                                                                                                              |           |                |                                  |
| <i>thiothixene 2 mg cap</i>                                                                                                                       | 1         | NAVANE         | 90 Days Supply Drug, AL          |
| <b>ANTIVIRALS</b>                                                                                                                                 |           |                |                                  |
| <b>Antiretrovirals</b>                                                                                                                            |           |                |                                  |
| DESCOVY 200-25 mg tab                                                                                                                             | 1         |                | Alliance Enrollees only, PA      |
| <i>emtricitabine-tenofovir df 200-300 mg tab</i>                                                                                                  | 1         | TRUVADA        | QL(30 / 30)                      |
| LAGEVRIO 200 mg cap                                                                                                                               | 1         |                | QL(40 / 5), AL                   |
| PAXLOVID (300/100) 20 x 150 MG & 10 x 100mg tab pack                                                                                              | 1         |                | QL(30 / 5), AL                   |
| <b>Hepatitis Agents</b>                                                                                                                           |           |                |                                  |
| <i>adefovir dipivoxil 10 mg tab</i>                                                                                                               | 1         | HEPSERA        | SP                               |
| <i>entecavir 0.5 mg tab, 1 mg tab</i>                                                                                                             | 1         | BARACLUDE      |                                  |
| <i>lamivudine 100 mg tab</i>                                                                                                                      | 1         | EPIVIR HBV     |                                  |
| MAVYRET 100-40 mg tab                                                                                                                             | 1         |                | SP                               |
| <i>sofosbuvir-velpatasvir 400-100 mg tab</i>                                                                                                      | 1         | EPCLUSA        | Non-preferred require PA, PA     |
| <b>Herpes Agents</b>                                                                                                                              |           |                |                                  |
| <i>acyclovir 200 mg cap, 400 mg tab, 800 mg tab</i>                                                                                               | 1         | ZOVIRAX        |                                  |
| <i>acyclovir 200 mg/5ml susp</i>                                                                                                                  | 1         | ZOVIRAX        |                                  |

| Drug Name                                                                                                       | Drug Tier | Reference Name | Requirements/Limits <sup>1</sup>  |
|-----------------------------------------------------------------------------------------------------------------|-----------|----------------|-----------------------------------|
| <i>famciclovir 250 mg tab, 500 mg tab</i>                                                                       | 1         | FAMVIR         |                                   |
| <i>valacyclovir hcl 1 gm tab, 500 mg tab</i>                                                                    | 1         | VALTREX        |                                   |
| <b>Influenza Agents</b>                                                                                         |           |                |                                   |
| <i>oseltamivir phosphate 30 mg cap, 45 mg cap, 75 mg cap</i>                                                    | 1         | TAMIFLU        |                                   |
| <i>oseltamivir phosphate 6 mg/ml susp</i>                                                                       | 1         | TAMIFLU        |                                   |
| <i>rimantadine hcl 100 mg tab</i>                                                                               | 1         | FLUMADINE      |                                   |
| TAMIFLU 30 mg cap, 45 mg cap, 75 mg cap                                                                         | 1         |                |                                   |
| <b>BETA BLOCKERS</b>                                                                                            |           |                |                                   |
| <b>Alpha-beta Blockers</b>                                                                                      |           |                |                                   |
| <i>carvedilol 12.5 mg tab, 25 mg tab, 3.125 mg tab, 6.25 mg tab</i>                                             | 1         | COREG          | 90 Days Supply Drug, QL(120 / 30) |
| <i>labetalol hcl 100 mg tab, 200 mg tab, 300 mg tab</i>                                                         | 1         | NORMODYNE      | 90 Days Supply Drug               |
| <b>Beta Blockers Cardio-selective</b>                                                                           |           |                |                                   |
| <i>atenolol 100 mg tab, 25 mg tab, 50 mg tab</i>                                                                | 1         | TENORMIN       | 90 Days Supply Drug               |
| <i>bisoprolol fumarate 10 mg tab, 5 mg tab</i>                                                                  | 1         | ZEBETA         | 90 Days Supply Drug               |
| <i>metoprolol succinate er 100 mg tab er 24 hr, 200 mg tab er 24 hr, 25 mg tab er 24 hr, 50 mg tab er 24 hr</i> | 1         | TOPROL XL      | 90 Days Supply Drug               |
| <i>metoprolol tartrate 100 mg tab, 25 mg tab, 50 mg tab</i>                                                     | 1         | LOPRESSOR      | 90 Days Supply Drug               |
| <b>Beta Blockers Non-selective</b>                                                                              |           |                |                                   |
| <i>nadolol 20 mg tab, 40 mg tab</i>                                                                             | 1         | CORGARD        | 90 Days Supply Drug               |
| <i>propranolol hcl 10 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab</i>                                    | 1         | INDERAL        | 90 Days Supply Drug               |
| <i>propranolol hcl 20 mg/5ml soln</i>                                                                           | 1         | INDERAL        | 90 Days Supply Drug               |
| <i>propranolol hcl er 120 mg cap er 24 hr, 60 mg cap er 24 hr, 80 mg cap er 24 hr</i>                           | 1         | INDERAL LA     | 90 Days Supply Drug               |
| <i>sotalol hcl 80 mg tab</i>                                                                                    | 1         | BETAPACE       | 90 Days Supply Drug               |
| <b>CALCIUM CHANNEL BLOCKERS</b>                                                                                 |           |                |                                   |
| <b>Calcium Channel Blockers</b>                                                                                 |           |                |                                   |

| Drug Name                                                                                                                                    | Drug Tier | Reference Name | Requirements/Limits <sup>1</sup> |
|----------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------|----------------------------------|
| <i>amlodipine besylate 10 mg tab, 2.5 mg tab, 5 mg tab</i>                                                                                   | 1         | NORVASC        | 90 Days Supply Drug, QL(30 / 30) |
| <i>diltiazem hcl 120 mg tab, 30 mg tab, 60 mg tab, 90 mg tab</i>                                                                             | 1         | CARDIZEM       | 90 Days Supply Drug              |
| <i>diltiazem hcl er 120 mg cap er 12 hr, 60 mg cap er 12 hr, 90 mg cap er 12 hr</i>                                                          | 1         | CARDIZEM       | 90 Days Supply Drug              |
| <i>diltiazem hcl er 120 mg cap er 24 hr, 240 mg cap er 24 hr</i>                                                                             | 1         | DILACOR XR     | 90 Days Supply Drug              |
| <i>diltiazem hcl er beads 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr, 360 mg cap er 24 hr, 420 mg cap er 24 hr</i>        | 1         | TIAZAC         | 90 Days Supply Drug              |
| <i>diltiazem hcl er coated beads 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr, 360 mg cap er 24 hr</i> | 1         | CARDIZEM CD    | 90 Days Supply Drug              |
| <i>diltiazem hcl er coated beads 300 mg tab er 24 hr</i>                                                                                     | 1         | CARDIZEM LA    | 90 Days Supply Drug              |
| <i>nifedipine 10 mg cap, 20 mg cap</i>                                                                                                       | 1         | PROCARDIA      | 90 Days Supply Drug              |
| <i>nifedipine er 30 mg tab er 24 hr, 60 mg tab er 24 hr, 90 mg tab er 24 hr</i>                                                              | 1         | ADALAT CC      | 90 Days Supply Drug              |
| <i>nifedipine er osmotic release 30 mg tab er 24 hr, 60 mg tab er 24 hr, 90 mg tab er 24 hr</i>                                              | 1         | PROCARDIA XL   | 90 Days Supply Drug              |
| <i>verapamil hcl 120 mg tab, 40 mg tab, 80 mg tab</i>                                                                                        | 1         | CALAN          | 90 Days Supply Drug              |
| <i>verapamil hcl er 120 mg tab er, 180 mg tab er, 240 mg tab er</i>                                                                          | 1         | CALAN          | 90 Days Supply Drug              |
| <i>verapamil hcl er 120 mg cap er 24 hr, 180 mg cap er 24 hr, 300 mg cap er 24 hr</i>                                                        | 1         | VERELAN        | 90 Days Supply Drug              |
| <b>CARDIOTONICS</b>                                                                                                                          |           |                |                                  |
| <b>Cardiac Glycosides</b>                                                                                                                    |           |                |                                  |
| <i>digoxin 125 mcg tab, 250 mcg tab</i>                                                                                                      | 1         | LANOXIN        |                                  |
| <i>digoxin 0.05 mg/ml soln</i>                                                                                                               | 1         | LANOXIN        |                                  |
| <b>CARDIOVASCULAR AGENTS - MISC.</b>                                                                                                         |           |                |                                  |
| <b>Cardiovascular Agents Misc. - Combinations</b>                                                                                            |           |                |                                  |
| <i>ENTRESTO 24-26 mg tab, 49-51 mg tab, 97-103 mg tab</i>                                                                                    | 1         |                |                                  |

| Drug Name                                                                         | Drug Tier | Reference Name | Requirements/Limits <sup>1</sup> |
|-----------------------------------------------------------------------------------|-----------|----------------|----------------------------------|
| <i>isosorb dinitrate-hydralazine 20-37.5 mg tab</i>                               | 1         | BIDIL          |                                  |
| <b>Pulmonary Hypertension - Endothelin Receptor Antagonists</b>                   |           |                |                                  |
| <i>ambrisentan 10 mg tab, 5 mg tab</i>                                            | 1         | LETAIRIS       | SP, PA                           |
| <b>Pulmonary Hypertension - Phosphodiesterase Inhibitors</b>                      |           |                |                                  |
| <i>sildenafil citrate 20 mg tab</i>                                               | 1         | REVATIO        | SP, QL(90 / 30)                  |
| <b>CENTRAL NERVOUS SYSTEM AGENTS</b>                                              |           |                |                                  |
| <b>Central Nervous System, Other - Miscellaneous Central Nervous System Drugs</b> |           |                |                                  |
| INGREZZA 40 & 80 mg cap pack, 40 mg cap, 80 mg cap                                | 1         |                | PA                               |
| <b>CEPHALOSPORINS</b>                                                             |           |                |                                  |
| <b>Cephalosporins - 1st Generation</b>                                            |           |                |                                  |
| <i>cefadroxil 1 gm tab, 500 mg cap</i>                                            | 1         | DURICEF        |                                  |
| <i>cephalexin 250 mg cap, 500 mg cap</i>                                          | 1         | KEFLEX         |                                  |
| <i>cephalexin 125 mg/5ml susp, 250 mg/5ml susp</i>                                | 1         | KEFLEX         |                                  |
| <b>Cephalosporins - 2nd Generation</b>                                            |           |                |                                  |
| <i>cefaclor 500 mg cap</i>                                                        | 1         | CECLOR         |                                  |
| <i>cefaclor 250 mg/5ml susp</i>                                                   | 1         | CECLOR         |                                  |
| <i>cefprozil 250 mg tab</i>                                                       | 1         | CEFZIL         |                                  |
| <i>cefprozil 125 mg/5ml susp, 250 mg/5ml susp</i>                                 | 1         | CEFZIL         |                                  |
| <i>cefuroxime axetil 250 mg tab, 500 mg tab</i>                                   | 1         | CEFTIN         |                                  |
| <b>Cephalosporins - 3rd Generation</b>                                            |           |                |                                  |
| <i>cefdinir 300 mg cap</i>                                                        | 1         | OMNICEF        |                                  |
| <i>cefdinir 125 mg/5ml susp, 250 mg/5ml susp</i>                                  | 1         | OMNICEF        |                                  |
| <b>CONTRACEPTIVES</b>                                                             |           |                |                                  |
| <b>Combination Contraceptives - Oral</b>                                          |           |                |                                  |
| ALTAVERA 0.15-30 mg-mcg tab                                                       | 1         |                |                                  |
| <i>alyacen 1/35 1-35 mg-mcg tab</i>                                               | 1         |                |                                  |
| APRI 0.15-30 mg-mcg tab                                                           | 1         |                |                                  |
| ARANELLE 0.5/1/0.5-35 mg-mcg tab                                                  | 1         |                |                                  |
| ASHLYNA 0.15-0.03 & 0.01 mg tab                                                   | 1         |                |                                  |
| AVIANE 0.1-20 mg-mcg tab                                                          | 1         |                |                                  |
| BALZIVA 0.4-35 mg-mcg tab                                                         | 1         |                |                                  |



| Drug Name                                           | Drug Tier | Reference Name | Requirements/Limits <sup>1</sup> |
|-----------------------------------------------------|-----------|----------------|----------------------------------|
| BLISOVI FE 1.5/30 1.5-30 mg-mcg tab                 | 1         |                |                                  |
| BLISOVI FE 1/20 1-20 mg-mcg tab                     | 1         |                |                                  |
| CAMRESE 0.15-0.03 & 0.01 mg tab                     | 1         |                |                                  |
| CAMRESE LO 0.1-0.02 & 0.01 mg tab                   | 1         |                |                                  |
| CRYSELLE-28 0.3-30 mg-mcg tab                       | 1         |                |                                  |
| CYCLAFEM 1/35 1-35 mg-mcg tab                       | 1         |                |                                  |
| CYCLAFEM 7/7/7 0.5/0.75/1-35 mg-mcg tab             | 1         |                |                                  |
| DASETTA 1/35 1-35 mg-mcg tab                        | 1         |                |                                  |
| DASETTA 7/7/7 0.5/0.75/1-35 mg-mcg tab              | 1         |                |                                  |
| DAYSEE 0.15-0.03 & 0.01 mg tab                      | 1         |                |                                  |
| <i>drospirenone-ethinyl estradiol 3-0.03 mg tab</i> | 1         | YASMIN         |                                  |
| <i>drospirenone-ethinyl estradiol 3-0.02 mg tab</i> | 1         | YAZ            |                                  |
| ELINEST 0.3-30 mg-mcg tab                           | 1         |                |                                  |
| EMOQUETTE 0.15-30 mg-mcg tab                        | 1         |                |                                  |
| ENPRESSE-28 50-30/75-40/ 125-30 mcg tab             | 1         |                |                                  |
| ENSKYCE 0.15-30 mg-mcg tab                          | 1         |                |                                  |
| ESTARYLLA 0.25-35 mg-mcg tab                        | 1         |                |                                  |
| FALMINA 0.1-20 mg-mcg tab                           | 1         |                |                                  |
| GIANVI 3-0.02 mg tab                                | 1         |                |                                  |
| JULEBER 0.15-30 mg-mcg tab                          | 1         |                |                                  |
| JUNEL 1.5/30 1.5-30 mg-mcg tab                      | 1         |                |                                  |
| JUNEL 1/20 1-20 mg-mcg tab                          | 1         |                |                                  |
| JUNEL FE 1.5/30 1.5-30 mg-mcg tab                   | 1         |                |                                  |
| JUNEL FE 1/20 1-20 mg-mcg tab                       | 1         |                |                                  |
| KARIVA 0.15-0.02/0.01 mg (21/5) tab                 | 1         |                |                                  |
| KURVELO 0.15-30 mg-mcg tab                          | 1         |                |                                  |
| LARIN 1.5/30 1.5-30 mg-mcg tab                      | 1         |                |                                  |
| LARIN 1/20 1-20 mg-mcg tab                          | 1         |                |                                  |
| LARIN FE 1.5/30 1.5-30 mg-mcg tab                   | 1         |                |                                  |
| LARIN FE 1/20 1-20 mg-mcg tab                       | 1         |                |                                  |

| Drug Name                                                        | Drug Tier | Reference Name  | Requirements/Limits <sup>1</sup> |
|------------------------------------------------------------------|-----------|-----------------|----------------------------------|
| LARISSIA 0.1-20 mg-mcg tab                                       | 1         |                 |                                  |
| LESSINA 0.1-20 mg-mcg tab                                        | 1         |                 |                                  |
| <i>levonorgest-eth estrad 91-day 0.1-0.02 &amp; 0.01 mg tab</i>  | 1         | LOSEASONIQUE    |                                  |
| <i>levonorgest-eth estrad 91-day 0.15-0.03 &amp; 0.01 mg tab</i> | 1         | SEASONIQUE      |                                  |
| <i>levonorgestrel-ethinyl estrad 0.1-20 mg-mcg tab</i>           | 1         | ALESSE          |                                  |
| <i>levonorgestrel-ethinyl estrad 0.15-30 mg-mcg tab</i>          | 1         | NORDETTE        |                                  |
| <i>levonorg-eth estrad triphasic 50-30/75-40/ 125-30 mcg tab</i> | 1         | ENPRESSE 28 DAY |                                  |
| LEVORA 0.15/30 (28) 0.15-30 mg-mcg tab                           | 1         |                 |                                  |
| LILLOW 0.15-30 mg-mcg tab                                        | 1         |                 |                                  |
| LOESTRIN 1.5/30 (21) 1.5-30 mg-mcg tab                           | 1         |                 |                                  |
| LOESTRIN FE 1.5/30 1.5-30 mg-mcg tab                             | 1         |                 |                                  |
| LORYNA 3-0.02 mg tab                                             | 1         |                 |                                  |
| LOW-OGESTREL 0.3-30 mg-mcg tab                                   | 1         |                 |                                  |
| LUTERA 0.1-20 mg-mcg tab                                         | 1         |                 |                                  |
| <i>marlissa 0.15-30 mg-mcg tab</i>                               | 1         | NORDETTE        |                                  |
| MICROGESTIN 1.5/30 1.5-30 mg-mcg tab                             | 1         |                 |                                  |
| MICROGESTIN 1/20 1-20 mg-mcg tab                                 | 1         |                 |                                  |
| MICROGESTIN FE 1.5/30 1.5-30 mg-mcg tab                          | 1         |                 |                                  |
| MICROGESTIN FE 1/20 1-20 mg-mcg tab                              | 1         |                 |                                  |
| MILI 0.25-35 mg-mcg tab                                          | 1         |                 |                                  |
| MIRCETTE 0.15-0.02/0.01 mg (21/5) tab                            | 1         |                 |                                  |
| MONO-LINYAH 0.25-35 mg-mcg tab                                   | 1         |                 |                                  |
| MONONESSA 0.25-35 mg-mcg tab                                     | 1         |                 |                                  |
| MYZILRA 50-30/75-40/ 125-30 mcg tab                              | 1         |                 |                                  |

| Drug Name                                                           | Drug Tier | Reference Name    | Requirements/Limits <sup>1</sup> |
|---------------------------------------------------------------------|-----------|-------------------|----------------------------------|
| NECON 0.5/35 (28) 0.5-35 mg-mcg tab                                 | 1         |                   |                                  |
| NIKKI 3-0.02 mg tab                                                 | 1         |                   |                                  |
| <i>norethin ace-eth estrad-fe 1-20 mg-mcg tab</i>                   | 1         | LOESTRIN FE       |                                  |
| <i>norethindrone acet-ethinyl est 1-20 mg-mcg tab</i>               | 1         | LOESTRIN          |                                  |
| <i>norgestimate-eth estradiol 0.25-35 mg-mcg tab</i>                | 1         | ORTHO-CYCLEN (28) |                                  |
| <i>norgestim-eth estrad triphasic 0.18/0.215/0.25 mg-35 mcg tab</i> | 1         | ORTHO TRI-CYCLEN  |                                  |
| NORTREL 1/35 (21) 1-35 mg-mcg tab                                   | 1         |                   |                                  |
| NORTREL 1/35 (28) 1-35 mg-mcg tab                                   | 1         |                   |                                  |
| NORTREL 7/7/7 0.5/0.75/1-35 mg-mcg tab                              | 1         |                   |                                  |
| OCELLA 3-0.03 mg tab                                                | 1         |                   |                                  |
| ORSYTHIA 0.1-20 mg-mcg tab                                          | 1         |                   |                                  |
| ORTHO TRI-CYCLEN (28) 0.18/0.215/0.25 mg-35 mcg tab                 | 1         |                   |                                  |
| ORTHO-NOVUM 1/35 (28) 1-35 mg-mcg tab                               | 1         |                   |                                  |
| PIMTREA 0.15-0.02/0.01 mg (21/5) tab                                | 1         |                   |                                  |
| PORTIA-28 0.15-30 mg-mcg tab                                        | 1         |                   |                                  |
| RECLIPSEN 0.15-30 mg-mcg tab                                        | 1         |                   |                                  |
| SPRINTEC 28 0.25-35 mg-mcg tab                                      | 1         |                   |                                  |
| SRONYX 0.1-20 mg-mcg tab                                            | 1         |                   |                                  |
| SYEDA 3-0.03 mg tab                                                 | 1         |                   |                                  |
| TRI FEMYNOR 0.18/0.215/0.25 mg-35 mcg tab                           | 1         |                   |                                  |
| TRI-LEGEST FE 1-20/1-30/1-35 mg-mcg tab                             | 1         |                   |                                  |
| TRI-LINYAH 0.18/0.215/0.25 mg-35 mcg tab                            | 1         |                   |                                  |
| TRI-SPRINTEC 0.18/0.215/0.25 mg-35 mcg tab                          | 1         |                   |                                  |
| VIENVA 0.1-20 mg-mcg tab                                            | 1         |                   |                                  |

| Drug Name                                                                   | Drug Tier | Reference Name  | Requirements/Limits <sup>1</sup> |
|-----------------------------------------------------------------------------|-----------|-----------------|----------------------------------|
| <i>viorele 0.15-0.02/0.01 mg (21/5) tab</i>                                 | 1         | MIRCETTE        |                                  |
| WERA 0.5-35 mg-mcg tab                                                      | 1         |                 |                                  |
| ZARAH 3-0.03 mg tab                                                         | 1         |                 |                                  |
| <b>Combination Contraceptives - Transdermal</b>                             |           |                 |                                  |
| XULANE 150-35 mcg/24hr tdwk patch                                           | 1         |                 | QL(3 / 25)                       |
| <b>Combination Contraceptives - Vaginal</b>                                 |           |                 |                                  |
| <i>etonogestrel-ethinyl estradiol 0.12-0.015 mg/24hr vag ring</i>           | 1         | NUVARING        | QL(1 / 25)                       |
| <b>Emergency Contraceptives</b>                                             |           |                 |                                  |
| AFTERA 1.5 mg tab                                                           | 1         |                 |                                  |
| ELLA 30 mg tab                                                              | 1         |                 |                                  |
| <i>levonorgestrel 1.5 mg tab</i>                                            | 1         | PLAN B ONE-STEP |                                  |
| MY WAY 1.5 mg tab                                                           | 1         |                 |                                  |
| OPCICON ONE-STEP 1.5 mg tab                                                 | 1         |                 |                                  |
| OPTION 2 1.5 mg tab                                                         | 1         |                 |                                  |
| PLAN B ONE-STEP 1.5 mg tab                                                  | 1         |                 |                                  |
| TAKE ACTION 1.5 mg tab                                                      | 1         |                 |                                  |
| <b>Progestin Contraceptives - Implants</b>                                  |           |                 |                                  |
| NEXPLANON 68 mg sc implant                                                  | 1         |                 |                                  |
| <b>Progestin Contraceptives - Injectable</b>                                |           |                 |                                  |
| <i>medroxyprogesterone acetate 150 mg/ml im susp, 150 mg/ml im susp pfs</i> | 1         | DEPO-PROVERA    |                                  |
| <b>Progestin Contraceptives - Oral</b>                                      |           |                 |                                  |
| CAMILA 0.35 mg tab                                                          | 1         |                 |                                  |
| DEBLITANE 0.35 mg tab                                                       | 1         |                 |                                  |
| ERRIN 0.35 mg tab                                                           | 1         |                 |                                  |
| HEATHER 0.35 mg tab                                                         | 1         |                 |                                  |
| JENCYCLA 0.35 mg tab                                                        | 1         |                 |                                  |
| JOLIVETTE 0.35 mg tab                                                       | 1         |                 |                                  |
| NORA-BE 0.35 mg tab                                                         | 1         |                 |                                  |
| <i>norethindrone 0.35 mg tab</i>                                            | 1         | NOR-QD          |                                  |
| SHAROBEL 0.35 mg tab                                                        | 1         |                 |                                  |
| <b>CORTICOSTEROIDS</b>                                                      |           |                 |                                  |
| <b>Glucocorticosteroids</b>                                                 |           |                 |                                  |
| <i>budesonide 3 mg cap dr prt</i>                                           | 1         | ENTOCORT        |                                  |
| <i>dexamethasone 1 mg tab, 2 mg tab</i>                                     | 1         |                 |                                  |
| <i>dexamethasone 0.5 mg/5ml soln</i>                                        | 1         |                 |                                  |

| Drug Name                                                                                                                                                           | Drug Tier | Reference Name                | Requirements/Limits <sup>1</sup> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------|----------------------------------|
| <i>dexamethasone 0.5 mg/5ml oral elix</i>                                                                                                                           | 1         | BAYCADRON                     |                                  |
| <i>dexamethasone 0.5 mg tab, 4 mg tab, 6 mg tab</i>                                                                                                                 | 1         | DECADRON                      |                                  |
| <i>hydrocortisone 10 mg tab, 20 mg tab, 5 mg tab</i>                                                                                                                | 1         | CORTEF                        |                                  |
| <i>methylprednisolone 32 mg tab, 4 mg tab, 4 mg tab pack</i>                                                                                                        | 1         | MEDROL                        |                                  |
| <i>prednisolone sodium phosphate 25 mg/5ml soln</i>                                                                                                                 | 1         |                               |                                  |
| <i>prednisolone sodium phosphate 10 mg/5ml soln</i>                                                                                                                 | 1         | MILLIPRED                     |                                  |
| <i>prednisolone sodium phosphate 15 mg tab disint, 30 mg tab disint</i>                                                                                             | 1         | ORAPRED                       |                                  |
| <i>prednisolone sodium phosphate 15 mg/5ml soln</i>                                                                                                                 | 1         | ORAPRED                       |                                  |
| <i>prednisolone sodium phosphate 6.7 (5 Base) mg/5ml soln</i>                                                                                                       | 1         | PEDIAPRED                     |                                  |
| <i>prednisone 1 mg tab, 10 mg (21) tab pack, 10 mg (48) tab pack, 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg (21) tab pack, 5 mg (48) tab pack, 5 mg tab, 50 mg tab</i> | 1         |                               |                                  |
| <i>prednisone 5 mg/5ml soln</i>                                                                                                                                     | 1         |                               |                                  |
| <b>Mineralocorticoids</b>                                                                                                                                           |           |                               |                                  |
| <i>fludrocortisone acetate 0.1 mg tab</i>                                                                                                                           | 1         | FLORINEF                      |                                  |
| <b>COUGH/COLD/ALLERGY</b>                                                                                                                                           |           |                               |                                  |
| <b>Antitussives</b>                                                                                                                                                 |           |                               |                                  |
| <i>benzonatate 100 mg cap, 200 mg cap</i>                                                                                                                           | 1         | TESSALON                      |                                  |
| <i>benzonatate 150 mg cap</i>                                                                                                                                       | 1         | ZONATUSS                      |                                  |
| <i>dextromethorphan polistirex er 30 mg/5ml susp er</i>                                                                                                             | 1         | DELSYM                        |                                  |
| <b>Cough/cold/allergy Combinations</b>                                                                                                                              |           |                               |                                  |
| <i>all day allergy-d 5-120 mg tab er 12 hr</i>                                                                                                                      | 1         | ZYRTEC-D ALLERGY & CONGESTION |                                  |
| <i>allergy relief d-24 10-240 mg tab er 24 hr</i>                                                                                                                   | 1         |                               | QL(30 / 30)                      |
| <i>allergy/congestion relief 5-120 mg tab er 12 hr</i>                                                                                                              | 1         |                               |                                  |

| Drug Name                                                      | Drug Tier | Reference Name                | Requirements/Limits <sup>1</sup> |
|----------------------------------------------------------------|-----------|-------------------------------|----------------------------------|
| <i>cetirizine-pseudoephedrine er 5-120 mg tab er 12 hr</i>     | 1         | ZYRTEC-D ALLERGY & CONGESTION |                                  |
| <i>cheratussin ac 100-10 mg/5ml syr</i>                        | 1         |                               |                                  |
| <i>dextromethorphan-guaifenesin 10-100 mg/5ml syr</i>          | 1         |                               |                                  |
| <i>fexofenadine-pseudoephed er 60-120 mg tab er 12 hr</i>      | 1         | ALLEGRA-D 12 HOUR             | QL(60 / 30)                      |
| <i>gnp tussin dm 20-200 mg/10ml liq</i>                        | 1         |                               |                                  |
| <i>guaifenesin-codeine 100-10 mg/5ml soln</i>                  | 1         |                               |                                  |
| <i>guaifenesin-dm 100-10 mg/5ml syr</i>                        | 1         |                               |                                  |
| <i>hm allergy &amp; congestion 5-120 mg tab er 12 hr</i>       | 1         |                               |                                  |
| <i>hm allergy relief/nasal decong 10-240 mg tab er 24 hr</i>   | 1         |                               | QL(30 / 30)                      |
| <i>hm tussin adult dm 100-10 mg/5ml liq</i>                    | 1         |                               |                                  |
| <i>loratadine-d 24hr 10-240 mg tab er 24 hr</i>                | 1         |                               | QL(30 / 30)                      |
| <i>promethazine-dm 6.25-15 mg/5ml soln, 6.25-15 mg/5ml syr</i> | 1         |                               |                                  |
| <i>pseudoeph-bromphen-dm 30-2-10 mg/5ml syr</i>                | 1         |                               |                                  |
| <i>sm all day allergy-d 5-120 mg tab er 12 hr</i>              | 1         | ZYRTEC-D ALLERGY & CONGESTION |                                  |
| <i>sm loratadine d 5-120 mg tab er 12 hr</i>                   | 1         |                               |                                  |
| <i>sm lorata-dine d 10-240 mg tab er 24 hr</i>                 | 1         |                               | QL(30 / 30)                      |
| <i>sm tussin dm 100-10 mg/5ml syr</i>                          | 1         |                               |                                  |
| <i>tussin dm 100-10 mg/5ml syr</i>                             | 1         |                               |                                  |
| <b>Expectorants</b>                                            |           |                               |                                  |
| <i>cough syrup 100 mg/5ml liq</i>                              | 1         |                               |                                  |
| <i>gnp tussin 100 mg/5ml syr</i>                               | 1         |                               |                                  |
| <i>gnp tussin mucus &amp; chest cong 100 mg/5ml liq</i>        | 1         |                               |                                  |
| <i>guaifenesin 100 mg/5ml liq, 100 mg/5ml soln</i>             | 1         |                               |                                  |
| <i>sm tussin mucus+chest congest 100 mg/5ml liq</i>            | 1         |                               |                                  |

| Drug Name                                                           | Drug Tier | Reference Name | Requirements/Limits <sup>1</sup> |
|---------------------------------------------------------------------|-----------|----------------|----------------------------------|
| <i>tussin mucus+chest congestion<br/>100 mg/5ml liq</i>             | 1         |                |                                  |
| <b>DERMATOLOGICALS</b>                                              |           |                |                                  |
| <b>Acne Products</b>                                                |           |                |                                  |
| ABSORICA 40 mg cap                                                  | 1         |                |                                  |
| <i>adapalene 0.1 % crm, 0.1 % gel,<br/>0.3 % gel</i>                | 1         | DIFFERIN       |                                  |
| <i>benzoyl peroxide 10 % gel, 2.5 %<br/>gel, 5 % gel</i>            | 1         |                |                                  |
| <i>benzoyl peroxide wash 10 % ext<br/>liq, 5 % ext liq</i>          | 1         |                |                                  |
| <i>benzoyl peroxide wash 10 % ext<br/>liq, 5 % ext liq</i>          | 1         |                |                                  |
| CLARAVIS 10 mg cap, 20 mg cap,<br>30 mg cap, 40 mg cap              | 1         |                |                                  |
| <i>clindamycin phosphate 1 % swab</i>                               | 1         | CLEOCIN-T      |                                  |
| <i>clindamycin phosphate 1 % gel</i>                                | 1         | CLEOCIN-T      |                                  |
| <i>clindamycin phosphate 1 % ext<br/>soln, 1 % gel, 1 % lot</i>     | 1         | CLEOCIN-T      |                                  |
| <i>clindamycin phosphate 1 % foam</i>                               | 1         | EVOCLIN        |                                  |
| <i>dapsone 5 % gel</i>                                              | 1         | ACZONE         |                                  |
| <i>erythromycin 2 % pad</i>                                         | 1         |                |                                  |
| <i>erythromycin 2 % ext soln</i>                                    | 1         | ERYDERM        |                                  |
| <i>erythromycin 2 % gel</i>                                         | 1         | ERYGEL         |                                  |
| <i>isotretinoin 10 mg cap, 20 mg cap,<br/>30 mg cap, 40 mg cap</i>  | 1         | ABSORICA       |                                  |
| MYORISAN 10 mg cap, 20 mg cap,<br>30 mg cap, 40 mg cap              | 1         |                |                                  |
| <i>sulfacetamide sodium (acne) 10 %<br/>lot</i>                     | 1         | KLARON         |                                  |
| <i>sulfacetamide sodium-sulfur 8-4 %<br/>ext susp</i>               | 1         | SUMAXIN TS     |                                  |
| <i>tretinoin 0.05 % gel</i>                                         | 1         | ATRALIN        |                                  |
| <i>tretinoin 0.025 % gel</i>                                        | 1         | RETIN-A        |                                  |
| <i>tretinoin 0.01 % gel, 0.025 % crm,<br/>0.05 % crm, 0.1 % crm</i> | 1         | RETIN-A        | AL                               |
| ZENATANE 30 mg cap, 40 mg cap                                       | 1         |                |                                  |
| <b>Antibiotics - Topical</b>                                        |           |                |                                  |
| <i>bacitracin 500 unit/gm oint</i>                                  | 1         |                |                                  |
| <i>bacitracin 500 unit/gm oint</i>                                  | 1         |                |                                  |

| Drug Name                                                                        | Drug Tier | Reference Name | Requirements/Limits <sup>1</sup> |
|----------------------------------------------------------------------------------|-----------|----------------|----------------------------------|
| <i>bacitracin zinc 500 unit/gm oint</i>                                          | 1         |                |                                  |
| <i>bacitracin zinc 500 unit/gm oint</i>                                          | 1         |                |                                  |
| <i>bacitracin-neomycin-polymyxin 400-5-5000 oint</i>                             | 1         |                |                                  |
| <i>double antibiotic 500-10000 unit/gm oint</i>                                  | 1         |                |                                  |
| <i>gentamicin sulfate 0.1 % crm</i>                                              | 1         | GARAMYCIN      |                                  |
| <i>hm triple antibiotic 3.5-400-5000 oint</i>                                    | 1         |                |                                  |
| <i>mupirocin 2 % oint</i>                                                        | 1         | BACTROBAN      |                                  |
| <i>mupirocin calcium 2 % crm</i>                                                 | 1         | BACTROBAN      |                                  |
| <i>sm double antibiotic 500-10000 unit/gm oint</i>                               | 1         |                |                                  |
| <i>triple antibiotic 3.5-400-5000 oint</i>                                       | 1         |                |                                  |
| <i>triple antibiotic 3.5-400-5000 oint, 5-400-5000 oint</i>                      | 1         |                |                                  |
| <b>Antifungals - Topical</b>                                                     |           |                |                                  |
| <i>ciclopirox 0.77 % gel</i>                                                     | 1         | LOPROX         |                                  |
| <i>ciclopirox 1 % shampoo</i>                                                    | 1         | LOPROX         |                                  |
| <i>ciclopirox 8 % ext soln</i>                                                   | 1         | PENLAC         |                                  |
| <i>ciclopirox olamine 0.77 % crm</i>                                             | 1         | LOPROX         |                                  |
| <i>ciclopirox olamine 0.77 % ext susp</i>                                        | 1         | LOPROX         |                                  |
| <i>clotrimazole 1 % crm</i>                                                      | 1         | LOTRIMIN       |                                  |
| <i>clotrimazole anti-fungal 1 % crm</i>                                          | 1         | LOTRIMIN       |                                  |
| <i>clotrimazole-betamethasone 1-0.05 % crm</i>                                   | 1         | LOTRISONE      |                                  |
| <i>clotrimazole-betamethasone 1-0.05 % lot</i>                                   | 1         | LOTRISONE      |                                  |
| <i>econazole nitrate 1 % crm</i>                                                 | 1         | SPECTAZOLE     |                                  |
| <i>gnp terbinafine hydrochloride 1 % crm</i>                                     | 1         |                |                                  |
| <i>ketoconazole 2 % foam</i>                                                     | 1         | EXTINA         |                                  |
| <i>ketoconazole 2 % crm</i>                                                      | 1         | NIZORAL        |                                  |
| <i>ketoconazole 2 % shampoo</i>                                                  | 1         | NIZORAL        |                                  |
| <i>miconazole nitrate 2 % crm</i>                                                | 1         |                |                                  |
| <i>nystatin 100000 unit/gm crm, 100000 unit/gm ext pwdr, 100000 unit/gm oint</i> | 1         | MYCOSTATIN     |                                  |



| Drug Name                                                                         | Drug Tier | Reference Name | Requirements/Limits <sup>1</sup> |
|-----------------------------------------------------------------------------------|-----------|----------------|----------------------------------|
| <i>nystatin-triamcinolone 100000-0.1 unit/gm-% crm, 100000-0.1 unit/gm-% oint</i> | 1         | MYCOLOG        |                                  |
| <i>sm antifungal clotrimazole 1 % crm</i>                                         | 1         | LOTRIMIN       |                                  |
| <i>sm antifungal tolnaftate 1 % crm</i>                                           | 1         |                |                                  |
| <i>sm athletes foot 1 % crm</i>                                                   | 1         |                |                                  |
| <i>terbinafine hcl 1 % crm</i>                                                    | 1         |                |                                  |
| <i>tolnaftate 1 % crm, 1 % ext pwdr</i>                                           | 1         |                |                                  |
| <b>Anti-inflammatory Agents - Topical</b>                                         |           |                |                                  |
| <i>diclofenac sodium 1.5 % ext soln</i>                                           | 1         | PENNSAID       |                                  |
| <i>diclofenac sodium 1 % gel</i>                                                  | 1         | VOLTAREN       |                                  |
| <b>Antineoplastic Or Premalignant Lesion Agents - Topical</b>                     |           |                |                                  |
| <i>diclofenac sodium 3 % gel</i>                                                  | 1         | SOLARAZE       |                                  |
| <i>fluorouracil 5 % crm</i>                                                       | 1         | EFUDEX         |                                  |
| <b>Antipsoriatics</b>                                                             |           |                |                                  |
| <i>calcipotriene 0.005 % crm, 0.005 % oint</i>                                    | 1         | DOVONEX        |                                  |
| <i>calcipotriene 0.005 % ext soln</i>                                             | 1         | DOVONEX        |                                  |
| <i>calcitriol 3 mcg/gm oint</i>                                                   | 1         | VECTICAL       |                                  |
| <i>tazarotene 0.1 % crm</i>                                                       | 1         | TAZORAC        | AL                               |
| TAZORAC 0.05 % crm                                                                | 1         |                | AL                               |
| <b>Antiseborrheic Products</b>                                                    |           |                |                                  |
| <i>selenium sulfide 2.25 % shampoo</i>                                            | 1         |                |                                  |
| <i>sulfacetamide sodium 10 % ext liq</i>                                          | 1         |                |                                  |
| <b>Burn Products</b>                                                              |           |                |                                  |
| <i>silver sulfadiazine 1 % crm</i>                                                | 1         | SILVADENE      |                                  |
| <b>Corticosteroids - Topical</b>                                                  |           |                |                                  |
| <i>alclometasone dipropionate 0.05 % crm</i>                                      | 1         | ACLOVATE       |                                  |
| <i>anti-itch maximum strength 1 % crm</i>                                         | 1         | ALA-CORT       |                                  |
| <i>betamethasone dipropionate 0.05 % crm, 0.05 % oint</i>                         | 1         | DIPROSONE      |                                  |
| <i>betamethasone dipropionate 0.05 % lot</i>                                      | 1         | DIPROSONE      |                                  |
| <i>betamethasone dipropionate aug 0.05 % crm, 0.05 % gel, 0.05 % oint</i>         | 1         | DIPROLENE      |                                  |
| <i>betamethasone dipropionate aug 0.05 % lot</i>                                  | 1         | DIPROLENE      |                                  |

| Drug Name                                                                          | Drug Tier | Reference Name  | Requirements/Limits <sup>1</sup> |
|------------------------------------------------------------------------------------|-----------|-----------------|----------------------------------|
| <i>betamethasone valerate 0.1 % crm, 0.1 % oint</i>                                | 1         | BETA-VAL        |                                  |
| <i>betamethasone valerate 0.1 % lot</i>                                            | 1         | BETA-VAL        |                                  |
| <i>betamethasone valerate 0.12 % foam</i>                                          | 1         | LUXIQ           |                                  |
| <i>clobetasol prop emollient base 0.05 % crm</i>                                   | 1         | TEMOVATE-E      |                                  |
| <i>clobetasol propionate 0.05 % lot, 0.05 % shampoo</i>                            | 1         | CLOBEX          |                                  |
| <i>clobetasol propionate 0.05 % foam</i>                                           | 1         | OLUX            |                                  |
| <i>clobetasol propionate 0.05 % gel, 0.05 % oint</i>                               | 1         | TEMOVATE        |                                  |
| <i>clobetasol propionate 0.05 % ext soln</i>                                       | 1         | TEMOVATE        |                                  |
| <i>clobetasol propionate 0.05 % crm</i>                                            | 1         | TEMOVATE-E      |                                  |
| <i>clobetasol propionate e 0.05 % crm</i>                                          | 1         | TEMOVATE-E      |                                  |
| <i>clobetasol propionate emulsion 0.05 % foam</i>                                  | 1         | OLUX-E          |                                  |
| <i>desonide 0.05 % crm, 0.05 % oint</i>                                            | 1         | DESOWEN         |                                  |
| <i>desonide 0.05 % lot</i>                                                         | 1         | DESOWEN         |                                  |
| <i>desoximetasone 0.05 % crm, 0.05 % gel, 0.05 % oint, 0.25 % crm, 0.25 % oint</i> | 1         | TOPICORT        |                                  |
| <i>diflorasone diacetate 0.05 % crm, 0.05 % oint</i>                               | 1         | PSORCON         |                                  |
| <i>fluocinolone acetonide 0.01 % crm, 0.025 % crm, 0.025 % oint</i>                | 1         | SYNALAR         |                                  |
| <i>fluocinolone acetonide 0.01 % ext soln</i>                                      | 1         | SYNALAR         |                                  |
| <i>fluocinolone acetonide body 0.01 % ext oil</i>                                  | 1         | DERMA-SMOOTH/FS |                                  |
| <i>fluocinolone acetonide scalp 0.01 % ext oil</i>                                 | 1         | DERMA-SMOOTH/FS |                                  |
| <i>fluocinonide 0.05 % crm, 0.05 % gel, 0.05 % oint</i>                            | 1         | LIDEX           |                                  |
| <i>fluocinonide 0.05 % ext soln</i>                                                | 1         | LIDEX           |                                  |
| <i>fluocinonide 0.1 % crm</i>                                                      | 1         | VANOS           |                                  |
| <i>fluticasone propionate 0.005 % oint, 0.05 % crm</i>                             | 1         | CUTIVATE        | 90 Days Supply Drug              |
| <i>gnp hydrocortisone 0.5 % crm</i>                                                | 1         |                 |                                  |

| Drug Name                                                | Drug Tier | Reference Name | Requirements/Limits <sup>1</sup> |
|----------------------------------------------------------|-----------|----------------|----------------------------------|
| <i>gnp hydrocortisone max st 1 % oint</i>                | 1         | HYTONE         |                                  |
| <i>halobetasol propionate 0.05 % crm, 0.05 % oint</i>    | 1         | ULTRAVATE      |                                  |
| <i>hydrocortisone 0.5 % crm, 0.5 % oint</i>              | 1         |                |                                  |
| <i>hydrocortisone 1 % crm</i>                            | 1         | ALA-CORT       |                                  |
| <i>hydrocortisone 1 % oint, 2.5 % crm, 2.5 % oint</i>    | 1         | HYTONE         |                                  |
| <i>hydrocortisone 2.5 % lot</i>                          | 1         | HYTONE         |                                  |
| <i>hydrocortisone butyrate 0.1 % crm, 0.1 % oint</i>     | 1         | LOCOID         |                                  |
| <i>hydrocortisone butyrate 0.1 % ext soln, 0.1 % lot</i> | 1         | LOCOID         |                                  |
| <i>hydrocortisone max st 1 % crm</i>                     | 1         | ALA-CORT       |                                  |
| <i>hydrocortisone max st/12 moist 1 % crm</i>            | 1         | ALA-CORT       |                                  |
| <i>mometasone furoate 0.1 % crm, 0.1 % oint</i>          | 1         | ELOCON         |                                  |
| <i>mometasone furoate 0.1 % ext soln</i>                 | 1         | ELOCON         |                                  |
| <i>sm hydrocortisone 1 % crm</i>                         | 1         | ALA-CORT       |                                  |
| <i>sm hydrocortisone max st 1 % oint</i>                 | 1         | HYTONE         |                                  |
| <i>triamcinolone acetonide 0.025 % oint, 0.1 % oint</i>  | 1         | KENALOG        |                                  |
| <i>triamcinolone acetonide 0.025 % lot, 0.1 % lot</i>    | 1         | KENALOG        |                                  |
| <i>triamcinolone acetonide 0.025 % crm, 0.1 % crm</i>    | 1         | TRIDERM        |                                  |
| <b>Emollients</b>                                        |           |                |                                  |
| <i>ammonium lactate 12 % crm, 12 % lot</i>               | 1         | LAC-HYDRIN     |                                  |
| <i>hm glycerin ext liq</i>                               | 1         |                |                                  |
| <b>Immunomodulating Agents - Topical</b>                 |           |                |                                  |
| <i>imiquimod 5 % crm</i>                                 | 1         | ALDARA         |                                  |
| <b>Immunosuppressive Agents - Topical</b>                |           |                |                                  |
| <i>tacrolimus 0.03 % oint, 0.1 % oint</i>                | 1         | PROTOPIC       |                                  |
| <b>Keratolytic/antimitotic Agents</b>                    |           |                |                                  |
| <i>gnp wart remover 17 % ext liq</i>                     | 1         |                |                                  |
| <i>podofilox 0.5 % ext soln</i>                          | 1         | CONDYLOX       |                                  |
| <i>wart remover maximum strength 40 % ext strip</i>      | 1         |                |                                  |

| Drug Name                                                                                  | Drug Tier | Reference Name | Requirements/Limits <sup>1</sup> |
|--------------------------------------------------------------------------------------------|-----------|----------------|----------------------------------|
| <b>Local Anesthetics - Topical</b>                                                         |           |                |                                  |
| capsaicin 0.025 % crm                                                                      | 1         |                |                                  |
| lidocaine 5 % oint                                                                         | 1         |                |                                  |
| lidocaine 5 % patch                                                                        | 1         | LIDODERM       |                                  |
| lidocaine hcl 3 % crm                                                                      | 1         | LIDAMANTLE     |                                  |
| lidocaine hcl 4 % ext soln                                                                 | 1         | XYLOCAINE      |                                  |
| lidocaine hcl urethral/mucosal 2 %<br>External Prefilled Syringe                           | 1         | GLYDO          |                                  |
| lidocaine hcl urethral/mucosal 2 %<br>gel                                                  | 1         | XYLOCAINE      |                                  |
| lidocaine-prilocaine 2.5-2.5 % crm                                                         | 1         | EMLA           |                                  |
| <b>Rosacea Agents</b>                                                                      |           |                |                                  |
| metronidazole 0.75 % crm                                                                   | 1         | METROCREAM     |                                  |
| metronidazole 0.75 % gel, 1 % gel                                                          | 1         | METROGEL       |                                  |
| <b>Scabicides &amp; Pediculicides</b>                                                      |           |                |                                  |
| gnp lice treatment 1 % ext liq                                                             | 1         |                |                                  |
| lice killing maximum strength 0.33-4 % shampoo                                             | 1         |                |                                  |
| malathion 0.5 % lot                                                                        | 1         | OVIDE          |                                  |
| permethrin 5 % crm                                                                         | 1         | ELIMITE        |                                  |
| sm lice treatment 1 % lot                                                                  | 1         |                |                                  |
| spinosad 0.9 % ext susp                                                                    | 1         |                |                                  |
| <b>Wound Care Products</b>                                                                 |           |                |                                  |
| REGANEX 0.01 % gel                                                                         | 1         |                |                                  |
| <b>DIAGNOSTIC PRODUCTS</b>                                                                 |           |                |                                  |
| <b>Diagnostic Tests</b>                                                                    |           |                |                                  |
| BINAXNOW COVID-19 AG HOME TEST in vitro kit                                                | 1         |                | QL(9 / 30)                       |
| GLUCOCARD SHINE TEST in vitro strip                                                        | 1         |                | QL(100 / 25)                     |
| QUICKVUE AT-HOME COVID-19 TEST in vitro kit                                                | 1         |                | QL(9 / 30)                       |
| <b>DIGESTIVE AIDS</b>                                                                      |           |                |                                  |
| <b>Digestive Enzymes</b>                                                                   |           |                |                                  |
| CREON 12000-38000 unit cap dr prt, 24000-76000 unit cap dr prt, 6000-19000 unit cap dr prt | 1         |                |                                  |
| <b>DIURETICS</b>                                                                           |           |                |                                  |
| <b>Carbonic Anhydrase Inhibitors</b>                                                       |           |                |                                  |

| Drug Name                                                 | Drug Tier | Reference Name | Requirements/Limits <sup>1</sup> |
|-----------------------------------------------------------|-----------|----------------|----------------------------------|
| <i>acetazolamide 125 mg tab, 250 mg tab</i>               | 1         | DIAMOX         |                                  |
| <i>acetazolamide er 500 mg cap er 12 hr</i>               | 1         | DIAMOX         |                                  |
| <i>methazolamide 50 mg tab</i>                            | 1         | NEPTAZANE      |                                  |
| <b>Diuretic Combinations</b>                              |           |                |                                  |
| <i>triamterene-hctz 37.5-25 mg cap</i>                    | 1         | DYAZIDE        | 90 Days Supply Drug              |
| <i>triamterene-hctz 37.5-25 mg tab, 75-50 mg tab</i>      | 1         | MAXZIDE        | 90 Days Supply Drug              |
| <b>Loop Diuretics</b>                                     |           |                |                                  |
| <i>bumetanide 0.5 mg tab, 1 mg tab, 2 mg tab</i>          | 1         | BUMEX          | 90 Days Supply Drug              |
| <i>furosemide 20 mg tab, 40 mg tab, 80 mg tab</i>         | 1         | LASIX          | 90 Days Supply Drug              |
| <i>furosemide 10 mg/ml soln</i>                           | 1         | LASIX          | 90 Days Supply Drug              |
| <i>toremide 10 mg tab, 20 mg tab, 5 mg tab</i>            | 1         | DEMADEX        | 90 Days Supply Drug              |
| <b>Potassium Sparing Diuretics</b>                        |           |                |                                  |
| <i>spironolactone 100 mg tab, 25 mg tab, 50 mg tab</i>    | 1         | ALDACTONE      | 90 Days Supply Drug              |
| <b>Thiazides And Thiazide-like Diuretics</b>              |           |                |                                  |
| <i>chlorthalidone 25 mg tab, 50 mg tab</i>                | 1         | HYGROTON       | 90 Days Supply Drug              |
| <i>hydrochlorothiazide 25 mg tab, 50 mg tab</i>           | 1         | HYDRODIURIL    | 90 Days Supply Drug              |
| <i>hydrochlorothiazide 12.5 mg cap, 12.5 mg tab</i>       | 1         | MICROZIDE      | 90 Days Supply Drug              |
| <i>indapamide 2.5 mg tab</i>                              | 1         | LOZOL          | 90 Days Supply Drug              |
| <i>metolazone 10 mg tab, 2.5 mg tab, 5 mg tab</i>         | 1         | ZAROXOLYN      | 90 Days Supply Drug              |
| <b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>             |           |                |                                  |
| <b>Bone Density Regulators</b>                            |           |                |                                  |
| <i>alendronate sodium 35 mg tab, 70 mg tab</i>            | 1         | FOSAMAX        | QL(4 / 25)                       |
| <i>alendronate sodium 10 mg tab</i>                       | 1         | FOSAMAX        | QL(30 / 30)                      |
| <b>Lhrh/gnrh Agonist Analog Pituitary Suppressants</b>    |           |                |                                  |
| LUPRON DEPOT-PED (1-MONTH)<br>15 mg im kit, 7.5 mg im kit | 1         |                | SP, PA                           |

| Drug Name                                                                                                             | Drug Tier | Reference Name | Requirements/Limits <sup>1</sup> |
|-----------------------------------------------------------------------------------------------------------------------|-----------|----------------|----------------------------------|
| LUPRON DEPOT-PED (3-MONTH)<br>11.25 mg (ped) im kit, 30 mg (ped)<br>im kit                                            | 1         |                | SP, PA                           |
| <b>Metabolic Modifiers</b>                                                                                            |           |                |                                  |
| <i>calcitriol 0.25 mcg cap, 0.5 mcg cap</i>                                                                           | 1         | ROCALTROL      |                                  |
| <i>calcitriol 1 mcg/ml soln</i>                                                                                       | 1         | ROCALTROL      |                                  |
| <b>Posterior Pituitary Hormones</b>                                                                                   |           |                |                                  |
| <i>desmopressin acetate 0.1 mg tab, 0.2 mg tab</i>                                                                    | 1         | DDAVP          |                                  |
| <i>desmopressin acetate spray 0.01 % nasal soln</i>                                                                   | 1         | DDAVP          |                                  |
| <b>ESTROGENS</b>                                                                                                      |           |                |                                  |
| <b>Estrogen Combinations</b>                                                                                          |           |                |                                  |
| PREMPRO 0.3-1.5 mg tab, 0.45-1.5 mg tab, 0.625-2.5 mg tab, 0.625-5 mg tab                                             | 1         |                |                                  |
| <b>Estrogens</b>                                                                                                      |           |                |                                  |
| <i>estradiol 0.025 mg/24hr tdwk patch, 0.0375 mg/24hr tdwk patch, 0.05 mg/24hr tdwk patch, 0.1 mg/24hr tdwk patch</i> | 1         | CLIMARA        |                                  |
| <i>estradiol 0.5 mg tab, 1 mg tab, 2 mg tab</i>                                                                       | 1         | ESTRACE        |                                  |
| <i>estradiol 0.0375 mg/24hr tdbiw patch, 0.05 mg/24hr tdbiw patch, 0.1 mg/24hr tdbiw patch</i>                        | 1         | VIVELLE-DOT    |                                  |
| PREMARIN 0.3 mg tab, 0.625 mg tab, 0.9 mg tab, 1.25 mg tab                                                            | 1         |                |                                  |
| <b>FLUOROQUINOLONES</b>                                                                                               |           |                |                                  |
| <b>Fluoroquinolones</b>                                                                                               |           |                |                                  |
| CIPRO 250 MG/5ML (5%) susp                                                                                            | 1         |                |                                  |
| <i>ciprofloxacin 500 MG/5ML (10%) susp</i>                                                                            | 1         | CIPRO          |                                  |
| <i>ciprofloxacin hcl 250 mg tab, 500 mg tab, 750 mg tab</i>                                                           | 1         | CIPRO          |                                  |
| <i>ciprofloxacin-ciproflox hcl er 1000 mg tab er 24 hr</i>                                                            | 1         | CIPRO XR       |                                  |
| <i>ciprofloxacin-ciproflox hcl er 500 mg tab er 24 hr</i>                                                             | 1         | CIPRO XR       | QL(3 / 25)                       |

| Drug Name                                                                               | Drug Tier | Reference Name | Requirements/Limits <sup>1</sup> |
|-----------------------------------------------------------------------------------------|-----------|----------------|----------------------------------|
| <i>levofloxacin 250 mg tab, 500 mg tab, 750 mg tab</i>                                  | 1         | LEVAQUIN       |                                  |
| <b>GASTROINTESTINAL AGENTS - DRUGS TO TREAT BOWEL, INTESTINE AND STOMACH CONDITIONS</b> |           |                |                                  |
| <b>Laxatives - Drugs To Treat Constipation</b>                                          |           |                |                                  |
| SUPREP BOWEL PREP KIT 17.5-3.13-1.6 gm/177ml soln                                       | 1         |                |                                  |
| <b>GASTROINTESTINAL AGENTS - MISC.</b>                                                  |           |                |                                  |
| <b>Antiflatulents</b>                                                                   |           |                |                                  |
| <i>simethicone 125 mg tab chew, 180 mg cap, 80 mg tab chew</i>                          | 1         |                |                                  |
| <i>simethicone 40 mg/0.6ml susp</i>                                                     | 1         |                |                                  |
| <i>sm gas relief 80 mg tab chew</i>                                                     | 1         |                |                                  |
| <b>Gallstone Solubilizing Agents</b>                                                    |           |                |                                  |
| <i>ursodiol 300 mg cap</i>                                                              | 1         | ACTIGALL       |                                  |
| <i>ursodiol 250 mg tab</i>                                                              | 1         | URSO           |                                  |
| <b>Gastrointestinal Chloride Channel Activators</b>                                     |           |                |                                  |
| <i>lubiprostone 24 mcg cap, 8 mcg cap</i>                                               | 1         | AMITIZA        |                                  |
| <b>Gastrointestinal Stimulants</b>                                                      |           |                |                                  |
| <i>metoclopramide hcl 5 mg tab disint</i>                                               | 1         | METOSOLV       |                                  |
| <i>metoclopramide hcl 10 mg tab, 5 mg tab</i>                                           | 1         | REGLAN         |                                  |
| <i>metoclopramide hcl 10 mg/10ml soln, 5 mg/5ml soln</i>                                | 1         | REGLAN         |                                  |
| <b>Inflammatory Bowel Agents</b>                                                        |           |                |                                  |
| <i>mesalamine 1.2 gm tab dr</i>                                                         | 1         | LIALDA         |                                  |
| <i>sulfasalazine 500 mg tab, 500 mg tab dr</i>                                          | 1         | AZULFIDINE     |                                  |
| <b>Intestinal Acidifiers</b>                                                            |           |                |                                  |
| <i>generlac 10 gm/15ml soln</i>                                                         | 1         | CONSTULOSE     |                                  |
| <i>lactulose encephalopathy 10 gm/15ml soln</i>                                         | 1         | CONSTULOSE     |                                  |
| <b>Phosphate Binder Agents</b>                                                          |           |                |                                  |
| <i>calcium acetate 667 mg tab</i>                                                       | 1         | ELIPHOS        |                                  |
| <i>calcium acetate (phos binder) 667 mg tab</i>                                         | 1         | ELIPHOS        |                                  |
| <i>calcium acetate (phos binder) 667 mg cap</i>                                         | 1         | PHOSLO         |                                  |
| <i>sevelamer hcl 800 mg tab</i>                                                         | 1         | RENAGEL        | PA                               |

| Drug Name                                                                    | Drug Tier | Reference Name | Requirements/Limits <sup>1</sup> |
|------------------------------------------------------------------------------|-----------|----------------|----------------------------------|
| <b>GENITOURINARY AGENTS - MISCELLANEOUS</b>                                  |           |                |                                  |
| <b>Alkalinizers</b>                                                          |           |                |                                  |
| <i>potassium citrate er 10 MEQ (1080 mg) tab er, 15 MEQ (1620 mg) tab er</i> | 1         | UROCIT-K       |                                  |
| <b>Genitourinary Irrigants</b>                                               |           |                |                                  |
| <i>acetic acid 0.25 % irrig soln</i>                                         | 1         |                |                                  |
| <b>Interstitial Cystitis Agents</b>                                          |           |                |                                  |
| ELMIRON 100 mg cap                                                           | 1         |                |                                  |
| <b>Prostatic Hypertrophy Agents</b>                                          |           |                |                                  |
| <i>alfuzosin hcl er 10 mg tab er 24 hr</i>                                   | 1         | UROXATRAL      |                                  |
| <i>dutasteride 0.5 mg cap</i>                                                | 1         | AVODART        |                                  |
| <i>finasteride 5 mg tab</i>                                                  | 1         | PROSCAR        |                                  |
| <i>tamsulosin hcl 0.4 mg cap</i>                                             | 1         | FLOMAX         |                                  |
| <b>Urinary Analgesics</b>                                                    |           |                |                                  |
| <i>phenazopyridine hcl 100 mg tab, 200 mg tab</i>                            | 1         | PYRIDIUM       |                                  |
| <i>sm urinary pain relief max st 97.5 mg tab</i>                             | 1         |                |                                  |
| <b>GOUT AGENTS</b>                                                           |           |                |                                  |
| <b>Gout Agents</b>                                                           |           |                |                                  |
| <i>allopurinol 100 mg tab, 300 mg tab</i>                                    | 1         | ZYLOPRIM       |                                  |
| <i>colchicine 0.6 mg tab</i>                                                 | 1         | COLCRYS        |                                  |
| <b>Uricosurics</b>                                                           |           |                |                                  |
| <i>probenecid 500 mg tab</i>                                                 | 1         | BENEMID        |                                  |
| <b>HEMATOLOGICAL AGENTS - MISC.</b>                                          |           |                |                                  |
| <b>Antihemophilic Products</b>                                               |           |                |                                  |
| RECOMBINATE 1801-2400 unit iv soln, 801-1240 unit iv soln                    | 1         |                | PA                               |
| <i>tranexamic acid 650 mg tab</i>                                            | 1         | LYSTEDA        |                                  |
| <b>Platelet Aggregation Inhibitors</b>                                       |           |                |                                  |
| <i>anagrelide hcl 1 mg cap</i>                                               | 1         | AGRYLIN        |                                  |
| <i>cilostazol 100 mg tab</i>                                                 | 1         | PLETAL         |                                  |
| <i>clopidogrel bisulfate 75 mg tab</i>                                       | 1         | PLAVIX         |                                  |
| <b>HEMATOPOIETIC AGENTS</b>                                                  |           |                |                                  |
| <b>Agents For Sick Cell Anemia</b>                                           |           |                |                                  |
| DROXIA 200 mg cap, 300 mg cap, 400 mg cap                                    | 1         |                |                                  |
| <b>Cobalamins</b>                                                            |           |                |                                  |



| Drug Name                                                  | Drug Tier | Reference Name | Requirements/Limits <sup>1</sup> |
|------------------------------------------------------------|-----------|----------------|----------------------------------|
| <i>cyanocobalamin 1000 mcg/ml inj soln</i>                 | 1         |                |                                  |
| <b>Folic Acid/folates</b>                                  |           |                |                                  |
| <i>folic acid 1 mg tab</i>                                 | 1         |                |                                  |
| <b>Hematopoietic Growth Factors</b>                        |           |                |                                  |
| ARANESP (ALBUMIN FREE) 40 mcg/0.4ml inj soln pfs           | 1         |                | SP, PA                           |
| NEUPOGEN 300 mcg/ml inj soln                               | 1         |                | SP, PA                           |
| NPLATE 250 mcg sc soln                                     | 1         |                | SP, PA                           |
| NYVEPRIA 6 mg/0.6ml sc soln pfs                            | 1         |                | PA                               |
| ZIEXTENZO 6 mg/0.6ml sc soln pfs                           | 1         |                | PA                               |
| <b>Iron</b>                                                |           |                |                                  |
| FEROSUL 325 (65 Fe) mg tab                                 | 1         |                |                                  |
| <i>ferrous sulfate 325 (65 Fe) mg tab</i>                  | 1         |                |                                  |
| <i>ferrous sulfate 220 (44 Fe) mg/5ml oral elix</i>        | 1         |                |                                  |
| <i>ferrousul 325 (65 Fe) mg tab</i>                        | 1         |                |                                  |
| <b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>           |           |                |                                  |
| <b>Barbiturate Hypnotics</b>                               |           |                |                                  |
| <i>phenobarbital 15 mg tab, 30 mg tab, 32.4 mg tab</i>     | 1         |                |                                  |
| <i>phenobarbital 20 mg/5ml soln</i>                        | 1         |                |                                  |
| <b>Non-barbiturate Hypnotics</b>                           |           |                |                                  |
| <i>temazepam 15 mg cap, 30 mg cap, 7.5 mg cap</i>          | 1         | RESTORIL       | QL(30 / 30)                      |
| <i>zolpidem tartrate 10 mg tab, 5 mg tab</i>               | 1         | AMBIEN         | QL(14 / 25)                      |
| <i>zolpidem tartrate 1.75 mg tab sublingual</i>            | 1         | INTERMEZZO     | QL(14 / 25)                      |
| <i>zolpidem tartrate er 12.5 mg tab er, 6.25 mg tab er</i> | 1         | AMBIEN CR      | QL(14 / 25)                      |
| <b>LAXATIVES</b>                                           |           |                |                                  |
| <b>Bulk Laxatives</b>                                      |           |                |                                  |
| <i>sm fiber 28.3 % oral pwdr</i>                           | 1         |                |                                  |
| <b>Laxative Combinations</b>                               |           |                |                                  |
| GAVILYTE-C 240 gm soln                                     | 1         |                |                                  |
| <i>gnp senna plus 8.6-50 mg tab</i>                        | 1         |                |                                  |
| <i>peg 3350/electrolytes 240 gm soln</i>                   | 1         |                |                                  |
| <i>peg 3350-kcl-na bicarb-nacl 420 gm soln</i>             | 1         | NULYTELY       |                                  |
| <i>peg-3350/electrolytes 236 gm soln</i>                   | 1         | GOLYTELY       |                                  |

| Drug Name                                                               | Drug Tier | Reference Name | Requirements/Limits <sup>1</sup> |
|-------------------------------------------------------------------------|-----------|----------------|----------------------------------|
| <i>sennosides-docusate sodium 8.6-50 mg tab</i>                         | 1         |                |                                  |
| <i>sm senna-s 8.6-50 mg tab</i>                                         | 1         |                |                                  |
| <i>sm stool softener 8.6-50 mg tab</i>                                  | 1         |                |                                  |
| <i>stimulant laxative 8.6-50 mg tab</i>                                 | 1         |                |                                  |
| <b>Laxatives - Miscellaneous</b>                                        |           |                |                                  |
| CLEARLAX 17 gm/scoop oral pwdr                                          | 1         |                |                                  |
| GOODSENSE CLEARLAX 17 gm/scoop oral pwdr                                | 1         |                |                                  |
| <i>lactulose 10 gm/15ml soln</i>                                        | 1         | CONSTULOSE     |                                  |
| <i>peg 3350 17 gm pckt</i>                                              | 1         | MIRALAX        |                                  |
| <i>peg 3350 17 gm/scoop oral pwdr</i>                                   | 1         | MIRALAX        |                                  |
| <i>polyethylene glycol 3350 17 gm pckt</i>                              | 1         | MIRALAX        |                                  |
| <i>polyethylene glycol 3350 17 gm/scoop oral pwdr</i>                   | 1         | MIRALAX        |                                  |
| SM CLEARLAX 17 gm/scoop oral pwdr                                       | 1         |                |                                  |
| <b>Saline Laxatives</b>                                                 |           |                |                                  |
| <i>hm magnesium citrate 1.745 gm/30ml soln</i>                          | 1         |                |                                  |
| <i>hm milk of magnesia 1200 mg/15ml susp</i>                            | 1         |                |                                  |
| <i>magnesium citrate 1.745 gm/30ml soln</i>                             | 1         |                |                                  |
| <i>milk of magnesia 1200 mg/15ml susp, 400 mg/5ml susp, 7.75 % susp</i> | 1         |                |                                  |
| <i>sm magnesium citrate 1.745 gm/30ml soln</i>                          | 1         |                |                                  |
| <b>Stimulant Laxatives</b>                                              |           |                |                                  |
| <i>bisacodyl 10 mg rect supp</i>                                        | 1         |                |                                  |
| <i>bisacodyl ec 5 mg tab dr</i>                                         | 1         |                |                                  |
| <i>hm senna 8.6 mg tab</i>                                              | 1         |                |                                  |
| <i>laxative 10 mg rect supp</i>                                         | 1         |                |                                  |
| <i>senna 8.6 mg tab</i>                                                 | 1         |                |                                  |
| <i>senna-lax 8.6 mg tab</i>                                             | 1         |                |                                  |
| <i>senna-tabs 8.6 mg tab</i>                                            | 1         |                |                                  |
| SENOKOT 8.6 mg tab                                                      | 1         |                |                                  |
| <i>sm senna laxative 8.6 mg tab</i>                                     | 1         |                |                                  |

| Drug Name                                              | Drug Tier | Reference Name | Requirements/Limits <sup>1</sup> |
|--------------------------------------------------------|-----------|----------------|----------------------------------|
| <i>stimulant laxative 5 mg tab dr</i>                  | 1         |                |                                  |
| <b>Surfactant Laxatives</b>                            |           |                |                                  |
| <i>docusate sodium 100 mg cap, 100 mg tab</i>          | 1         |                |                                  |
| <i>docusate sodium 50 mg/5ml liq</i>                   | 1         |                |                                  |
| DOCUSIL 100 mg cap                                     | 1         |                |                                  |
| DOK 100 mg cap                                         | 1         |                |                                  |
| <i>gnp stool softener 100 mg cap</i>                   | 1         |                |                                  |
| <i>hm stool softener 100 mg cap</i>                    | 1         |                |                                  |
| <i>sm stool softener 100 mg cap</i>                    | 1         |                |                                  |
| <i>stool softener 100 mg cap</i>                       | 1         |                |                                  |
| <b>LOCAL ANESTHETICS-PARENTERAL</b>                    |           |                |                                  |
| <b>Local Anesthetics - Amides</b>                      |           |                |                                  |
| <i>lidocaine hcl (pf) 1 % inj soln</i>                 | 1         | XYLOCAINE      |                                  |
| <b>MACROLIDES</b>                                      |           |                |                                  |
| <b>Azithromycin</b>                                    |           |                |                                  |
| <i>azithromycin 1 gm pckt, 600 mg tab</i>              | 1         | ZITHROMAX      |                                  |
| <i>azithromycin 100 mg/5ml susp, 200 mg/5ml susp</i>   | 1         | ZITHROMAX      |                                  |
| <i>azithromycin 500 mg tab</i>                         | 1         | ZITHROMAX      | QL(4 / 25)                       |
| <i>azithromycin 250 mg tab</i>                         | 1         | ZITHROMAX      | QL(8 / 25)                       |
| <b>Clarithromycin</b>                                  |           |                |                                  |
| <i>clarithromycin 250 mg tab, 500 mg tab</i>           | 1         | BIAXIN         |                                  |
| <i>clarithromycin 125 mg/5ml susp, 250 mg/5ml susp</i> | 1         | BIAXIN         |                                  |
| <i>clarithromycin er 500 mg tab er 24 hr</i>           | 1         | BIAXIN XL      |                                  |
| <b>Erythromycins</b>                                   |           |                |                                  |
| <i>erythromycin base 250 mg cap dr prt, 250 mg tab</i> | 1         |                |                                  |
| <i>erythromycin base 500 mg tab</i>                    | 1         | ERY-TAB        |                                  |
| <i>erythromycin ethylsuccinate 400 mg tab</i>          | 1         | E.E.S.         |                                  |
| <i>erythromycin ethylsuccinate 200 mg/5ml susp</i>     | 1         | ERYPED         |                                  |
| <b>MEDICAL DEVICES AND SUPPLIES</b>                    |           |                |                                  |
| <b>Diabetic Supplies</b>                               |           |                |                                  |
| ACCU-CHEK SOFT TOUCH LANCETS misc                      | 1         |                | QL(100 / 25)                     |

| Drug Name                              | Drug Tier | Reference Name | Requirements/Limits <sup>1</sup> |
|----------------------------------------|-----------|----------------|----------------------------------|
| AGAMATRIX ULTRA-THIN LANCETS misc      | 1         |                | QL(100 / 25)                     |
| AQUALANCE LANCETS 30G misc             | 1         |                | QL(100 / 25)                     |
| BAYER MICROLET LANCETS misc            | 1         |                | QL(100 / 25)                     |
| BD LANCET ULTRAFINE 30G misc           | 1         |                | QL(100 / 25)                     |
| BD LANCET ULTRAFINE 33G misc           | 1         |                | QL(100 / 25)                     |
| <i>cvs lancets micro thin 33g misc</i> | 1         |                | QL(100 / 25)                     |
| <i>cvs lancets thin 26g misc</i>       | 1         |                | QL(100 / 25)                     |
| <i>cvs lancets ultra thin 30g misc</i> | 1         |                | QL(100 / 25)                     |
| <i>cvs lancets ultra-thin 30g misc</i> | 1         |                | QL(100 / 25)                     |
| DEXCOM G6 RECEIVER dev                 | 1         |                | PA                               |
| DEXCOM G6 SENSOR misc                  | 1         |                | PA                               |
| DEXCOM G6 TRANSMITTER misc             | 1         |                | PA                               |
| <i>easy comfort lancets misc</i>       | 1         |                | QL(100 / 25)                     |
| EASY TOUCH LANCETS 28G/TWIST misc      | 1         |                | QL(100 / 25)                     |
| EASY TOUCH LANCETS 30G/TWIST misc      | 1         |                | QL(100 / 25)                     |
| EASY TOUCH LANCETS 33G/TWIST misc      | 1         |                | QL(100 / 25)                     |
| E-Z JECT LANCET SUPER THIN 30G misc    | 1         |                | QL(100 / 25)                     |
| E-Z JECT LANCETS THIN 26G misc         | 1         |                | QL(100 / 25)                     |
| FREESTYLE LANCETS misc                 | 1         |                | QL(100 / 25)                     |
| GLUCOCARD SHINE w/Device kit           | 1         |                | QL(1 / 365)                      |
| GLUCOCARD SHINE CONNEX w/Device kit    | 1         |                | QL(1 / 365)                      |
| GLUCOCARD SHINE CONTROL in vitro soln  | 1         |                |                                  |
| GLUCOCARD SHINE EXPRESS w/Device kit   | 1         |                | QL(1 / 365)                      |
| GLUCOCARD SHINE XL dev                 | 1         |                | QL(1 / 365)                      |
| GLUCOCOM LANCETS 33G misc              | 1         |                | QL(100 / 25)                     |
| <i>gnp lancets super thin 30g misc</i> | 1         |                | QL(100 / 25)                     |
| <i>lancets misc</i>                    | 1         |                | QL(100 / 25)                     |
| <i>lancets 30g misc</i>                | 1         |                | QL(100 / 25)                     |

| Drug Name                                                                 | Drug Tier | Reference Name | Requirements/Limits <sup>1</sup> |
|---------------------------------------------------------------------------|-----------|----------------|----------------------------------|
| LANCETS ULTRA FINE misc                                                   | 1         |                | QL(100 / 25)                     |
| LANCETS ULTRA THIN misc                                                   | 1         |                | QL(100 / 25)                     |
| <i>lancing device misc</i>                                                | 1         |                | QL(1 / 365)                      |
| <i>leader advanced lancing device misc</i>                                | 1         |                | QL(1 / 365)                      |
| MICROLET LANCETS misc                                                     | 1         |                | QL(100 / 25)                     |
| ONETOUCH DELICA LANCETS 30G misc                                          | 1         |                | QL(100 / 25)                     |
| ONETOUCH DELICA LANCETS 33G misc                                          | 1         |                | QL(100 / 25)                     |
| ONETOUCH ULTRASOFT LANCETS misc                                           | 1         |                | QL(100 / 25)                     |
| PHARMACIST CHOICE LANCETS misc                                            | 1         |                | QL(100 / 25)                     |
| STERILANCE TL misc                                                        | 1         |                | QL(100 / 25)                     |
| <i>sure comfort lancets 30g misc</i>                                      | 1         |                | QL(100 / 25)                     |
| TECHLITE LANCETS misc                                                     | 1         |                | QL(100 / 25)                     |
| TECHLITE LANCETS 30G misc                                                 | 1         |                | QL(100 / 25)                     |
| TRUEPLUS LANCETS 28G misc                                                 | 1         |                | QL(100 / 25)                     |
| TRUEPLUS LANCETS 30G misc                                                 | 1         |                | QL(100 / 25)                     |
| TRUEPLUS LANCETS 33G misc                                                 | 1         |                | QL(100 / 25)                     |
| TRUEPLUS SAFETY LANCETS 28G misc                                          | 1         |                | QL(100 / 25)                     |
| ULTRA-THIN II LANCETS misc                                                | 1         |                | QL(100 / 25)                     |
| UNILET COMFORTOUCH LANCET misc                                            | 1         |                | QL(100 / 25)                     |
| UNILET GP 28 ULTRA THIN misc                                              | 1         |                | QL(100 / 25)                     |
| UNISTIK 3 COMFORT misc                                                    | 1         |                | QL(100 / 25)                     |
| <b>Misc. Devices</b>                                                      |           |                |                                  |
| <i>alcohol pads 70 % pad</i>                                              | 1         |                | QL(100 / 30)                     |
| <i>cvs alcohol prep pads 70 % pad</i>                                     | 1         |                | QL(100 / 30)                     |
| <i>meijer alcohol swabs 70 % pad</i>                                      | 1         |                | QL(100 / 30)                     |
| RELION ALCOHOL SWABS pad                                                  | 1         |                | QL(100 / 30)                     |
| SHOPKO ALCOHOL SWABS 70 % pad                                             | 1         |                | QL(100 / 30)                     |
| <i>ultra-care alcohol prep pads 70 % pad</i>                              | 1         |                | QL(100 / 30)                     |
| <b>Parenteral Therapy Supplies</b>                                        |           |                |                                  |
| <i>techlite insulin syringe 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml</i> | 1         |                | QL(100 / 30)                     |

| Drug Name                                                                                                                                                                                                                                                                                                                             | Drug Tier | Reference Name | Requirements/Limits <sup>1</sup> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------|----------------------------------|
| <i>misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 0.3 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 15/64" 0.3 ml misc, 31G X 15/64" 0.5 ml misc, 31G X 15/64" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i> |           |                |                                  |
| TECHLITE PEN NEEDLES 31G X 5 MM misc                                                                                                                                                                                                                                                                                                  | 1         |                |                                  |
| TECHLITE PEN NEEDLES 29G X 12MM misc, 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 6 MM misc, 32G X 8 MM misc                                                                                                                                                                                                             | 1         |                | QL(100 / 30)                     |
| <b>Respiratory Therapy Supplies</b>                                                                                                                                                                                                                                                                                                   |           |                |                                  |
| AEROCHAMBER PLUS FLO-VU misc                                                                                                                                                                                                                                                                                                          | 1         |                |                                  |
| AEROCHAMBER PLUS FLO-VU LARGE misc                                                                                                                                                                                                                                                                                                    | 1         |                |                                  |
| AEROCHAMBER PLUS FLO-VU SMALL misc                                                                                                                                                                                                                                                                                                    | 1         |                |                                  |
| AEROCHAMBER PLUS FLO-VU W/MASK misc                                                                                                                                                                                                                                                                                                   | 1         |                |                                  |
| EASIVENT misc                                                                                                                                                                                                                                                                                                                         | 1         |                |                                  |
| E-Z SPACER dev                                                                                                                                                                                                                                                                                                                        | 1         |                |                                  |
| FLEXICHAMBER dev                                                                                                                                                                                                                                                                                                                      | 1         |                |                                  |
| INSPIRACHAMBER/LARGE dev                                                                                                                                                                                                                                                                                                              | 1         |                |                                  |
| INSPIRACHAMBER/MEDIUM dev                                                                                                                                                                                                                                                                                                             | 1         |                |                                  |
| INSPIRACHAMBER/MOUTHPIECE dev                                                                                                                                                                                                                                                                                                         | 1         |                |                                  |
| INSPIRACHAMBER/SMALL dev                                                                                                                                                                                                                                                                                                              | 1         |                |                                  |
| <b>MIGRAINE PRODUCTS</b>                                                                                                                                                                                                                                                                                                              |           |                |                                  |
| <b>Migraine Products</b>                                                                                                                                                                                                                                                                                                              |           |                |                                  |
| <i>dihydroergotamine mesylate 4 mg/ml nasal soln</i>                                                                                                                                                                                                                                                                                  | 1         | MIGRANAL       |                                  |
| <b>Serotonin Agonists</b>                                                                                                                                                                                                                                                                                                             |           |                |                                  |
| <i>rizatriptan benzoate 10 mg tab, 5 mg tab</i>                                                                                                                                                                                                                                                                                       | 1         | MAXALT         | QL(9 / 30)                       |

| Drug Name                                                                             | Drug Tier | Reference Name   | Requirements/Limits <sup>1</sup> |
|---------------------------------------------------------------------------------------|-----------|------------------|----------------------------------|
| <i>rizatriptan benzoate 10 mg tab disint, 5 mg tab disint</i>                         | 1         | MAXALT MLT       | QL(9 / 30)                       |
| <i>sumatriptan 20 mg/act nasal soln, 5 mg/act nasal soln</i>                          | 1         | IMITREX          |                                  |
| <i>sumatriptan succinate 6 mg/0.5ml sc soln</i>                                       | 1         | IMITREX          | QL(2 / 30)                       |
| <i>sumatriptan succinate 100 mg tab, 25 mg tab, 50 mg tab</i>                         | 1         | IMITREX          | QL(9 / 30)                       |
| <i>sumatriptan succinate 4 mg/0.5ml sc soln auto-inj, 6 mg/0.5ml sc soln auto-inj</i> | 1         | IMITREX STATDOSE | QL(2 / 30)                       |
| <i>zolmitriptan 2.5 mg tab, 5 mg nasal soln, 5 mg tab, 5 mg tab disint</i>            | 1         | ZOMIG            | QL(9 / 30)                       |
| <b>MINERALS &amp; ELECTROLYTES</b>                                                    |           |                  |                                  |
| <b>Calcium</b>                                                                        |           |                  |                                  |
| <i>calcium carbonate 1250 (500 Ca) mg tab</i>                                         | 1         |                  |                                  |
| <b>Potassium</b>                                                                      |           |                  |                                  |
| <i>KLOR-CON M20 20 meq tab er</i>                                                     | 1         |                  |                                  |
| <i>KLOR-CON/EF 25 meq tab eff</i>                                                     | 1         |                  | QL(35 / 28)                      |
| <i>potassium chloride 20 meq pckt</i>                                                 | 1         |                  |                                  |
| <i>potassium chloride 20 MEQ/15ML (10%) soln</i>                                      | 1         | K-SOL            |                                  |
| <i>potassium chloride crys er 10 meq tab er</i>                                       | 1         |                  |                                  |
| <i>potassium chloride crys er 20 meq tab er</i>                                       | 1         | KLOR-CON         |                                  |
| <i>potassium chloride er 10 meq tab er, 8 meq tab er</i>                              | 1         | KLOR-CON         |                                  |
| <i>potassium chloride er 10 meq cap er</i>                                            | 1         | MICRO-K          |                                  |
| <b>Potassium Removing Agent</b>                                                       |           |                  |                                  |
| <i>sodium polystyrene sulfonate oral pwdr</i>                                         | 1         | KAYEXALATE       |                                  |
| <b>MISCELLANEOUS THERAPEUTIC CLASSES</b>                                              |           |                  |                                  |
| <b>Immunosuppressive Agents</b>                                                       |           |                  |                                  |
| <i>AZASAN 100 mg tab, 75 mg tab</i>                                                   | 1         |                  |                                  |
| <i>azathioprine 50 mg tab</i>                                                         | 1         | IMURAN           |                                  |
| <i>cyclosporine modified 100 mg cap</i>                                               | 1         | NEORAL           |                                  |

| Drug Name                                           | Drug Tier | Reference Name     | Requirements/Limits <sup>1</sup> |
|-----------------------------------------------------|-----------|--------------------|----------------------------------|
| <i>cyclosporine modified 100 mg/ml soln</i>         | 1         | NEORAL             |                                  |
| <i>mycophenolate mofetil 250 mg cap, 500 mg tab</i> | 1         | CELLCEPT           |                                  |
| <i>mycophenolate mofetil 200 mg/ml susp</i>         | 1         | CELLCEPT           |                                  |
| <i>sirolimus 0.5 mg tab, 1 mg tab</i>               | 1         | RAPAMUNE           |                                  |
| <i>sirolimus 1 mg/ml soln</i>                       | 1         | RAPAMUNE           |                                  |
| <i>tacrolimus 0.5 mg cap, 1 mg cap, 5 mg cap</i>    | 1         | PROGRAF            |                                  |
| <b>MOUTH/THROAT/DENTAL AGENTS</b>                   |           |                    |                                  |
| <b>Anesthetics Topical Oral</b>                     |           |                    |                                  |
| <i>lidocaine viscous 2 % m/t soln</i>               | 1         | XYLOCAINE          |                                  |
| <i>lidocaine viscous hcl 2 % m/t soln</i>           | 1         | XYLOCAINE          |                                  |
| <b>Anti-infectives - Throat</b>                     |           |                    |                                  |
| <i>clotrimazole 10 mg m/t troche</i>                | 1         | MYCELEX            |                                  |
| <i>nystatin 100000 unit/ml m/t susp</i>             | 1         | MYCOSTATIN         |                                  |
| <b>Antiseptics - Mouth/throat</b>                   |           |                    |                                  |
| <i>chlorhexidine gluconate 0.12 % m/t soln</i>      | 1         | PERIDEX            |                                  |
| <b>Lozenges</b>                                     |           |                    |                                  |
| CEPACOL SORE THROAT & COUGH 5-7.5 mg m/t lozg       | 1         |                    |                                  |
| <b>Steroids - Mouth/throat/dental</b>               |           |                    |                                  |
| <i>triamcinolone acetate 0.1 % m/t paste</i>        | 1         | KENALOG IN ORABASE |                                  |
| <b>MULTIVITAMINS</b>                                |           |                    |                                  |
| <b>Ped Multi Vitamins W/fl &amp; Fe</b>             |           |                    |                                  |
| POLY-VI-FLOR/IRON 0.25-7 mg/ml susp                 | 1         |                    |                                  |
| <b>Ped Mv W/ Fluoride</b>                           |           |                    |                                  |
| <i>multivitamin/fluoride 0.5 mg tab chew</i>        | 1         |                    |                                  |
| POLY-VI-FLOR 0.25 mg/ml susp                        | 1         |                    |                                  |
| <b>Ped Mv W/ Iron</b>                               |           |                    |                                  |
| POLY-VI-SOL/IRON 11 mg/ml soln                      | 1         |                    |                                  |
| <b>Prenatal Vitamins</b>                            |           |                    |                                  |
| <i>classic prenatal 28-0.8 mg tab</i>               | 1         |                    |                                  |
| O-CAL FA 27-1 mg tab                                | 1         |                    |                                  |



| Drug Name                                                              | Drug Tier | Reference Name | Requirements/Limits <sup>1</sup> |
|------------------------------------------------------------------------|-----------|----------------|----------------------------------|
| <i>pnv prenatal plus multivitamin 27-1 mg tab</i>                      | 1         |                |                                  |
| <i>prenatal 27-1 mg tab</i>                                            | 1         |                |                                  |
| <i>prenatal 19 tab chew</i>                                            | 1         |                |                                  |
| <i>prenatal vitamin plus low iron 27-1 mg tab</i>                      | 1         |                |                                  |
| <i>prenatal vitamins 28-0.8 mg tab</i>                                 | 1         |                |                                  |
| <i>pretab 29-1 mg tab</i>                                              | 1         |                |                                  |
| <b>MUSCULOSKELETAL THERAPY AGENTS</b>                                  |           |                |                                  |
| <b>Central Muscle Relaxants</b>                                        |           |                |                                  |
| <i>baclofen 10 mg tab, 20 mg tab</i>                                   | 1         | LIORESAL       |                                  |
| <i>carisoprodol 250 mg tab, 350 mg tab</i>                             | 1         | SOMA           |                                  |
| <i>cyclobenzaprine hcl 7.5 mg tab</i>                                  | 1         | FEXMID         | QL(90 / 30)                      |
| <i>cyclobenzaprine hcl 10 mg tab</i>                                   | 1         | FLEXERIL       |                                  |
| <i>cyclobenzaprine hcl 5 mg tab</i>                                    | 1         | FLEXERIL       | QL(90 / 30)                      |
| <i>metaxalone 400 mg tab, 800 mg tab</i>                               | 1         | SKELAXIN       |                                  |
| <i>methocarbamol 500 mg tab, 750 mg tab</i>                            | 1         | ROBAXIN        |                                  |
| <i>orphenadrine citrate er 100 mg tab er 12 hr</i>                     | 1         | NORFLEX        |                                  |
| <i>tizanidine hcl 2 mg cap, 2 mg tab, 4 mg cap, 4 mg tab, 6 mg cap</i> | 1         | ZANAFLEX       |                                  |
| <b>NASAL AGENTS - SYSTEMIC AND TOPICAL</b>                             |           |                |                                  |
| <b>Nasal Antiallergy</b>                                               |           |                |                                  |
| <i>azelastine hcl 0.1 % nasal soln, 137 mcg/spray nasal soln</i>       | 1         | ASTELIN        |                                  |
| <i>azelastine hcl 0.15 % nasal soln</i>                                | 1         | ASTEPRO        |                                  |
| <i>cromolyn sodium 5.2 mg/act nasal aer soln</i>                       | 1         |                |                                  |
| <b>Nasal Anticholinergics</b>                                          |           |                |                                  |
| <i>ipratropium bromide 0.03 % nasal soln, 0.06 % nasal soln</i>        | 1         | ATROVENT       | 90 Days Supply Drug              |
| <b>Nasal Steroids</b>                                                  |           |                |                                  |
| <i>flunisolide 25 MCG/ACT (0.025%) nasal soln</i>                      | 1         | NASALIDE       |                                  |
| <i>fluticasone propionate 50 mcg/act nasal susp</i>                    | 1         | FLONASE        | 90 Days Supply Drug              |
| <b>OPHTHALMIC AGENTS</b>                                               |           |                |                                  |

| Drug Name                                                       | Drug Tier | Reference Name  | Requirements/Limits <sup>1</sup> |
|-----------------------------------------------------------------|-----------|-----------------|----------------------------------|
| <b>Artificial Tears And Lubricants</b>                          |           |                 |                                  |
| <i>artificial tears 83-15 % ophth oint</i>                      | 1         |                 |                                  |
| <i>artificial tears 1.4 % ophth soln</i>                        | 1         |                 |                                  |
| BION TEARS PF 0.1-0.3 % ophth soln                              | 1         |                 |                                  |
| GENTEAL TEARS 0.1-0.3 % ophth soln                              | 1         |                 |                                  |
| GENTEAL TEARS PF 0.1-0.3 % ophth soln                           | 1         |                 |                                  |
| <i>liquitears 1.4 % ophth soln</i>                              | 1         |                 |                                  |
| <i>natural balance tears 0.1-0.3 % ophth soln</i>               | 1         |                 |                                  |
| <i>natures tears 0.1-0.3 % ophth soln</i>                       | 1         |                 |                                  |
| <b>Beta-blockers - Ophthalmic</b>                               |           |                 |                                  |
| <i>dorzolamide hcl-timolol mal 22.3-6.8 mg/ml ophth soln</i>    | 1         | COSOPT          |                                  |
| <i>timolol maleate 0.25 % ophth soln, 0.5 % ophth soln</i>      | 1         | TIMOPTIC        |                                  |
| <i>timolol maleate 0.25 % ophth gfs, 0.5 % ophth gfs</i>        | 1         | TIMOPTIC XE     |                                  |
| <i>timolol maleate (once-daily) 0.5 % ophth soln</i>            | 1         | ISTALOL         |                                  |
| <b>Cycloplegic Mydriatics</b>                                   |           |                 |                                  |
| <i>atropine sulfate 1 % ophth soln</i>                          | 1         | ISOPTO ATROPINE |                                  |
| <b>Miotics</b>                                                  |           |                 |                                  |
| <i>pilocarpine hcl 1 % ophth soln</i>                           | 1         | ISOPTO CARPINE  |                                  |
| <b>Ophthalmic Adrenergic Agents</b>                             |           |                 |                                  |
| ALPHAGAN P 0.1 % ophth soln                                     | 1         |                 |                                  |
| <i>brimonidine tartrate 0.15 % ophth soln, 0.2 % ophth soln</i> | 1         | ALPHAGAN        |                                  |
| <b>Ophthalmic Anti-infectives</b>                               |           |                 |                                  |
| <i>bacitracin 500 unit/gm ophth oint</i>                        | 1         | BACI-IM         |                                  |
| <i>bacitracin-polymyxin b 500-10000 unit/gm ophth oint</i>      | 1         | POLYSPORIN      |                                  |
| <i>ciprofloxacin hcl 0.3 % ophth soln</i>                       | 1         | CILOXAN         |                                  |
| <i>erythromycin 5 mg/gm ophth oint</i>                          | 1         | ILOTYCIN        |                                  |
| <i>gentamicin sulfate 0.3 % ophth soln</i>                      | 1         | GARAMYCIN       |                                  |
| <i>levofloxacin 0.5 % ophth soln</i>                            | 1         | QUIXIN          |                                  |
| <i>neomycin-bacitracin zn-polymyx 5-400-10000 ophth oint</i>    | 1         | NEOSPORIN       |                                  |

| Drug Name                                                       | Drug Tier | Reference Name | Requirements/Limits <sup>1</sup> |
|-----------------------------------------------------------------|-----------|----------------|----------------------------------|
| <i>neomycin-polymyxin-gramicidin 1.75-10000-.025 ophth soln</i> | 1         | NEOSPORIN      |                                  |
| NEO-POLYCIN 3.5-400-10000 ophth oint                            | 1         |                |                                  |
| <i>ofloxacin 0.3 % ophth soln</i>                               | 1         | OCUFLOX        |                                  |
| <i>polymyxin b-trimethoprim 10000-0.1 unit/ml-% ophth soln</i>  | 1         | POLYTRIM       |                                  |
| <i>sulfacetamide sodium 10 % ophth soln</i>                     | 1         | BLEPH-10       |                                  |
| <i>tobramycin 0.3 % ophth soln</i>                              | 1         | TOBREX         |                                  |
| <i>trifluridine 1 % ophth soln</i>                              | 1         | VIROPTIC       |                                  |
| <b>Ophthalmic Steroids</b>                                      |           |                |                                  |
| <i>bacitra-neomycin-polymyxin-hc 1 % ophth oint</i>             | 1         | CORTISPORIN    |                                  |
| <i>fluorometholone 0.1 % ophth susp</i>                         | 1         | FML            |                                  |
| FML FORTE 0.25 % ophth susp                                     | 1         |                |                                  |
| LOTEMAX 0.5 % ophth oint                                        | 1         |                |                                  |
| <i>loteprednol etabonate 0.5 % ophth gel</i>                    | 1         | LOTEMAX        |                                  |
| <i>loteprednol etabonate 0.5 % ophth susp</i>                   | 1         | LOTEMAX        |                                  |
| <i>neomycin-polymyxin-dexameth 3.5-10000-0.1 ophth oint</i>     | 1         | MAXITROL       |                                  |
| <i>neomycin-polymyxin-dexameth 3.5-10000-0.1 ophth susp</i>     | 1         | MAXITROL       |                                  |
| <i>neomycin-polymyxin-hc 3.5-10000-1 ophth susp</i>             | 1         | CORTISPORIN    |                                  |
| <i>prednisolone acetate 1 % ophth susp</i>                      | 1         | PRED FORTE     |                                  |
| <i>tobramycin-dexamethasone 0.3-0.1 % ophth susp</i>            | 1         | TOBRADEX       |                                  |
| <b>Ophthalmics - Misc.</b>                                      |           |                |                                  |
| <i>azelastine hcl 0.05 % ophth soln</i>                         | 1         | OPTIVAR        |                                  |
| <i>brinzolamide 1 % ophth susp</i>                              | 1         | AZOPT          |                                  |
| <i>cromolyn sodium 4 % ophth soln</i>                           | 1         | OPTICROM       |                                  |
| <i>diclofenac sodium 0.1 % ophth soln</i>                       | 1         | VOLTAREN       |                                  |
| <i>dorzolamide hcl 2 % ophth soln</i>                           | 1         | TRUSOPT        |                                  |
| <i>eye itch relief 0.025 % ophth soln</i>                       | 1         | ZADITOR        |                                  |
| <i>hm eye itch relief 0.025 % ophth soln</i>                    | 1         | ZADITOR        |                                  |

| Drug Name                                                                                | Drug Tier | Reference Name | Requirements/Limits <sup>1</sup> |
|------------------------------------------------------------------------------------------|-----------|----------------|----------------------------------|
| <i>ketorolac tromethamine 0.4 % ophth soln, 0.5 % ophth soln</i>                         | 1         | ACULAR         |                                  |
| <i>ketotifen fumarate 0.025 % ophth soln</i>                                             | 1         | ZADITOR        |                                  |
| <i>sm eye itch relief 0.025 % ophth soln</i>                                             | 1         | ZADITOR        |                                  |
| <i>sodium chloride (hypertonic) 5 % ophth soln</i>                                       | 1         |                |                                  |
| <b>Prostaglandins - Ophthalmic</b>                                                       |           |                |                                  |
| <i>bimatoprost 0.03 % ophth soln</i>                                                     | 1         | LUMIGAN        |                                  |
| <i>latanoprost 0.005 % ophth soln</i>                                                    | 1         | XALATAN        |                                  |
| <i>ZIOPTAN 0.0015 % ophth soln</i>                                                       | 1         |                |                                  |
| <b>OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS</b>                                 |           |                |                                  |
| <b>Ophthalmic Agents, Other - Miscellaneous Eye Drugs</b>                                |           |                |                                  |
| <i>cyclosporine 0.05 % ophth emul</i>                                                    | 1         | RESTASIS       |                                  |
| <b>OTIC AGENTS</b>                                                                       |           |                |                                  |
| <b>Otic Agents - Miscellaneous</b>                                                       |           |                |                                  |
| <i>acetic acid 2 % otic soln</i>                                                         | 1         | VOSOL          |                                  |
| <b>Otic Anti-infectives</b>                                                              |           |                |                                  |
| <i>ofloxacin 0.3 % otic soln</i>                                                         | 1         | FLOXIN         |                                  |
| <b>Otic Combinations</b>                                                                 |           |                |                                  |
| <i>neomycin-polymyxin-hc 1 % otic soln, 3.5-10000-1 otic soln, 3.5-10000-1 otic susp</i> | 1         | CORTISPORIN    |                                  |
| <b>OXYTOCICS</b>                                                                         |           |                |                                  |
| <b>Oxytocics</b>                                                                         |           |                |                                  |
| <i>methylergonovine maleate 0.2 mg tab</i>                                               | 1         | METHERGINE     |                                  |
| <b>PASSIVE IMMUNIZING AND TREATMENT AGENTS</b>                                           |           |                |                                  |
| <b>Immune Serums</b>                                                                     |           |                |                                  |
| <i>GAMUNEX-C 10 gm/100ml inj soln, 20 gm/200ml inj soln, 5 gm/50ml inj soln</i>          | 1         |                |                                  |
| <i>RHOGAM ULTRA-FILTERED PLUS 1500 unit im soln pfs</i>                                  | 1         |                | PA                               |
| <b>Monoclonal Antibodies</b>                                                             |           |                |                                  |
| <i>SYNAGIS 100 mg/ml im soln, 50 mg/0.5ml im soln</i>                                    | 1         |                | SP, PA                           |
| <b>PENICILLINS</b>                                                                       |           |                |                                  |
| <b>Aminopenicillins</b>                                                                  |           |                |                                  |

| Drug Name                                                                                                                   | Drug Tier | Reference Name | Requirements/Limits <sup>1</sup> |
|-----------------------------------------------------------------------------------------------------------------------------|-----------|----------------|----------------------------------|
| <i>amoxicillin 250 mg cap, 500 mg cap, 875 mg tab</i>                                                                       | 1         | AMOXIL         |                                  |
| <i>amoxicillin 125 mg/5ml susp, 200 mg/5ml susp, 250 mg/5ml susp, 400 mg/5ml susp</i>                                       | 1         | AMOXIL         |                                  |
| <i>ampicillin 500 mg cap</i>                                                                                                | 1         |                |                                  |
| <b>Natural Penicillins</b>                                                                                                  |           |                |                                  |
| <i>penicillin g procaine 600000 unit/ml im susp</i>                                                                         | 1         |                |                                  |
| <i>penicillin v potassium 500 mg tab</i>                                                                                    | 1         | PEN-VEE K      |                                  |
| <i>penicillin v potassium 250 mg tab</i>                                                                                    | 1         | VEETIDS        |                                  |
| <i>penicillin v potassium 125 mg/5ml soln, 250 mg/5ml soln</i>                                                              | 1         | VEETIDS        |                                  |
| <b>Penicillin Combinations</b>                                                                                              |           |                |                                  |
| <i>amoxicillin-pot clavulanate 200-28.5 mg tab chew, 250-125 mg tab, 400-57 mg tab chew, 500-125 mg tab, 875-125 mg tab</i> | 1         | AUGMENTIN      |                                  |
| <i>amoxicillin-pot clavulanate 200-28.5 mg/5ml susp, 250-62.5 mg/5ml susp, 400-57 mg/5ml susp, 600-42.9 mg/5ml susp</i>     | 1         | AUGMENTIN      |                                  |
| <b>Penicillinase-resistant Penicillins</b>                                                                                  |           |                |                                  |
| <i>dicloxacillin sodium 250 mg cap</i>                                                                                      | 1         | DYCILL         |                                  |
| <b>PROGESTINS</b>                                                                                                           |           |                |                                  |
| <b>Progestins</b>                                                                                                           |           |                |                                  |
| <i>hydroxyprogesterone caproate 250 mg/ml im oil</i>                                                                        | 1         | MAKENA         |                                  |
| MAKENA 250 mg/ml im oil                                                                                                     | 1         |                | PA                               |
| <i>medroxyprogesterone acetate 10 mg tab, 2.5 mg tab, 5 mg tab</i>                                                          | 1         | PROVERA        |                                  |
| <i>norethindrone acetate 5 mg tab</i>                                                                                       | 1         | AYGESTIN       |                                  |
| <b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>                                                                    |           |                |                                  |
| <b>Agents For Chemical Dependency</b>                                                                                       |           |                |                                  |
| <i>acamprosate calcium 333 mg tab dr</i>                                                                                    | 1         | CAMPRAL        |                                  |
| <i>disulfiram 250 mg tab, 500 mg tab</i>                                                                                    | 1         | ANTABUSE       |                                  |
| LUCEMYRA 0.18 mg tab                                                                                                        | 1         |                | QL(480 / 30)                     |
| <b>Antidementia Agents</b>                                                                                                  |           |                |                                  |
| <i>donepezil hcl 10 mg tab, 5 mg tab</i>                                                                                    | 1         | ARICEPT        |                                  |

| Drug Name                                                                                      | Drug Tier | Reference Name | Requirements/Limits <sup>1</sup> |
|------------------------------------------------------------------------------------------------|-----------|----------------|----------------------------------|
| <b>Multiple Sclerosis Agents</b>                                                               |           |                |                                  |
| AVONEX PREFILLED 30 mcg/0.5ml im pfs kit                                                       | 1         |                | SP                               |
| <i>dimethyl fumarate 120 mg cap dr, 240 mg cap dr</i>                                          | 1         | TECFIDERA      |                                  |
| <i>dimethyl fumarate starter pack 120 &amp; 240 mg oral misc</i>                               | 1         | TECFIDERA      |                                  |
| REBIF 22 mcg/0.5ml sc soln pfs, 44 mcg/0.5ml sc soln pfs                                       | 1         |                | SP, PA                           |
| <b>Premenstrual Dysphoric Disorder (pmdd) Agents</b>                                           |           |                |                                  |
| <i>fluoxetine hcl (pmdd) 10 mg tab, 20 mg tab</i>                                              | 1         | SARAFEM        | 90 Days Supply Drug              |
| <b>Smoking Deterrents</b>                                                                      |           |                |                                  |
| <i>apo-varenicline 0.5 mg tab, 1 mg tab</i>                                                    | 1         | CHANTIX        | QL(56 / 28)                      |
| <i>bupropion hcl er (smoking det) 150 mg tab er 12 hr</i>                                      | 1         | ZYBAN          | 90 Days Supply Drug              |
| <i>goodsense nicotine 4 mg m/t gum</i>                                                         | 1         | NICORETTE      |                                  |
| <i>hm nicotine 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr</i>                          | 1         | NICODERM CQ    |                                  |
| <i>hm nicotine polacrilex 2 mg m/t gum, 4 mg m/t gum</i>                                       | 1         | NICORETTE      |                                  |
| <i>nicotine 21-14-7 mg/24hr td kit</i>                                                         | 1         |                |                                  |
| <i>nicotine 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr, 7 mg/24hr td patch 24hr</i>    | 1         | NICODERM CQ    |                                  |
| <i>nicotine polacrilex 2 mg m/t gum, 2 mg m/t lozg, 4 mg m/t gum, 4 mg m/t lozg</i>            | 1         | NICORETTE      |                                  |
| <i>nicotine step 1 21 mg/24hr td patch 24hr</i>                                                | 1         | NICODERM CQ    |                                  |
| <i>nicotine step 2 14 mg/24hr td patch 24hr</i>                                                | 1         | NICODERM CQ    |                                  |
| <i>nicotine step 3 7 mg/24hr td patch 24hr</i>                                                 | 1         | NICODERM CQ    |                                  |
| NICOTROL 10 mg inhaler                                                                         | 1         |                |                                  |
| NICOTROL NS 10 mg/ml nasal soln                                                                | 1         |                |                                  |
| <i>sm nicotine 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr, 7 mg/24hr td patch 24hr</i> | 1         | NICODERM CQ    |                                  |

| Drug Name                                                                                                                                                                          | Drug Tier | Reference Name | Requirements/Limits <sup>1</sup> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------|----------------------------------|
| <i>sm nicotine 2 mg m/t lozg, 4 mg m/t gum</i>                                                                                                                                     | 1         | NICORETTE      |                                  |
| <i>sm nicotine polacrilex 2 mg m/t gum, 4 mg m/t gum, 4 mg m/t lozg</i>                                                                                                            | 1         | NICORETTE      |                                  |
| <i>varenicline tartrate 0.5 MG X 11 &amp; 1 mg x 42 tab pack</i>                                                                                                                   | 1         | CHANTIX        | QL(53 / 28)                      |
| <i>varenicline tartrate 0.5 mg tab, 1 mg tab</i>                                                                                                                                   | 1         | CHANTIX        | QL(56 / 28)                      |
| <b>RESPIRATORY AGENTS - MISC.</b>                                                                                                                                                  |           |                |                                  |
| <b>Cystic Fibrosis Agents</b>                                                                                                                                                      |           |                |                                  |
| <i>PULMOZYME 2.5 mg/2.5ml inh soln</i>                                                                                                                                             | 1         |                | SP, PA                           |
| <b>TETRACYCLINES</b>                                                                                                                                                               |           |                |                                  |
| <b>Tetracyclines</b>                                                                                                                                                               |           |                |                                  |
| <i>doxycycline hyclate 100 mg tab dr, 150 mg tab dr, 200 mg tab dr</i>                                                                                                             | 1         | DORYX          |                                  |
| <i>doxycycline hyclate 20 mg tab</i>                                                                                                                                               | 1         | PERIOSTAT      |                                  |
| <i>doxycycline hyclate 100 mg tab</i>                                                                                                                                              | 1         | VIBRA-TABS     |                                  |
| <i>doxycycline hyclate 100 mg cap, 50 mg cap</i>                                                                                                                                   | 1         | VIBRAMYCIN     |                                  |
| <i>minocycline hcl 100 mg tab, 50 mg tab</i>                                                                                                                                       | 1         | DYNACIN        |                                  |
| <i>minocycline hcl 100 mg cap, 50 mg cap</i>                                                                                                                                       | 1         | MINOCIN        |                                  |
| <i>tetracycline hcl 250 mg cap, 500 mg cap</i>                                                                                                                                     | 1         |                |                                  |
| <b>THYROID AGENTS</b>                                                                                                                                                              |           |                |                                  |
| <b>Antithyroid Agents</b>                                                                                                                                                          |           |                |                                  |
| <i>methimazole 10 mg tab, 5 mg tab</i>                                                                                                                                             | 1         | TAPAZOLE       |                                  |
| <i>propylthiouracil 50 mg tab</i>                                                                                                                                                  | 1         |                |                                  |
| <b>Thyroid Hormones</b>                                                                                                                                                            |           |                |                                  |
| <i>levothyroxine sodium 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 300 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab</i> | 1         | SYNTHROID      |                                  |
| <i>liothyronine sodium 25 mcg tab, 5 mcg tab</i>                                                                                                                                   | 1         | CYTOMEL        |                                  |

| Drug Name                                                            | Drug Tier | Reference Name | Requirements/Limits <sup>1</sup> |
|----------------------------------------------------------------------|-----------|----------------|----------------------------------|
| SYNTHROID 125 mcg tab, 150 mcg tab, 200 mcg tab                      | 1         |                |                                  |
| UNITHROID 125 mcg tab                                                | 1         |                |                                  |
| <b>TOXOIDS</b>                                                       |           |                |                                  |
| <b>Toxoid Combinations</b>                                           |           |                |                                  |
| ADACEL 5-2-15.5 lf-mcg/0.5 im susp                                   | 1         |                | QL(0.5 / 365), AL                |
| BOOSTRIX 5-2.5-18.5 lf-mcg/0.5 im susp                               | 1         |                | QL(0.5 / 365), AL                |
| DECAVAC 5-2 lfu im inj                                               | 1         |                | QL(0.5 / 365), AL                |
| <i>diphtheria-tetanus toxoids 6.7-5 lfu/0.5ml im inj</i>             | 1         |                | QL(0.5 / 365), AL                |
| TDVAX 2-2 lf/0.5ml im susp                                           | 1         |                | QL(1.5 / 365), AL                |
| TENIVAC 5-2 lfu im inj                                               | 1         |                | QL(1.5 / 365), AL                |
| <i>tetanus-diphtheria toxoids td 2-2 lf/0.5ml im susp</i>            | 1         |                | QL(0.5 / 365), AL                |
| <b>Toxoids</b>                                                       |           |                |                                  |
| <i>tetanus toxoid adsorbed 5 lfu im soln</i>                         | 1         |                | QL(0.5 / 365), AL                |
| <b>ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS</b>                   |           |                |                                  |
| <b>Antispasmodics</b>                                                |           |                |                                  |
| <i>dicyclomine hcl 10 mg cap, 20 mg tab</i>                          | 1         | BENTYL         |                                  |
| <i>hyoscyamine sulfate 0.125 mg tab disint</i>                       | 1         | ANASPAZ        |                                  |
| <i>hyoscyamine sulfate 0.125 mg tab</i>                              | 1         | LEVSIN         |                                  |
| <i>hyoscyamine sulfate 0.125 mg tab subl</i>                         | 1         | LEVSIN/SL      |                                  |
| <b>H-2 Antagonists</b>                                               |           |                |                                  |
| <i>cimetidine 300 mg tab, 400 mg tab</i>                             | 1         | TAGAMET        |                                  |
| <i>cimetidine hcl 300 mg/5ml soln</i>                                | 1         | TAGAMET        |                                  |
| <i>famotidine 20 mg tab, 40 mg tab</i>                               | 1         | PEPCID         | QL(60 / 30)                      |
| <i>famotidine 40 mg/5ml susp</i>                                     | 1         | PEPCID         | QL(300 / 30)                     |
| <i>ranitidine 150 max strength 150 mg tab</i>                        | 1         | ZANTAC         |                                  |
| <i>ranitidine hcl 150 mg cap, 150 mg tab, 300 mg cap, 300 mg tab</i> | 1         | ZANTAC         |                                  |
| <i>ranitidine hcl 15 mg/ml syr, 75 mg/5ml syr</i>                    | 1         | ZANTAC         |                                  |
| <i>sm acid reducer max st 150 mg tab</i>                             | 1         | ZANTAC         |                                  |



| Drug Name                                                                               | Drug Tier | Reference Name | Requirements/Limits <sup>1</sup> |
|-----------------------------------------------------------------------------------------|-----------|----------------|----------------------------------|
| <b>Misc. Anti-ulcer</b>                                                                 |           |                |                                  |
| <i>sucralfate 1 gm tab</i>                                                              | 1         | CARAFATE       |                                  |
| <i>sucralfate 1 gm/10ml susp</i>                                                        | 1         | CARAFATE       |                                  |
| <b>Proton Pump Inhibitors</b>                                                           |           |                |                                  |
| <i>esomeprazole magnesium 20 mg cap dr, 40 mg cap dr</i>                                | 1         | NEXIUM         |                                  |
| <i>lansoprazole 15 mg cap dr, 30 mg cap dr</i>                                          | 1         | PREVACID       |                                  |
| <i>omeprazole 20 mg tab dr</i>                                                          | 1         |                |                                  |
| <i>omeprazole 10 mg cap dr, 20 mg cap dr, 40 mg cap dr</i>                              | 1         | PRILOSEC       |                                  |
| <i>pantoprazole sodium 20 mg tab dr, 40 mg tab dr</i>                                   | 1         | PROTONIX       |                                  |
| <i>sm omeprazole 20 mg tab dr</i>                                                       | 1         |                |                                  |
| <b>Ulcer Drugs - Prostaglandins</b>                                                     |           |                |                                  |
| <i>misoprostol 100 mcg tab, 200 mcg tab</i>                                             | 1         | CYTOTEC        |                                  |
| <b>URINARY ANTI-INFECTIVES</b>                                                          |           |                |                                  |
| <b>Urinary Anti-infectives</b>                                                          |           |                |                                  |
| <i>nitrofurantoin 25 mg/5ml susp</i>                                                    | 1         | FURADANTIN     |                                  |
| <i>nitrofurantoin macrocrystal 100 mg cap, 25 mg cap, 50 mg cap</i>                     | 1         | MACRODANTIN    |                                  |
| <i>nitrofurantoin monohyd macro 100 mg cap</i>                                          | 1         | MACROBID       |                                  |
| <b>URINARY ANTISPASMODICS</b>                                                           |           |                |                                  |
| <b>Urinary Antispasmodic - Antimuscarinics (anticholinergic)</b>                        |           |                |                                  |
| <i>darifenacin hydrobromide er 15 mg tab er 24 hr, 7.5 mg tab er 24 hr</i>              | 1         | ENABLEX        |                                  |
| <i>oxybutynin chloride 5 mg tab</i>                                                     | 1         | DITROPAN       |                                  |
| <i>oxybutynin chloride 5 mg/5ml syr</i>                                                 | 1         | DITROPAN       |                                  |
| <i>oxybutynin chloride er 10 mg tab er 24 hr, 15 mg tab er 24 hr, 5 mg tab er 24 hr</i> | 1         | DITROPAN       |                                  |
| <i>tolterodine tartrate 1 mg tab, 2 mg tab</i>                                          | 1         | DETROL         |                                  |
| <i>tolterodine tartrate er 2 mg cap er 24 hr, 4 mg cap er 24 hr</i>                     | 1         | DETROL LA      |                                  |
| <i>trospium chloride er 60 mg cap er 24 hr</i>                                          | 1         | SANCTURA XR    |                                  |
| <b>Urinary Antispasmodics - Cholinergic Agonists</b>                                    |           |                |                                  |

| Drug Name                                                                           | Drug Tier | Reference Name | Requirements/Limits <sup>1</sup> |
|-------------------------------------------------------------------------------------|-----------|----------------|----------------------------------|
| <i>bethanechol chloride 5 mg tab</i>                                                | 1         | URECHOLINE     |                                  |
| <b>VACCINES</b>                                                                     |           |                |                                  |
| <b>Bacterial Vaccines</b>                                                           |           |                |                                  |
| BEXSERO im susp pfs                                                                 | 1         |                | QL(1 / 365), AL                  |
| HIBERIX 10 mcg inj soln                                                             | 1         |                | QL(2 / 365), AL                  |
| MENACTRA im inj                                                                     | 1         |                | QL(0.5 / 365), AL                |
| MENOMUNE sc soln                                                                    | 1         |                | QL(1 / 365), AL                  |
| MENVEO im soln                                                                      | 1         |                | QL(1 / 365), AL                  |
| PNEUMOVAX 23 25 mcg/0.5ml inj                                                       | 1         |                | QL(0.5 / 365), AL                |
| PREVNAR 13 im susp                                                                  | 1         |                | QL(0.5 / 365), AL                |
| PREVNAR 20 0.5 ml im susp pfs                                                       | 1         |                | QL(0.5 / 365), AL                |
| TRUMENBA im susp pfs                                                                | 1         |                | QL(1.5 / 365), AL                |
| <b>Viral Vaccines</b>                                                               |           |                |                                  |
| AFLURIA QUADRIVALENT 0.25 ml im susp pfs                                            | 1         |                | QL(0.5 / 365)                    |
| AFLURIA QUADRIVALENT im susp, 0.5 ml im susp pfs                                    | 1         |                | QL(1 / 365)                      |
| <i>astrazeneca covid-19 vaccine 0.5 ml im susp</i>                                  | 1         |                | QL(0.5 / 28)                     |
| BOOSTRIX 5-2.5-18.5 lf-mcg/0.5 im susp pfs                                          | 1         |                | QL(0.5 / 365), AL                |
| COMIRNATY 30 mcg/0.3ml im susp                                                      | 1         |                |                                  |
| ENGRIX-B 10 mcg/0.5ml inj susp, 10 mcg/0.5ml Injection Suspension Prefilled Syringe | 1         |                | QL(1.5 / 365), AL                |
| ENGRIX-B 20 mcg/ml inj susp, 20 mcg/ml Injection Suspension Prefilled Syringe       | 1         |                | QL(3 / 365), AL                  |
| ENGRIX-B 20 mcg/ml Injection Suspension Prefilled Syringe                           | 1         |                | QL(3 / 365), AL                  |
| FLUAD 0.5 ml im susp pfs                                                            | 1         |                | QL(1 / 365)                      |
| FLUAD QUADRIVALENT 0.5 ml im pfs                                                    | 1         |                | QL(1 / 365)                      |
| FLUARIX QUADRIVALENT 0.5 ml im susp pfs                                             | 1         |                | QL(1 / 365)                      |
| FLUBLOK QUADRIVALENT 0.5 ml im soln pfs                                             | 1         |                | QL(1 / 365)                      |
| FLUCELVAX QUADRIVALENT im susp, 0.5 ml im susp pfs                                  | 1         |                | QL(1 / 365)                      |

| Drug Name                                                        | Drug Tier | Reference Name | Requirements/Limits <sup>1</sup> |
|------------------------------------------------------------------|-----------|----------------|----------------------------------|
| FLULAVAL im inj, im susp                                         | 1         |                | QL(1 / 365)                      |
| FLULAVAL QUADRIVALENT im susp, 0.5 ml im susp pfs                | 1         |                | QL(1 / 365)                      |
| FLUMIST QUADRIVALENT nasal susp                                  | 1         |                | QL(1 / 365)                      |
| FLUZONE HIGH-DOSE QUADRIVALENT 0.7 ml im susp pfs                | 1         |                | QL(1.4 / 365)                    |
| FLUZONE QUADRIVALENT 0.25 ml im susp pfs                         | 1         |                | QL(0.5 / 365)                    |
| FLUZONE QUADRIVALENT im susp, 0.5 ml im susp, 0.5 ml im susp pfs | 1         |                | QL(1 / 365)                      |
| GARDASIL im susp                                                 | 1         |                | QL(1.5 / 365), AL                |
| GARDASIL 9 im susp, im susp pfs                                  | 1         |                | QL(1.5 / 365), AL                |
| HAVRIX 720 el u/0.5ml im susp                                    | 1         |                | QL(1 / 365), AL                  |
| HAVRIX 1440 el u/ml im susp                                      | 1         |                | QL(2 / 365), AL                  |
| HEPLISAV-B 20 mcg/0.5ml im soln, 20 mcg/0.5ml im soln pfs        | 1         |                | QL(1 / 365), AL                  |
| IMOVAX RABIES 2.5 unit/ml im susp                                | 1         |                | QL(3 / 365), AL                  |
| IPOL inj                                                         | 1         |                | QL(1.5 / 365), AL                |
| IXIARO im susp                                                   | 1         |                | QL(1 / 365)                      |
| <i>janssen covid-19 vaccine 0.5 ml im susp</i>                   | 1         |                | QL(0.5 / 1)                      |
| MENACTRA im soln                                                 | 1         |                | QL(0.5 / 365), AL                |
| M-M-R II inj soln                                                | 1         |                | QL(2 / 365), AL                  |
| <i>moderna covid-19 bival booster 50 mcg/0.5ml im susp</i>       | 1         |                |                                  |
| <i>moderna covid-19 vac (booster) 50 mcg/0.5ml im susp</i>       | 1         |                | QL(0.5 / 120)                    |
| <i>moderna covid-19 vacc 6-11y 50 mcg/0.5ml im susp</i>          | 1         |                |                                  |
| <i>moderna covid-19 vacc 6m-5y 25 mcg/0.25ml im susp</i>         | 1         |                |                                  |
| <i>moderna covid-19 vaccine 100 mcg/0.5ml im susp</i>            | 1         |                | QL(0.5 / 28)                     |
| <i>novavax covid-19 vaccine 5 mcg/0.5ml im susp</i>              | 1         |                |                                  |

| Drug Name                                                                              | Drug Tier | Reference Name | Requirements/Limits <sup>1</sup> |
|----------------------------------------------------------------------------------------|-----------|----------------|----------------------------------|
| <i>pfizer covid-19 vac bival 5-11 10 mcg/0.2ml im susp</i>                             | 1         |                |                                  |
| <i>pfizer covid-19 vac bivalent 30 mcg/0.3ml im susp</i>                               | 1         |                |                                  |
| <i>pfizer covid-19 vac-tris 5-11y 10 mcg/0.2ml im susp</i>                             | 1         |                | QL(0.2 / 21), AL                 |
| <i>pfizer covid-19 vac-tris 6m-4y 3 mcg/0.2ml im susp</i>                              | 1         |                |                                  |
| <i>pfizer-biont covid-19 vac-tris 30 mcg/0.3ml im susp</i>                             | 1         |                | QL(0.3 / 21)                     |
| <i>pfizer-biontech covid-19 vacc 30 mcg/0.3ml im susp</i>                              | 1         |                | QL(0.3 / 21)                     |
| RECOMBIVAX HB 5 mcg/0.5ml inj susp, 5 mcg/0.5ml Injection Suspension Prefilled Syringe | 1         |                | QL(1.5 / 365), AL                |
| RECOMBIVAX HB 10 mcg/ml inj susp, 10 mcg/ml Injection Suspension Prefilled Syringe     | 1         |                | QL(3 / 365), AL                  |
| RECOMBIVAX HB 40 mcg/ml inj susp                                                       | 1         |                | QL(3 / 365), AL                  |
| SHINGRIX 50 mcg/0.5ml im susp                                                          | 1         |                | QL(2 / 365), AL                  |
| SPIKEVAX COVID-19 VACCINE 100 mcg/0.5ml im susp                                        | 1         |                |                                  |
| TWINRIX 720-20 im susp, 720-20 elu-mcg/ml im susp, 720-20 elu-mcg/ml im susp pfs       | 1         |                | QL(3 / 365), AL                  |
| VAQTA 25 unit/0.5ml im susp                                                            | 1         |                | QL(1 / 365), AL                  |
| VAQTA 50 unit/ml im susp                                                               | 1         |                | QL(2 / 365), AL                  |
| VARIVAX 1350 pfu/0.5ml sc inj                                                          | 1         |                | QL(2 / 365), AL                  |
| ZOSTAVAX 19400 unt/0.65ml sc susp                                                      | 1         |                | QL(1 / 365), AL                  |
| <b>VAGINAL AND RELATED PRODUCTS</b>                                                    |           |                |                                  |
| <b>Vaginal Anti-infectives</b>                                                         |           |                |                                  |
| <i>3 day vaginal 2 % vag crm</i>                                                       | 1         |                |                                  |
| CLEOCIN 100 mg vag supp                                                                | 1         |                |                                  |
| <i>clindamycin phosphate 2 % vag crm</i>                                               | 1         | CLEOCIN        |                                  |
| <i>clotrimazole 1 % vag crm</i>                                                        | 1         |                |                                  |
| <i>metronidazole 0.75 % vag gel</i>                                                    | 1         | METROGEL       |                                  |
| <i>miconazole 7 100 mg vag supp</i>                                                    | 1         |                |                                  |

| Drug Name                                                                           | Drug Tier | Reference Name | Requirements/Limits <sup>1</sup> |
|-------------------------------------------------------------------------------------|-----------|----------------|----------------------------------|
| <i>miconazole 7 2 % vag crm</i>                                                     | 1         |                |                                  |
| <i>miconazole nitrate 2 % vag crm</i>                                               | 1         |                |                                  |
| <i>sm 3-day vaginal 2 % vag crm</i>                                                 | 1         |                |                                  |
| <i>sm clotrimazole vaginal 1 % vag crm</i>                                          | 1         |                |                                  |
| <i>sm miconazole 7 100 mg vag supp</i>                                              | 1         |                |                                  |
| <i>sm miconazole 7 2 % vag crm</i>                                                  | 1         |                |                                  |
| <i>terconazole 0.4 % vag crm, 0.8 % vag crm</i>                                     | 1         | TERAZOL        |                                  |
| <i>terconazole 80 mg vag supp</i>                                                   | 1         | TERAZOL 3      |                                  |
| <b>Vaginal Estrogens</b>                                                            |           |                |                                  |
| <i>estradiol 0.1 mg/gm vag crm</i>                                                  | 1         | ESTRACE        |                                  |
| PREMARIN 0.625 mg/gm vag crm                                                        | 1         |                |                                  |
| <b>VASOPRESSORS</b>                                                                 |           |                |                                  |
| <b>Anaphylaxis Therapy Agents</b>                                                   |           |                |                                  |
| <i>epinephrine 0.15 mg/0.15ml inj soln auto-inj, 0.3 mg/0.3ml inj soln auto-inj</i> | 1         | ADRENACLICK    |                                  |
| <i>epinephrine 0.15 mg/0.3ml inj soln auto-inj</i>                                  | 1         | EPIPEN JR      |                                  |
| <b>Vasopressors</b>                                                                 |           |                |                                  |
| <i>epinephrine 1 mg/ml inj soln</i>                                                 | 1         |                |                                  |
| <i>midodrine hcl 10 mg tab, 5 mg tab</i>                                            | 1         | PROAMATINE     |                                  |
| <b>VITAMINS</b>                                                                     |           |                |                                  |
| <b>Oil Soluble Vitamins</b>                                                         |           |                |                                  |
| <i>ergocalciferol 1.25 MG (50000 ut) cap</i>                                        | 1         | DRISDOL        |                                  |
| <i>vitamin d (ergocalciferol) 1.25 MG (50000 ut) cap</i>                            | 1         | DRISDOL        |                                  |
| <b>Water Soluble Vitamins</b>                                                       |           |                |                                  |
| <i>niacin er 250 mg cap er</i>                                                      | 1         |                |                                  |
| <i>thiamine hcl 100 mg tab</i>                                                      | 1         |                |                                  |

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