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## Horizon Blue Cross Blue Shield of New Jersey Classic Drug Guide

Please talk to your doctor about prescribing medicines from this drug list (formulary). It may help you and your doctor to choose an appropriate medicine and may help reduce your out-of-pocket costs.

This Drug Guide is regularly updated. Please sign Member Online Services at <http://www.HorizonBlue.com> to search for medicines according to your benefit design and applicable exclusions.

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### Therapeutic Class Drug List

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To search for a drug name within this PDF document, use the **Control** and **F** keys on your keyboard, or go to **Edit** in the drop-down menu and select **Find/Search**. Type in the word or phrase you are looking for and click on **Search**.

## Introduction

Horizon Blue Cross Blue Shield of New Jersey (BCBSNJ) is pleased to present the Classic Drug Guide. Our goal is to give our members access to safe and effective prescription medicines. Refer to this guide for information, and present it to your doctor if you need a prescription.

The drug list (formulary) is a list of medicines included on the formulary. Coverage of medicines and supplies included on this drug list is subject to your coverage provisions and applicable exclusions, and may differ from that listed. Please refer to the policy and benefit information you received from Horizon BCBSNJ to identify coverage provisions and exclusions. When we refer to “policy and benefit information”, we are referring to one or more of the following: Certificate of Coverage, Contract, or Member Handbook.

## Drug selection

Each medicine chosen for the drug list was analyzed for its safety, efficacy and value by Horizon BCBSNJ's Pharmacy and Therapeutics (P&T) Committee. The P&T Committee is made up of local, independent practicing doctors and pharmacists and meets at least quarterly. Decisions to add or remove medicines from the Classic Drug List for the Health Insurance Marketplace are based on safety, efficacy, uniqueness and cost. New medicines are considered Non-Preferred (Tier 3) until reviewed and approved for inclusion on the drug list by the P&T Committee. Horizon BCBSNJ encourages doctors to prescribe Generic (Tier 1) and Preferred (Tier 2) medicines. While coverage is provided for Non-Preferred medicines (Tier 3), members have a higher copay or cost share for them.

To find recent changes or the most current version of this guide, and to search for medicines according to your benefit design and applicable exclusions, log into Member Online Services at <http://www.HorizonBlue.com>. You can also access the most current version of the Guide at <http://www.horizonblue.com/formulary>.

## Member prescription benefit

The drug list is grouped into tiers, and your co-payment or cost share is determined by the tier that the medicine is on: generic (Tier 1), Preferred brand (Tier 2) and Non-Preferred brand (Tier 3).

**Tier 1 – Lowest copayment** – Generics. Tier 1 includes all generic medicines although not all generics are listed.

**Tier 2 – Middle copayment** – Preferred brands. Tier 2 medicines are displayed.

**Tier 3 – Highest copayment** – Non-Preferred brands.

The drug list is an open formulary. This means all FDA approved medicines are included. However, certain drug classes are excluded from coverage (not covered) including investigational and cosmetic drugs (such as Propecia for hair growth). Coverage, copayment, and additional restrictions and exclusions may vary depending on your pharmacy plan design. Please refer to the policy and benefit information you received from Horizon BCBSNJ.

## Generic drugs

Horizon BCBSNJ encourages the use of generics as a way to provide high-quality medicine at a reduced cost. Generics are as safe and effective as their brand counterparts, and are usually less expensive. Generics are manufactured under the same strict requirements of the Food and Drug Administration's (FDA's) current Good Manufacturing Practice regulations required for brand drugs in manufacturing, strength, purity and quality.

An FDA-approved generic medicine may be substituted for the brand counterpart when it:

- Contains the same active ingredient(s) as the brand.
- Is identical in strength, dosage form and route of administration.
- Is therapeutically equivalent and can be expected to have the same clinical effect and safety profile.

To encourage use of generics, Tier 2 Preferred brand medicines typically move to Tier 3 after an equivalent generic version becomes available in Tier 1.

If you choose to receive a brand name medicine that has a generic equivalent is available, you may be subject to a reduced benefit and a higher out-of-pocket expense for that brand name medicine.

## Affordable Care Act

Some medicines may have limited or \$0 cost-sharing under the Affordable Care Act; examples of categories that may be subject to limited or \$0 cost share include aspirin, breast cancer preventive, fluoride supplements, folic acid supplements, gonorrhea prophylaxis (newborn), iron supplements, some tobacco cessation products, vitamin D supplements, bowel preparation medications, and some contraceptive drugs and devices. These medicines may also have age restrictions in order to have limited or \$0 cost-sharing.

If you do not find the medicine you are searching for in this Guide, call Pharmacy Member Services at 1-800-370-5088 to find out if the drug is available over-the-counter, or is covered under your medical benefit. You can also log into Member Online Services at <http://www.HorizonBlue.com>.

## Utilization management (UM)

Some medicines have special requirements where your doctor must provide clinical information to Horizon BCBSNJ before the medicine will be approved and covered by the plan. These special requirements are called utilization management. Medicines with utilization management requirements such as Prior Authorization (PA), Medical Necessity Review and Determination (MND), a "Smart" Prior Authorization process ("Smart" PA) or that are subject to a Quantity Limit (QL) are noted on the drug list.

### **Prior Authorization/Medical Necessity Review and Determination**

Some medicines require Prior Authorization (PA) before coverage is approved. PA encourages medically necessary, safe, cost-effective medicine use by allowing coverage when certain conditions are met. PA makes sure a prescription is being filled that is suitable for the intended use and covered by the pharmacy benefit. Only drugs that are considered medically necessary are covered. If the Drug List shows that you need a PA for a medicine, your doctor must submit a PA request to Horizon BCBSNJ for review.

After your PA is reviewed, you and your doctor will receive an approval letter that indicates how long it's approved. If the PA request is not approved (denied), the denial reason will be stated along with instructions about the appeal process if you or your doctor wish to appeal. You also have the choice to buy the medicine at your own expense.

Some drugs may be reviewed for medical necessity from time to time, even though they are not subject to our PA requirements.

Detailed PA/MND information can be found [here](#).

## **Quantity Limit**

A Quantity Limit (QL) controls the maximum amount of medicine covered per prescription. It can also identify gender or age restrictions and amount of medicine. QL are placed on certain categories and are based upon FDA-approved drug labeling. These limits help encourage safe and proper use. If the drug list shows that there is a QL, your doctor must submit a PA request to Horizon BCBSNJ for review if he/she wants to exceed the QL for your medicine. Clinical information will be required to be submitted with the PA request to explain why you need to exceed the quantity limit. If the PA request is approved, your medicine will be covered by your plan. If the request is not approved, there is an appeals process available or you may choose to buy the medicine at your own expense.

Detailed QL information can be found [here](#).

## **Specialty**

Specialty medicines require special handling, patient monitoring, and unique education prior to use. These specialty medicines also require your doctor to submit a Prior Authorization (PA) request to Horizon BCBSNJ for review.

Horizon BCBSNJ has contracted with certain specialty pharmacies that specialize in providing these medicines and providing these therapies. Members who want to minimize their cost-sharing are required to obtain the specialty medicines from a participating specialty pharmacy. You cannot receive specialty medicine at a retail pharmacy, through PrimeMail home delivery or from a non-participating specialty pharmacy.

To find out more information about our Specialty Rx Program and to see the list and phone numbers of the participating specialty pharmacies, please refer to <http://www.horizonblue.com/specialtyrx>

## How to use this list

The drug list is organized into broad categories (e.g. ANTINEOPLASTIC AGENTS AND RELATED DRUGS). The graphic below shows the information that is provided in each column of the drug list and is only an example. Please use the drug search function to find current information for drugs on the drug list.

| 1                                                          | 2         | 3                   | 4               | 5         | 6   |                      |
|------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|
| Drug Name                                                  | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
| SYLATRON - peginterferon alfa-2b for inj kit 200 mcg       | 2         | •                   | •               | •         |     | •                    |
| SYLATRON - peginterferon alfa-2b for inj kit 300 mcg       | 2         | •                   | •               | •         |     | •                    |
| SYLATRON - peginterferon alfa-2b for inj kit 4 x 200 mcg   | 2         | •                   | •               | •         |     | •                    |
| SYLATRON - peginterferon alfa-2b for inj kit 4 x 300 mcg   | 2         | •                   | •               | •         |     | •                    |
| SYLATRON - peginterferon alfa-2b for inj kit 600 mcg       | 2         | •                   | •               | •         |     | •                    |
| TABLOID - thioguanine tab 40 mg                            | 2         |                     |                 |           |     |                      |
| TAFINLAR - dabrafenib mesylate cap 50 mg (base equivalent) | 2         | •                   | •               | •         |     | •                    |
| TAFINLAR - dabrafenib mesylate cap 75 mg (base equivalent) | 2         | •                   | •               | •         |     | •                    |
| tamoxifen citrate tab 10 mg (base equivalent)              | 1         |                     |                 |           | •   |                      |
| tamoxifen citrate tab 20 mg (base equivalent)              | 1         |                     |                 |           | •   |                      |
| TARCEVA - erlotinib hcl tab 100 mg (base equivalent)       | 2         | •                   | •               | •         |     | •                    |

- 1 The first column of the chart lists the medicine name. Generic medicines are shown in lower-case **boldface** type. Most generics are followed by a reference brand medicine in (parentheses). Some generics have no reference brand. Brand medicines are shown in capital letters followed by the generic name.
- 2 The second column indicates the tier. 1=Generic, 2=Preferred brand, 3=Non-preferred brand, and A=\$0 if ACA requirements are met
- 3 These columns indicate the Utilization Management program(s) that apply to the medicine, such as Prior Authorization and Quantity Limits). If an indicator is present in the column(s), then the UM program(s) applies.
- 4 The column indicates if the medicine is considered a Specialty drug.
- 5 The column indicates if the medicine is required to be covered under the ACA.
- 6 The column indicates if the medicine is considered Limited Distribution.

## Key

|                    |                    |                     |                               |
|--------------------|--------------------|---------------------|-------------------------------|
| <b>cap</b> .....   | capsules           | <b>odt</b> .....    | orally disintegrating tablets |
| <b>chew</b> .....  | chewable           | <b>oint</b> .....   | ointment                      |
| <b>conc</b> .....  | concentrate        | <b>ophth</b> .....  | ophthalmic                    |
| <b>cr</b> .....    | controlled release | <b>osm</b> .....    | osmotic release               |
| <b>dr</b> .....    | delayed release    | <b>powd</b> .....   | powder                        |
| <b>ec</b> .....    | enteric coated     | <b>sa</b> .....     | sustained action              |
| <b>effe</b> .....  | effervescent       | <b>sl</b> .....     | sublingual                    |
| <b>equiv</b> ..... | equivalent         | <b>soln</b> .....   | solution                      |
| <b>er</b> .....    | extended release   | <b>sr</b> .....     | sustained release             |
| <b>inhal</b> ..... | inhalation         | <b>suppos</b> ..... | suppositories                 |
| <b>inj</b> .....   | injection          | <b>susp</b> .....   | suspension                    |
| <b>liq</b> .....   | liquid             | <b>tab</b> .....    | tablets                       |
| <b>lotn</b> .....  | lotion             | <b>td</b> .....     | transdermal                   |
| <b>nebu</b> .....  | nebulizer          |                     |                               |

This Drug Guide is regularly updated. Please sign Member Online Services at <http://www.HorizonBlue.com> to search for medicines according to your benefit design and applicable exclusions.



Horizon Blue Cross Blue Shield of New Jersey

If you need help understanding this Horizon Blue Cross Blue Shield of New Jersey information, you have the right to get help in your language at no cost to you. To talk to an interpreter, please call **1-800-370-5088** during normal business hours.

Spanish (Español): Si necesita ayuda para comprender esta información de Horizon Blue Cross Blue Shield of New Jersey, usted tiene el derecho de obtener ayuda en su idioma sin costo alguno. Para hablar con un intérprete, sírvase llamar al **1-800-370-5088** durante el horario normal de trabajo.

Chinese (中文): 如果您需要幫助來理解這份新澤西州地平線藍十字藍盾 (Horizon Blue Cross Blue Shield of New Jersey) 資料，您有權免費獲得以您的語言提供的協助。欲聯絡翻譯人員，請於上班時間致電 **1-800-370-5088**。

Korean (한국어): 가입자는 Horizon Blue Cross Blue Shield of New Jersey에 관한 정보를 이해하기 위해 주로 사용하는 언어로 무료로 도움을 받을 권리가 있습니다. 통역사의 도움을 받으려면 정상 업무 시간 동안에 **1-800-370-5088**로 전화해 주십시오.

Portuguese (Português): Se precisar de ajuda para entender estas informações da Horizon Blue Cross Blue Shield of New Jersey, você tem o direito de receber gratuitamente assistência no seu idioma. Para falar com um intérprete, ligue para: **1-800-370-5088** no horário normal de trabalho.

Gujarati (ગુજરાતી): જો તમને આ ન્યુ જર્સી માહિતીનાં હોરાઈઝન્સ બ્લૂ ક્રોસ બ્લૂ શીલ્ડને સમજવા મદદની જરૂર હોય તો, તમને તમારી ભાષામાં કોઈ પણ ખર્ચ વગર મદદ મેળવવાનો અધિકાર છે. કોઈ દુભાષિયા સાથે વાત કરવા, કૃપા કરીને સામાન્ય બિઝનેસ ક્લાકો દરમિયાન **1-800-370-5088** પર ફોન કરો.

Polish (Polski): Jeżeli potrzebujesz pomocy, aby zrozumieć informacje planu Horizon Blue Cross Blue Shield of New Jersey, masz prawo poprosić o bezpłatną pomoc w języku ojczystym. Aby skorzystać z pomocy tłumacza, zadzwoń pod numer **1-800-370-5088** podczas normalnych godzin pracy.

Italian (Italiano): Se vi serve aiuto per capire queste informazioni della Horizon Blue Cross Blue Shield of New Jersey, avete diritto ad assistenza gratis nella vostra lingua. Per parlare con un interprete, siete pregati di telefonare al numero **1-800-370-5088** durante le normali ore d'ufficio.

Tagalog (Tagalog): Kung kailangan mo ng tulong sa pag-unawa nitong impormasyon ng Horizon Blue Cross Blue Shield of New Jersey, may karapatan kang humingi ng tulong sa iyong wika nang walang gastos sa iyo. Upang makipag-usap sa isang taga-interpret, mangyaring tumawag sa **1-800-370-5088** sa loob ng karaniwang mga oras ng negosyo.

Russian (Русский язык): Если вам необходима помощь в разъяснении этой информации, предоставленной компанией Horizon Blue Cross Blue Shield of New Jersey, у вас есть право на получение помощи на вашем родном языке бесплатно. Для связи с переводчиком звоните по номеру телефона **1-800-370-5088** в обычные рабочие часы.

Haitian Creole (Kreyòl ayisyen): Si ou bezwen èd pou konprann enfòmasyon sou Horizon Blue Cross Blue Shield of New Jersey, ou gen dwa pou jwenn èd nan lang natifnatal ou gratis. Pou pale avèk yon entèprèt, tanpri rele nimewo **1-800-370-5088** pandan lè nòmal biznis.

Hindi (हिंदी): यदि आपको न्यू जर्सी की इस होराइजन ब्लू क्रॉस ब्लू शील्ड सूचना को समझने में सहायता की जरूरत है, तो आपके पास मुफ्त में अपनी भाषा में सहायता पाने का अधिकार है। किसी दुभाषिण से बात करने के लिए, कृपया सामान्य कार्य समय के दौरान **1-800-370-5088** पर कॉल करें।

Vietnamese (Tiếng Việt): Nếu cần được giúp đỡ để hiểu rõ thông tin này của Horizon Blue Cross Blue Shield of New Jersey, quý vị có quyền được giúp đỡ bằng ngôn ngữ của mình miễn phí. Xin gọi số **1-800-370-5088** trong giờ làm việc để nói chuyện với người thông dịch.

French (Français): Si vous avez besoin d'assistance pour comprendre ces informations au sujet de Horizon Blue Cross Blue Shield of New Jersey, vous avez le droit d'obtenir de l'aide dans votre langue, sans aucun frais. Pour parler avec un interprète, veuillez appeler le **1-800-370-5088** pendant les heures normales de bureau.

Navajo (Diné): Díí New Jersey bił hahoodzo Horizon Blue Cross Blue Shield, t'áá ninizaad k'ehjí baa hane'íí bik'i diitłih bee shiká' a'doowoł nínízingo éí bee ná'ahoot'i' dóó doo bááh ílíní da. Ata' halne'é ła' bich'í' hadeesdzih nínízingo t'áá shóodí **1-800-370-5088**jí' nida'anishgo oolkiłíí bik'ehgo hodíílnih.

Arabic (عربي): إذا كنت بحاجة إلى المساعدة في فهم معلومات Horizon Blue Cross Blue Shield of New Jersey، لديك الحق في الحصول على المساعدة بلغتك دون تحميلك أية تكلفة. للتكلم مع مترجم، يرجى الاتصال خلال ساعات العمل العادية بالرقم **1-800-370-5088**.

Urdu (اردو): اگر آپ کو نیوجرسی انفارمیشن کے اس آسمانی نیلے رنگ والے تیز نیلے رنگ والے شیلڈ کو سمجھنے میں مدد کی ضرورت ہے تو، آپ کو اپنی زبان میں بغیر کسی خرچ کے مدد حاصل کرنے کا حق ہے۔ مترجم سے بات کرنے کے لیے، براہ کرم، معمول کے کاروباری اوقات میں **1-800-370-5088** پر کال کریں۔





Horizon Blue Cross Blue Shield of New Jersey

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## **Notice of Nondiscrimination**

Horizon Blue Cross Blue Shield of New Jersey complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Horizon BCBSNJ does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Horizon BCBSNJ provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Information written in other languages

If you need these services, contact Horizon BCBSNJ's Director of Regulatory Compliance at the phone number, fax or email listed below.

If you believe that Horizon BCBSNJ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

**Horizon BCBSNJ – Director, Regulatory Compliance**  
**Three Penn Plaza East, PP-16C**  
**Newark, NJ 07105**  
**Phone: 1-800-658-6781**  
**Fax: 1-973-466-7759**  
**Email: [ComplianceAndEthicsOffice@HorizonBlue.com](mailto:ComplianceAndEthicsOffice@HorizonBlue.com)**

You can file a grievance in person, or by mail, fax or email. If you need help filing a grievance, Horizon BCBSNJ's Director of Regulatory Compliance is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

**Office for Civil Rights Headquarters**  
**U.S. Department of Health and Human Services**  
**200 Independence Avenue, SW**  
**Room 509F, HHH Building**  
**Washington, D.C. 20201**  
**1-800-368-1019 or 1-800-537-7697 (TDD)**

Complaint forms are available at [www.hhs.gov/ocr/office/file/index.html](http://www.hhs.gov/ocr/office/file/index.html).

| Drug Name                                                                     | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                          | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
|-------------------------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|------------------------------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|
| <b>ANTI-INFECTIVE AGENTS</b>                                                  |           |                     |                 |           |     |                      | AMOXICILLIN/CLAVULANATE P<br>– amoxicillin & k clavulanate<br>chew tab 200-28.5 mg | 1         |                     |                 |           |     |                      |
| <b>PENICILLINS</b>                                                            |           |                     |                 |           |     |                      | AMOXICILLIN/CLAVULANATE P<br>– amoxicillin & k clavulanate<br>chew tab 400-57 mg   | 1         |                     |                 |           |     |                      |
| AMOXICILLIN – amoxicillin<br>(trihydrate) chew tab 125 mg                     | 1         |                     |                 |           |     |                      | ampicillin cap 500 mg                                                              | 1         |                     |                 |           |     |                      |
| AMOXICILLIN – amoxicillin<br>(trihydrate) chew tab 250 mg                     | 1         |                     |                 |           |     |                      | AUGMENTIN – amoxicillin & k<br>clavulanate tab 500-125 mg                          | 3         | •                   |                 |           |     |                      |
| amoxicillin (trihydrate) cap<br>250 mg                                        | 1         |                     |                 |           |     |                      | AUGMENTIN – amoxicillin & k<br>clavulanate tab 875-125 mg                          | 3         | •                   |                 |           |     |                      |
| amoxicillin (trihydrate) cap<br>500 mg                                        | 1         |                     |                 |           |     |                      | AUGMENTIN – amoxicillin & k<br>clavulanate for susp 125-31.25<br>mg/5ml            | 3         |                     |                 |           |     |                      |
| amoxicillin (trihydrate) for susp<br>125 mg/5ml                               | 1         |                     |                 |           |     |                      | AUGMENTIN – amoxicillin & k<br>clavulanate for susp 250-62.5<br>mg/5ml             | 3         | •                   |                 |           |     |                      |
| amoxicillin (trihydrate) for susp<br>200 mg/5ml                               | 1         |                     |                 |           |     |                      | AUGMENTIN ES-600 – amoxicillin<br>& k clavulanate for susp<br>600-42.9 mg/5ml      | 3         | •                   |                 |           |     |                      |
| amoxicillin (trihydrate) for susp<br>250 mg/5ml                               | 1         |                     |                 |           |     |                      | AUGMENTIN XR – amoxicillin<br>& k clavulanate tab er 12hr<br>1000-62.5 mg          | 3         | •                   |                 |           |     |                      |
| amoxicillin (trihydrate) for susp<br>400 mg/5ml                               | 1         |                     |                 |           |     |                      | dicloxacillin sodium cap 250 mg                                                    | 1         |                     |                 |           |     |                      |
| amoxicillin (trihydrate) tab 500 mg                                           | 1         |                     |                 |           |     |                      | dicloxacillin sodium cap 500 mg                                                    | 1         |                     |                 |           |     |                      |
| amoxicillin (trihydrate) tab 875 mg                                           | 1         |                     |                 |           |     |                      | MOXATAG – amoxicillin<br>(trihydrate) tab er 24hr 775 mg                           | 3         |                     |                 |           |     |                      |
| amoxicillin & k clavulanate for<br>susp 200-28.5 mg/5ml                       | 1         |                     |                 |           |     |                      | penicillin v potassium tab 250 mg                                                  | 1         |                     |                 |           |     |                      |
| amoxicillin & k clavulanate<br>for susp 250-62.5 mg/5ml<br>(Augmentin)        | 1         |                     |                 |           |     |                      | penicillin v potassium tab 500 mg                                                  | 1         |                     |                 |           |     |                      |
| amoxicillin & k clavulanate for<br>susp 400-57 mg/5ml                         | 1         |                     |                 |           |     |                      | <b>CEPHALOSPORINS</b>                                                              |           |                     |                 |           |     |                      |
| amoxicillin & k clavulanate<br>for susp 600-42.9 mg/5ml<br>(Augmentin es-600) | 1         |                     |                 |           |     |                      | CEDAX – ceftibuten cap 400 mg                                                      | 3         |                     |                 |           |     |                      |
| amoxicillin & k clavulanate tab er<br>12hr 1000-62.5 mg (Augmentin<br>xr)     | 1         |                     |                 |           |     |                      | CEDAX – ceftibuten for susp 180<br>mg/5ml                                          | 3         |                     |                 |           |     |                      |
| amoxicillin & k clavulanate tab<br>250-125 mg                                 | 1         |                     |                 |           |     |                      | CEFACLOL – cefaclor for susp<br>125 mg/5ml                                         | 1         |                     |                 |           |     |                      |
| amoxicillin & k clavulanate tab<br>500-125 mg (Augmentin)                     | 1         |                     |                 |           |     |                      | CEFACLOL – cefaclor for susp<br>250 mg/5ml                                         | 1         |                     |                 |           |     |                      |
| amoxicillin & k clavulanate tab<br>875-125 mg (Augmentin)                     | 1         |                     |                 |           |     |                      | CEFACLOL – cefaclor for susp<br>375 mg/5ml                                         | 1         |                     |                 |           |     |                      |
|                                                                               |           |                     |                 |           |     |                      | cefaclor cap 250 mg                                                                | 1         |                     |                 |           |     |                      |
|                                                                               |           |                     |                 |           |     |                      | cefaclor cap 500 mg                                                                | 1         |                     |                 |           |     |                      |

| Drug Name                                                            | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                    | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| CEFACLOR ER – cefaclor monohydrate tab er 12hr 500 mg                | 1         |                     |                 |           |     |                      | cefuroxime axetil tab 500 mg (Ceftin)                        | 1         |                     |                 |           |     |                      |
| cefadroxil cap 500 mg                                                | 1         |                     |                 |           |     |                      | CEPHALEXIN – cephalixin tab 250 mg                           | 1         |                     |                 |           |     |                      |
| cefadroxil for susp 250 mg/5ml                                       | 1         |                     |                 |           |     |                      | CEPHALEXIN – cephalixin tab 500 mg                           | 1         |                     |                 |           |     |                      |
| cefadroxil for susp 500 mg/5ml                                       | 1         |                     |                 |           |     |                      | cephalexin cap 250 mg (Keflex)                               | 1         |                     |                 |           |     |                      |
| cefadroxil tab 1 gm                                                  | 1         |                     |                 |           |     |                      | cephalexin cap 500 mg (Keflex)                               | 1         |                     |                 |           |     |                      |
| cefdinir cap 300 mg                                                  | 1         |                     |                 |           |     |                      | cephalexin cap 750 mg (Keflex)                               | 1         |                     |                 |           |     |                      |
| cefdinir for susp 125 mg/5ml                                         | 1         |                     |                 |           |     |                      | cephalexin for susp 125 mg/5ml                               | 1         |                     |                 |           |     |                      |
| cefdinir for susp 250 mg/5ml                                         | 1         |                     |                 |           |     |                      | cephalexin for susp 250 mg/5ml                               | 1         |                     |                 |           |     |                      |
| CEFDITOREN PIVOXIL – cefditoren pivoxil tab 200 mg (base equivalent) | 1         |                     |                 |           |     |                      | DAXBIA – cephalixin cap 333 mg                               | 3         |                     |                 |           |     |                      |
| CEFDITOREN PIVOXIL – cefditoren pivoxil tab 400 mg (base equivalent) | 1         |                     |                 |           |     |                      | KEFLEX – cephalixin cap 250 mg                               | 3         | •                   |                 |           |     |                      |
| cefixime for susp 100 mg/5ml (Suprax)                                | 1         |                     |                 |           |     |                      | KEFLEX – cephalixin cap 500 mg                               | 3         | •                   |                 |           |     |                      |
| cefixime for susp 200 mg/5ml (Suprax)                                | 1         |                     |                 |           |     |                      | KEFLEX – cephalixin cap 750 mg                               | 3         |                     |                 |           |     |                      |
| cefpodoxime proxetil for susp 50 mg/5ml                              | 1         |                     |                 |           |     |                      | SPECTRACEF – cefditoren pivoxil tab 400 mg (base equivalent) | 3         |                     |                 |           |     |                      |
| cefpodoxime proxetil for susp 100 mg/5ml                             | 1         |                     |                 |           |     |                      | SUPRAX – cefixime cap 400 mg                                 | 3         |                     |                 |           |     |                      |
| cefpodoxime proxetil tab 100 mg                                      | 1         |                     |                 |           |     |                      | SUPRAX – cefixime chew tab 100 mg                            | 3         |                     |                 |           |     |                      |
| cefpodoxime proxetil tab 200 mg                                      | 1         |                     |                 |           |     |                      | SUPRAX – cefixime chew tab 200 mg                            | 3         |                     |                 |           |     |                      |
| cefprozil for susp 125 mg/5ml                                        | 1         |                     |                 |           |     |                      | SUPRAX – cefixime for susp 100 mg/5ml                        | 3         |                     |                 |           |     |                      |
| cefprozil for susp 250 mg/5ml                                        | 1         |                     |                 |           |     |                      | SUPRAX – cefixime for susp 200 mg/5ml                        | 3         |                     |                 |           |     |                      |
| cefprozil tab 250 mg                                                 | 1         |                     |                 |           |     |                      | SUPRAX – cefixime for susp 500 mg/5ml                        | 3         |                     |                 |           |     |                      |
| cefprozil tab 500 mg                                                 | 1         |                     |                 |           |     |                      | MACROLIDES                                                   |           |                     |                 |           |     |                      |
| CEFTIBUTEN – ceftibuten cap 400 mg                                   | 1         |                     |                 |           |     |                      | AZITHROMYCIN – azithromycin powd pack for susp 1 gm          | 1         |                     | •               |           |     |                      |
| CEFTIBUTEN – ceftibuten for susp 180 mg/5ml                          | 1         |                     |                 |           |     |                      | azithromycin for susp 100 mg/5ml (Zithromax)                 | 1         |                     |                 |           |     |                      |
| CEFTIN – cefuroxime axetil for susp 125 mg/5ml                       | 3         |                     |                 |           |     |                      | azithromycin for susp 200 mg/5ml (Zithromax)                 | 1         |                     |                 |           |     |                      |
| CEFTIN – cefuroxime axetil for susp 250 mg/5ml                       | 3         |                     |                 |           |     |                      | azithromycin tab 250 mg (Zithromax)                          | 1         |                     | •               |           |     |                      |
| cefuroxime axetil tab 250 mg (Ceftin)                                | 1         |                     |                 |           |     |                      | azithromycin tab 500 mg (Zithromax)                          | 1         |                     | •               |           |     |                      |

| Drug Name                                                                   | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                         | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| <b>azithromycin tab 600 mg</b><br>(Zithromax)                               | 1         |                     | •               |           |     |                      | <b>erythromycin w/ delayed release particles cap 250 mg</b>       | 1         |                     |                 |           |     |                      |
| <b>clarithromycin for susp 125 mg/5ml</b>                                   | 1         |                     |                 |           |     |                      | PCE – erythromycin w/ enteric coated particles tab 333 mg         | 3         |                     |                 |           |     |                      |
| <b>clarithromycin for susp 250 mg/5ml</b> (Biaxin)                          | 1         |                     |                 |           |     |                      | PCE – erythromycin w/ enteric coated particles tab 500 mg         | 3         |                     |                 |           |     |                      |
| <b>clarithromycin tab er 24hr 500 mg</b>                                    | 1         |                     | •               |           |     |                      | <b>ZITHROMAX – azithromycin tab 250 mg</b>                        | 3         | •                   | •               |           |     |                      |
| <b>clarithromycin tab 250 mg</b> (Biaxin)                                   | 1         |                     | •               |           |     |                      | <b>ZITHROMAX – azithromycin tab 500 mg</b>                        | 3         | •                   | •               |           |     |                      |
| <b>clarithromycin tab 500 mg</b> (Biaxin)                                   | 1         |                     | •               |           |     |                      | <b>ZITHROMAX – azithromycin tab 600 mg</b>                        | 3         | •                   | •               |           |     |                      |
| <b>DIFICID – fidaxomicin tab 200 mg</b>                                     | 3         |                     | •               |           |     |                      | <b>ZITHROMAX – azithromycin for susp 100 mg/5ml</b>               | 3         | •                   |                 |           |     |                      |
| <b>E.E.S. GRANULES – erythromycin ethylsuccinate for susp 200 mg/5ml</b>    | 3         |                     |                 |           |     |                      | <b>ZITHROMAX – azithromycin for susp 200 mg/5ml</b>               | 3         | •                   |                 |           |     |                      |
| <b>E.E.S. 400 – erythromycin ethylsuccinate tab 400 mg</b>                  | 3         |                     |                 |           |     |                      | <b>ZITHROMAX – azithromycin powd pack for susp 1 gm</b>           | 3         |                     | •               |           |     |                      |
| <b>ERY-TAB – erythromycin tab delayed release 250 mg</b>                    | 2         |                     |                 |           |     |                      | <b>ZITHROMAX TRI-PAK – azithromycin tab 500 mg</b>                | 3         | •                   | •               |           |     |                      |
| <b>ERY-TAB – erythromycin tab delayed release 333 mg</b>                    | 2         |                     |                 |           |     |                      | <b>ZITHROMAX Z-PAK – azithromycin tab 250 mg</b>                  | 3         | •                   | •               |           |     |                      |
| <b>ERY-TAB – erythromycin tab delayed release 500 mg</b>                    | 2         |                     |                 |           |     |                      | <b>ZMAX – azithromycin extended release for oral susp 2 gm</b>    | 3         |                     | •               |           |     |                      |
| <b>ERYPED 200 – erythromycin ethylsuccinate for susp 200 mg/5ml</b>         | 3         |                     |                 |           |     |                      | <b>TETRACYCLINES</b>                                              |           |                     |                 |           |     |                      |
| <b>ERYPED 400 – erythromycin ethylsuccinate for susp 400 mg/5ml</b>         | 3         |                     |                 |           |     |                      | <b>ACTICLATE – doxycycline hyclate tab 75 mg</b>                  | 3         | •                   | •               |           |     |                      |
| <b>ERYTHROCIN STEARATE – erythromycin stearate tab 250 mg</b>               | 3         |                     |                 |           |     |                      | <b>ACTICLATE – doxycycline hyclate tab 150 mg</b>                 | 3         | •                   | •               |           |     |                      |
| <b>ERYTHROMYCIN BASE – erythromycin tab 250 mg</b>                          | 1         |                     |                 |           |     |                      | <b>ADOXA – doxycycline monohydrate cap 150 mg</b>                 | 3         | •                   | •               |           |     |                      |
| <b>ERYTHROMYCIN BASE – erythromycin tab 500 mg</b>                          | 1         |                     |                 |           |     |                      | <b>demeclocycline hcl tab 150 mg</b>                              | 1         |                     |                 |           |     |                      |
| <b>ERYTHROMYCIN ETHYLSUCCINATE – erythromycin ethylsuccinate tab 400 mg</b> | 1         |                     |                 |           |     |                      | <b>demeclocycline hcl tab 300 mg</b>                              | 1         |                     |                 |           |     |                      |
| <b>erythromycin ethylsuccinate for susp 200 mg/5ml</b> (E.e.s. granules)    | 1         |                     |                 |           |     |                      | <b>DORYX – doxycycline hyclate tab delayed release 50 mg</b>      | 3         | •                   | •               |           |     |                      |
|                                                                             |           |                     |                 |           |     |                      | <b>DORYX – doxycycline hyclate tab delayed release 200 mg</b>     | 3         | •                   | •               |           |     |                      |
|                                                                             |           |                     |                 |           |     |                      | <b>DORYX MPC – doxycycline hyclate tab delayed release 120 mg</b> | 3         | •                   | •               |           |     |                      |
|                                                                             |           |                     |                 |           |     |                      | <b>doxycycline hyclate cap 50 mg</b>                              | 1         |                     | •               |           |     |                      |

| Drug Name                                                      | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                      | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| <b>doxycycline hyclate cap 100 mg</b><br>(Vibramycin)          | 1         |                     |                 |           |     |                      | <b>minocycline hcl cap 50 mg</b><br>(Minocin)                  | 1         |                     |                 |           |     |                      |
| <b>doxycycline hyclate tab delayed release 50 mg</b> (Doryx)   | 1         | •                   | •               |           |     |                      | <b>minocycline hcl cap 75 mg</b><br>(Minocin)                  | 1         |                     |                 |           |     |                      |
| <b>doxycycline hyclate tab delayed release 75 mg</b>           | 1         | •                   | •               |           |     |                      | <b>minocycline hcl cap 100 mg</b><br>(Minocin)                 | 1         |                     |                 |           |     |                      |
| <b>doxycycline hyclate tab delayed release 100 mg</b>          | 1         | •                   | •               |           |     |                      | <b>MINOCYCLINE HCL ER – minocycline hcl tab er 24hr 45 mg</b>  | 1         | •                   | •               |           |     |                      |
| <b>doxycycline hyclate tab delayed release 150 mg</b>          | 1         | •                   | •               |           |     |                      | <b>minocycline hcl tab er 24hr 90 mg</b>                       | 1         | •                   | •               |           |     |                      |
| <b>doxycycline hyclate tab delayed release 200 mg</b> (Doryx)  | 1         | •                   | •               |           |     |                      | <b>minocycline hcl tab er 24hr 135 mg</b>                      | 1         | •                   | •               |           |     |                      |
| <b>doxycycline hyclate tab 20 mg</b>                           | 1         |                     |                 |           |     |                      | <b>minocycline hcl tab 50 mg</b>                               | 1         |                     |                 |           |     |                      |
| <b>doxycycline hyclate tab 75 mg</b><br>(Acticlate)            | 1         |                     | •               |           |     |                      | <b>minocycline hcl tab 75 mg</b>                               | 1         |                     |                 |           |     |                      |
| <b>doxycycline hyclate tab 100 mg</b>                          | 1         |                     |                 |           |     |                      | <b>minocycline hcl tab 100 mg</b>                              | 1         |                     |                 |           |     |                      |
| <b>doxycycline hyclate tab 150 mg</b><br>(Acticlate)           | 1         |                     | •               |           |     |                      | <b>MONODOX – doxycycline monohydrate cap 75 mg</b>             | 3         | •                   |                 |           |     |                      |
| <b>doxycycline monohydrate cap 50 mg</b>                       | 1         |                     |                 |           |     |                      | <b>MONODOX – doxycycline monohydrate cap 100 mg</b>            | 3         | •                   |                 |           |     |                      |
| <b>doxycycline monohydrate cap 75 mg</b> (Monodox)             | 1         |                     |                 |           |     |                      | <b>SOLODYN – minocycline hcl tab er 24hr 55 mg</b>             | 3         | •                   | •               |           |     |                      |
| <b>doxycycline monohydrate cap 100 mg</b> (Monodox)            | 1         |                     |                 |           |     |                      | <b>SOLODYN – minocycline hcl tab er 24hr 65 mg</b>             | 3         | •                   | •               |           |     |                      |
| <b>doxycycline monohydrate cap 150 mg</b> (Adoxa)              | 1         | •                   | •               |           |     |                      | <b>SOLODYN – minocycline hcl tab er 24hr 80 mg</b>             | 3         | •                   | •               |           |     |                      |
| <b>doxycycline monohydrate for susp 25 mg/5ml</b> (Vibramycin) | 1         |                     |                 |           |     |                      | <b>SOLODYN – minocycline hcl tab er 24hr 105 mg</b>            | 3         | •                   | •               |           |     |                      |
| <b>doxycycline monohydrate tab 50 mg</b> (Adoxa)               | 1         |                     | •               |           |     |                      | <b>SOLODYN – minocycline hcl tab er 24hr 115 mg</b>            | 3         | •                   | •               |           |     |                      |
| <b>doxycycline monohydrate tab 75 mg</b> (Adoxa)               | 1         |                     | •               |           |     |                      | <b>TETRACYCLINE HCL – tetracycline hcl cap 250 mg</b>          | 1         |                     |                 |           |     |                      |
| <b>doxycycline monohydrate tab 100 mg</b> (Adoxa pak 1/100)    | 1         |                     | •               |           |     |                      | <b>TETRACYCLINE HCL – tetracycline hcl cap 500 mg</b>          | 1         |                     |                 |           |     |                      |
| <b>doxycycline monohydrate tab 150 mg</b> (Adoxa pak 1/150)    | 1         | •                   | •               |           |     |                      | <b>tetracycline hcl cap 250 mg</b><br>(Tetracycline hcl)       | 1         |                     |                 |           |     |                      |
| <b>MINOCIN – minocycline hcl cap 50 mg</b>                     | 3         | •                   |                 |           |     |                      | <b>tetracycline hcl cap 500 mg</b><br>(Tetracycline hcl)       | 1         |                     |                 |           |     |                      |
| <b>MINOCIN – minocycline hcl cap 100 mg</b>                    | 3         | •                   |                 |           |     |                      | <b>VIBRAMYCIN – doxycycline monohydrate for susp 25 mg/5ml</b> | 3         | •                   |                 |           |     |                      |

| Drug Name                                                               | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                      | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| VIBRAMYCIN – doxycycline hyclate cap 100 mg                             | 3         | •                   |                 |           |     |                      | <b>ciprofloxacin-ciprofloxacin hcl tab er 24hr 1000 mg(base eq) (Cipro xr)</b> | 1         |                     | •               |           |     |                      |
| VIBRAMYCIN – doxycycline calcium syrup 50 mg/5ml                        | 3         | •                   |                 |           |     |                      | FACTIVE – gemifloxacin mesylate tab 320 mg (base equiv)                        | 3         |                     | •               |           |     |                      |
| <b>FLUOROQUINOLONES</b>                                                 |           |                     |                 |           |     |                      | LEVAQUIN – levofloxacin tab 250 mg                                             | 3         | •                   | •               |           |     |                      |
| AVELOX – moxifloxacin hcl tab 400 mg (base equiv)                       | 3         | •                   | •               |           |     |                      | LEVAQUIN – levofloxacin tab 500 mg                                             | 3         | •                   | •               |           |     |                      |
| CIPRO – ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)        | 3         |                     |                 |           |     |                      | LEVAQUIN – levofloxacin tab 750 mg                                             | 3         | •                   | •               |           |     |                      |
| CIPRO – ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)      | 3         |                     |                 |           |     |                      | LEVOFLOXACIN – levofloxacin oral soln 25 mg/ml                                 | 1         |                     |                 |           |     |                      |
| CIPRO – ciprofloxacin hcl tab 250 mg (base equiv)                       | 3         | •                   |                 |           |     |                      | levofloxacin tab 250 mg (Levaquin)                                             | 1         |                     | •               |           |     |                      |
| CIPRO – ciprofloxacin hcl tab 500 mg (base equiv)                       | 3         | •                   |                 |           |     |                      | levofloxacin tab 500 mg (Levaquin)                                             | 1         |                     | •               |           |     |                      |
| CIPRO XR – ciprofloxacin-ciprofloxacin hcl tab er 24hr 500 mg (base eq) | 3         |                     | •               |           |     |                      | levofloxacin tab 750 mg (Levaquin)                                             | 1         |                     | •               |           |     |                      |
| CIPRO XR – ciprofloxacin-ciprofloxacin hcl tab er 24hr 1000 mg(base eq) | 3         |                     | •               |           |     |                      | moxifloxacin hcl tab 400 mg (base equiv) (Avelox)                              | 1         |                     | •               |           |     |                      |
| ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml) (Cipro)        | 1         |                     |                 |           |     |                      | OFLOXACIN – ofloxacin tab 300 mg                                               | 3         |                     |                 |           |     |                      |
| ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml) (Cipro)      | 1         |                     |                 |           |     |                      | ofloxacin tab 400 mg                                                           | 1         |                     |                 |           |     |                      |
| CIPROFLOXACIN HCL – ciprofloxacin hcl tab 100 mg (base equiv)           | 1         |                     |                 |           |     |                      | <b>AMINOGLYCOSIDES</b>                                                         |           |                     |                 |           |     |                      |
| ciprofloxacin hcl tab 250 mg (base equiv) (Cipro)                       | 1         |                     |                 |           |     |                      | BETHKIS – tobramycin nebu soln 300 mg/4ml                                      | 3         | •                   | •               | •         |     | •                    |
| ciprofloxacin hcl tab 500 mg (base equiv) (Cipro)                       | 1         |                     |                 |           |     |                      | KITABIS PAK – tobramycin nebu soln 300 mg/5ml                                  | 3         | •                   | •               | •         |     | •                    |
| ciprofloxacin hcl tab 750 mg (base equiv)                               | 1         |                     |                 |           |     |                      | neomycin sulfate tab 500 mg                                                    | 1         |                     |                 |           |     |                      |
| ciprofloxacin-ciprofloxacin hcl tab er 24hr 500 mg (base eq) (Cipro xr) | 1         | •                   |                 |           |     |                      | paromomycin sulfate cap 250 mg                                                 | 1         |                     |                 |           |     |                      |
|                                                                         |           |                     |                 |           |     |                      | TOBI – tobramycin nebu soln 300 mg/5ml                                         | 3         | •                   | •               | •         |     | •                    |
|                                                                         |           |                     |                 |           |     |                      | TOBI PODHALER – tobramycin inhal cap 28 mg                                     | 2         | •                   | •               | •         |     | •                    |
|                                                                         |           |                     |                 |           |     |                      | TOBRAMYCIN – tobramycin nebu soln 300 mg/5ml                                   | 3         | •                   | •               | •         |     | •                    |
|                                                                         |           |                     |                 |           |     |                      | tobramycin nebu soln 300 mg/5ml (Tobi)                                         | 1         | •                   | •               | •         |     | •                    |
|                                                                         |           |                     |                 |           |     |                      | <b>SULFONAMIDES</b>                                                            |           |                     |                 |           |     |                      |

| Drug Name                                                      | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                         | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| SULFADIAZINE – sulfadiazine tab 500 mg                         | 1         |                     |                 |           |     |                      | CRESEMBA – isavuconazonium sulfate cap 186 mg     | 3         | •                   |                 |           |     |                      |
| <b>ANTIMYCOBACTERIAL AGENTS</b>                                |           |                     |                 |           |     |                      | DIFLUCAN – fluconazole tab 50 mg                  | 3         | •                   |                 |           |     |                      |
| CYCLOSERINE – cycloserine cap 250 mg                           | 1         |                     |                 |           |     |                      | DIFLUCAN – fluconazole tab 100 mg                 | 3         | •                   |                 |           |     |                      |
| ethambutol hcl tab 100 mg (Myambutol)                          | 1         |                     |                 |           |     |                      | DIFLUCAN – fluconazole tab 150 mg                 | 3         | •                   |                 |           |     |                      |
| ethambutol hcl tab 400 mg (Myambutol)                          | 1         |                     |                 |           |     |                      | DIFLUCAN – fluconazole tab 200 mg                 | 3         | •                   |                 |           |     |                      |
| ISONIAZID – isoniazid syrup 50 mg/5ml                          | 1         |                     |                 |           |     |                      | DIFLUCAN – fluconazole for susp 10 mg/ml          | 3         | •                   |                 |           |     |                      |
| isoniazid tab 100 mg                                           | 1         |                     |                 |           |     |                      | DIFLUCAN – fluconazole for susp 40 mg/ml          | 3         | •                   |                 |           |     |                      |
| isoniazid tab 300 mg                                           | 1         |                     |                 |           |     |                      | fluconazole for susp 10 mg/ml (Diflucan)          | 1         |                     |                 |           |     |                      |
| MYAMBUTOL – ethambutol hcl tab 100 mg                          | 3         |                     |                 |           |     |                      | fluconazole for susp 40 mg/ml (Diflucan)          | 1         |                     |                 |           |     |                      |
| MYAMBUTOL – ethambutol hcl tab 400 mg                          | 3         | •                   |                 |           |     |                      | fluconazole tab 50 mg (Diflucan)                  | 1         |                     |                 |           |     |                      |
| MYCOBUTIN – rifabutin cap 150 mg                               | 3         |                     |                 |           |     |                      | fluconazole tab 100 mg (Diflucan)                 | 1         |                     |                 |           |     |                      |
| PASER – aminosalicylic acid er granules packet 4 gm            | 3         |                     |                 |           |     |                      | fluconazole tab 150 mg (Diflucan)                 | 1         |                     |                 |           |     |                      |
| PRIFTIN – rifapentine tab 150 mg                               | 3         |                     | •               |           |     |                      | fluconazole tab 200 mg (Diflucan)                 | 1         |                     |                 |           |     |                      |
| pyrazinamide tab 500 mg                                        | 1         |                     |                 |           |     |                      | flucytosine cap 250 mg (Ancobon)                  | 1         |                     |                 |           |     |                      |
| rifabutin cap 150 mg (Mycobutin)                               | 1         |                     |                 |           |     |                      | flucytosine cap 500 mg (Ancobon)                  | 1         |                     |                 |           |     |                      |
| RIFADIN – rifampin cap 150 mg                                  | 3         | •                   |                 |           |     |                      | GRIS-PEG – griseofulvin ultramicrosize tab 125 mg | 3         | •                   |                 |           |     |                      |
| RIFAMATE – isoniazid & rifampin cap 150-300 mg                 | 3         |                     |                 |           |     |                      | GRIS-PEG – griseofulvin ultramicrosize tab 250 mg | 3         | •                   |                 |           |     |                      |
| rifampin cap 150 mg (Rifadin)                                  | 1         |                     |                 |           |     |                      | griseofulvin microsize susp 125 mg/5ml            | 1         |                     |                 |           |     |                      |
| rifampin cap 300 mg (Rifadin)                                  | 1         |                     |                 |           |     |                      | griseofulvin microsize tab 500 mg (Grifulvin v)   | 1         |                     |                 |           |     |                      |
| RIFATER – isoniazid-rifampin w/ pyrazinamide tab 50-120-300 mg | 3         |                     |                 |           |     |                      | griseofulvin ultramicrosize tab 125 mg (Gris-peg) | 1         |                     |                 |           |     |                      |
| SIRTURO – bedaquiline fumarate tab 100 mg (base equiv)         | 3         |                     | •               |           |     | •                    | griseofulvin ultramicrosize tab 250 mg (Gris-peg) | 1         |                     |                 |           |     |                      |
| TRECATOR – ethionamide tab 250 mg                              | 3         |                     |                 |           |     |                      | itraconazole cap 100 mg (Sporanox)                | 1         | •                   | •               |           |     |                      |
| <b>ANTIFUNGALS</b>                                             |           |                     |                 |           |     |                      | ketoconazole tab 200 mg                           | 1         |                     |                 |           |     |                      |
| ANCOBON – flucytosine cap 250 mg                               | 3         |                     |                 |           |     |                      |                                                   |           |                     |                 |           |     |                      |
| ANCOBON – flucytosine cap 500 mg                               | 3         |                     |                 |           |     |                      |                                                   |           |                     |                 |           |     |                      |

| Drug Name                                                            | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                            | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| LAMISIL – terbinafine hcl tab 250 mg                                 | 3         | •                   | •               |           |     |                      | APTIVUS – tipranavir oral soln 100 mg/ml                             | 3         |                     | •               |           |     |                      |
| NOXAFIL – posaconazole tab delayed release 100 mg                    | 3         | •                   | •               |           |     |                      | ATRIPLA – efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg    | 2         |                     | •               |           |     |                      |
| NOXAFIL – posaconazole susp 40 mg/ml                                 | 2         | •                   | •               |           |     |                      | BARACLUDE – entecavir oral soln 0.05 mg/ml                           | 2         |                     |                 |           |     |                      |
| nystatin tab 500000 unit                                             | 1         |                     |                 |           |     |                      | BARACLUDE – entecavir tab 0.5 mg                                     | 3         | •                   |                 |           |     |                      |
| ONMEL – itraconazole tab 200 mg                                      | 3         | •                   | •               |           |     |                      | BARACLUDE – entecavir tab 1 mg                                       | 3         | •                   |                 |           |     |                      |
| SPORANOX – itraconazole oral soln 10 mg/ml                           | 3         | •                   | •               |           |     |                      | COMBIVIR – lamivudine-zidovudine tab 150-300 mg                      | 3         | •                   | •               |           |     |                      |
| SPORANOX – itraconazole cap 100 mg                                   | 3         | •                   | •               |           |     |                      | COMPLERA – emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg  | 3         |                     | •               |           |     |                      |
| SPORANOX PULSEPAK – itraconazole cap 100 mg                          | 3         | •                   | •               |           |     |                      | COPEGUS – ribavirin tab 200 mg                                       | 3         | •                   | •               | •         |     | •                    |
| terbinafine hcl tab 250 mg (Lamisil)                                 | 1         | •                   | •               |           |     |                      | CRIXIVAN – indinavir sulfate cap 200 mg                              | 3         |                     | •               |           |     |                      |
| VFEND – voriconazole for susp 40 mg/ml                               | 3         | •                   |                 |           |     |                      | CRIXIVAN – indinavir sulfate cap 400 mg                              | 3         |                     | •               |           |     |                      |
| VFEND – voriconazole tab 50 mg                                       | 3         | •                   |                 |           |     |                      | DAKLINZA – daclatasvir dihydrochloride tab 30 mg (base equivalent)   | 3         | •                   | •               | •         |     | •                    |
| VFEND – voriconazole tab 200 mg                                      | 3         | •                   |                 |           |     |                      | DAKLINZA – daclatasvir dihydrochloride tab 60 mg (base equivalent)   | 3         | •                   | •               | •         |     | •                    |
| voriconazole for susp 40 mg/ml (Vfend)                               | 1         | •                   |                 |           |     |                      | DAKLINZA – daclatasvir dihydrochloride tab 90 mg (base equivalent)   | 3         | •                   | •               | •         |     | •                    |
| voriconazole tab 50 mg (Vfend)                                       | 1         | •                   |                 |           |     |                      | DESCOVY – emtricitabine-tenofovir alafenamide fumarate tab 200-25 mg | 2         |                     | •               |           |     |                      |
| voriconazole tab 200 mg (Vfend)                                      | 1         | •                   |                 |           |     |                      | didanosine delayed release capsule 125 mg (Videx ec)                 | 1         |                     | •               |           |     |                      |
| <b>ANTIVIRALS</b>                                                    |           |                     |                 |           |     |                      | didanosine delayed release capsule 200 mg (Videx ec)                 | 1         |                     | •               |           |     |                      |
| abacavir sulfate tab 300 mg (base equiv) (Ziagen)                    | 1         |                     | •               |           |     |                      | didanosine delayed release capsule 250 mg (Videx ec)                 | 1         |                     | •               |           |     |                      |
| abacavir sulfate-lamivudine tab 600-300 mg (Epzicom)                 | 1         |                     | •               |           |     |                      | didanosine delayed release capsule 400 mg (Videx ec)                 | 1         |                     | •               |           |     |                      |
| abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg (Trizivir) | 1         |                     | •               |           |     |                      | EDURANT – rilpivirine hcl tab 25 mg (base equivalent)                | 3         |                     | •               |           |     |                      |
| acyclovir cap 200 mg (Zovirax)                                       | 1         |                     |                 |           |     |                      |                                                                      |           |                     |                 |           |     |                      |
| acyclovir susp 200 mg/5ml (Zovirax)                                  | 1         |                     |                 |           |     |                      |                                                                      |           |                     |                 |           |     |                      |
| acyclovir tab 400 mg (Zovirax)                                       | 1         |                     |                 |           |     |                      |                                                                      |           |                     |                 |           |     |                      |
| acyclovir tab 800 mg (Zovirax)                                       | 1         |                     |                 |           |     |                      |                                                                      |           |                     |                 |           |     |                      |
| adefovir dipivoxil tab 10 mg (Hepsera)                               | 1         |                     |                 |           |     |                      |                                                                      |           |                     |                 |           |     |                      |
| APTIVUS – tipranavir cap 250 mg                                      | 3         |                     | •               |           |     |                      |                                                                      |           |                     |                 |           |     |                      |



| Drug Name                                                                | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                             | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| EMTRIVA – emtricitabine caps 200 mg                                      | 2         |                     | •               |           |     |                      | INVIRASE – saquinavir mesylate cap 200 mg                             | 3         |                     | •               |           |     |                      |
| EMTRIVA – emtricitabine soln 10 mg/ml                                    | 2         |                     | •               |           |     |                      | INVIRASE – saquinavir mesylate tab 500 mg                             | 3         |                     | •               |           |     |                      |
| entecavir tab 0.5 mg (Baraclude)                                         | 1         |                     |                 |           |     |                      | ISENTRESS – raltegravir potassium packet for susp 100 mg (base equiv) | 2         |                     | •               |           |     |                      |
| entecavir tab 1 mg (Baraclude)                                           | 1         |                     |                 |           |     |                      | ISENTRESS – raltegravir potassium tab 400 mg (base equiv)             | 2         |                     | •               |           |     |                      |
| EPCLUSA – sofosbuvir-velpatasvir tab 400-100 mg                          | 2         | •                   | •               |           |     |                      | ISENTRESS – raltegravir potassium chew tab 25 mg (base equiv)         | 2         |                     | •               |           |     |                      |
| EPIVIR – lamivudine oral soln 10 mg/ml                                   | 3         |                     | •               |           |     |                      | ISENTRESS – raltegravir potassium chew tab 100 mg (base equiv)        | 2         |                     | •               |           |     |                      |
| EPIVIR – lamivudine tab 150 mg                                           | 3         | •                   | •               |           |     |                      | ISENTRESS HD – raltegravir potassium tab 600 mg (base equiv)          | 2         |                     | •               |           |     |                      |
| EPIVIR – lamivudine tab 300 mg                                           | 3         | •                   | •               |           |     |                      | KALETRA – lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)       | 3         |                     | •               |           |     |                      |
| EPIVIR HBV – lamivudine tab 100 mg (hbv)                                 | 3         |                     |                 |           |     |                      | KALETRA – lopinavir-ritonavir tab 100-25 mg                           | 3         |                     | •               |           |     |                      |
| EPIVIR HBV – lamivudine oral soln 5 mg/ml (hbv)                          | 2         |                     |                 |           |     |                      | KALETRA – lopinavir-ritonavir tab 200-50 mg                           | 3         |                     | •               |           |     |                      |
| EPZICOM – abacavir sulfate-lamivudine tab 600-300 mg                     | 3         |                     | •               |           |     |                      | lamivudine oral soln 10 mg/ml (Epivir)                                | 1         |                     | •               |           |     |                      |
| EVOTAZ – atazanavir sulfate-cobicistat tab 300-150 mg (base equiv)       | 3         |                     | •               |           |     |                      | lamivudine tab 100 mg (hbv) (Epivir hbv)                              | 1         |                     |                 |           |     |                      |
| famciclovir tab 125 mg (Famvir)                                          | 1         |                     |                 |           |     |                      | lamivudine tab 150 mg (Epivir)                                        | 1         |                     | •               |           |     |                      |
| famciclovir tab 250 mg (Famvir)                                          | 1         |                     |                 |           |     |                      | lamivudine tab 300 mg (Epivir)                                        | 1         |                     | •               |           |     |                      |
| famciclovir tab 500 mg (Famvir)                                          | 1         |                     |                 |           |     |                      | lamivudine-zidovudine tab 150-300 mg (Combivir)                       | 1         |                     | •               |           |     |                      |
| FLUMADINE – rimantadine hydrochloride tab 100 mg                         | 3         | •                   |                 |           |     |                      | LEXIVA – fosamprenavir calcium tab 700 mg (base equiv)                | 3         |                     | •               |           |     |                      |
| FUZEON – enfuvirtide for inj 90 mg                                       | 3         |                     | •               | •         |     | •                    | LEXIVA – fosamprenavir calcium susp 50 mg/ml (base equiv)             | 3         |                     | •               |           |     |                      |
| GENVOYA – elvitegrav-cobic-emtricitab-tenofovir af tab 150-150-200-10 mg | 2         |                     | •               |           |     |                      | lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml) (Kaletra)       | 1         |                     | •               |           |     |                      |
| HARVONI – ledipasvir-sofosbuvir tab 90-400 mg                            | 2         | •                   | •               | •         |     | •                    |                                                                       |           |                     |                 |           |     |                      |
| HEPSERA – adefovir dipivoxil tab 10 mg                                   | 3         | •                   |                 |           |     |                      |                                                                       |           |                     |                 |           |     |                      |
| INTELENCE – etravirine tab 25 mg                                         | 3         |                     | •               |           |     |                      |                                                                       |           |                     |                 |           |     |                      |
| INTELENCE – etravirine tab 100 mg                                        | 3         |                     | •               |           |     |                      |                                                                       |           |                     |                 |           |     |                      |
| INTELENCE – etravirine tab 200 mg                                        | 3         |                     | •               |           |     |                      |                                                                       |           |                     |                 |           |     |                      |

| Drug Name                                                         | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                               | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| MAVYRET – glecaprevir-pibrentasvir tab 100-40 mg                  | 3         | •                   | •               |           |     |                      | PEGASYS PROCLICK – peginterferon alfa-2a inj 180 mcg/0.5ml              | 2         | •                   | •               | •         |     | •                    |
| MODERIBA – ribavirin tab 200 mg & ribavirin tab 400 mg dose pack  | 3         | •                   | •               | •         |     | •                    | PEGINTRON – peginterferon alfa-2b for inj kit 50 mcg/0.5ml              | 3         | •                   | •               | •         |     | •                    |
| MODERIBA – ribavirin tab 400 mg & ribavirin tab 600 mg dose pack  | 3         | •                   | •               | •         |     | •                    | PEGINTRON – peginterferon alfa-2b for inj kit 80 mcg/0.5ml              | 3         | •                   | •               | •         |     | •                    |
| MODERIBA 1200 DOSE PACK – ribavirin tab 600 mg                    | 3         | •                   | •               | •         |     | •                    | PEGINTRON – peginterferon alfa-2b for inj kit 120 mcg/0.5ml             | 3         | •                   | •               | •         |     | •                    |
| MODERIBA 800 DOSE PACK – ribavirin tab 400 mg                     | 3         | •                   | •               | •         |     | •                    | PEGINTRON – peginterferon alfa-2b for inj kit 150 mcg/0.5ml             | 3         | •                   | •               | •         |     | •                    |
| nevirapine tab er 24hr 100 mg (Viramune xr)                       | 1         |                     | •               |           |     |                      | PREZCOBIX – darunavir-cobicistat tab 800-150 mg                         | 2         |                     | •               |           |     |                      |
| nevirapine tab er 24hr 400 mg (Viramune xr)                       | 1         |                     | •               |           |     |                      | PREZISTA – darunavir ethanolate susp 100 mg/ml (base equiv)             | 2         |                     | •               |           |     |                      |
| nevirapine tab 200 mg (Viramune)                                  | 1         |                     | •               |           |     |                      | PREZISTA – darunavir ethanolate tab 75 mg (base equiv)                  | 2         |                     | •               |           |     |                      |
| NORVIR – ritonavir cap 100 mg                                     | 3         |                     | •               |           |     |                      | PREZISTA – darunavir ethanolate tab 150 mg (base equiv)                 | 2         |                     | •               |           |     |                      |
| NORVIR – ritonavir tab 100 mg                                     | 2         |                     | •               |           |     |                      | PREZISTA – darunavir ethanolate tab 600 mg (base equiv)                 | 2         |                     | •               |           |     |                      |
| NORVIR – ritonavir oral soln 80 mg/ml                             | 2         |                     | •               |           |     |                      | PREZISTA – darunavir ethanolate tab 800 mg (base equiv)                 | 2         |                     | •               |           |     |                      |
| ODEFSEY – emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg | 2         |                     | •               |           |     |                      | REBETOL – ribavirin cap 200 mg                                          | 3         | •                   | •               | •         |     | •                    |
| OLYSIO – simeprevir sodium cap 150 mg (base equivalent)           | 3         | •                   | •               | •         |     | •                    | REBETOL – ribavirin soln 40 mg/ml                                       | 3         | •                   | •               | •         |     | •                    |
| oseltamivir phosphate cap 30 mg (base equiv) (Tamiflu)            | 1         |                     | •               |           |     |                      | RELENZA DISKHALER – zanamivir aero powder breath activated 5 mg/blister | 3         |                     |                 |           |     |                      |
| oseltamivir phosphate cap 45 mg (base equiv) (Tamiflu)            | 1         |                     | •               |           |     |                      | RESCRIPTOR – delavirdine mesylate tab 100 mg                            | 3         |                     | •               |           |     |                      |
| oseltamivir phosphate cap 75 mg (base equiv) (Tamiflu)            | 1         |                     | •               |           |     |                      | RESCRIPTOR – delavirdine mesylate tab 200 mg                            | 3         |                     | •               |           |     |                      |
| PEGASYS – peginterferon alfa-2a inj 180 mcg/ml                    | 2         | •                   | •               | •         |     | •                    | RETROVIR – zidovudine cap 100 mg                                        | 3         | •                   | •               |           |     |                      |
| PEGASYS – peginterferon alfa-2a inj 180 mcg/0.5ml                 | 2         | •                   | •               | •         |     | •                    | RETROVIR – zidovudine syrup 10 mg/ml                                    | 3         | •                   | •               |           |     |                      |
| PEGASYS PROCLICK – peginterferon alfa-2a inj 135 mcg/0.5ml        | 2         | •                   | •               | •         |     | •                    | REYATAZ – atazanavir sulfate oral powder packet 50 mg (base equiv)      | 3         |                     | •               |           |     |                      |

| Drug Name                                                                  | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                              | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| REYATAZ – atazanavir sulfate cap 150 mg (base equiv)                       | 3         |                     | •               |           |     |                      | stavudine cap 30 mg (Zerit)                                            | 1         |                     | •               |           |     |                      |
| REYATAZ – atazanavir sulfate cap 200 mg (base equiv)                       | 3         |                     | •               |           |     |                      | stavudine cap 40 mg (Zerit)                                            | 1         |                     | •               |           |     |                      |
| REYATAZ – atazanavir sulfate cap 300 mg (base equiv)                       | 3         |                     | •               |           |     |                      | STRIBILD – elvitegrav-cobic-emtricitab-tenofovd tab 150-150-200-300 mg | 2         |                     | •               |           |     |                      |
| RIBASPHERE – ribavirin tab 400 mg                                          | 3         | •                   | •               | •         |     | •                    | SUSTIVA – efavirenz tab 600 mg                                         | 2         |                     | •               |           |     |                      |
| RIBASPHERE – ribavirin tab 600 mg                                          | 3         | •                   | •               | •         |     | •                    | SUSTIVA – efavirenz cap 50 mg                                          | 2         |                     | •               |           |     |                      |
| RIBASPHERE RIBAPAK – ribavirin tab 400 mg                                  | 3         | •                   | •               | •         |     | •                    | SUSTIVA – efavirenz cap 200 mg                                         | 2         |                     | •               |           |     |                      |
| RIBASPHERE RIBAPAK – ribavirin tab 600 mg                                  | 3         | •                   | •               | •         |     | •                    | TAMIFLU – oseltamivir phosphate for susp 6 mg/ml (base equiv)          | 3         |                     | •               |           |     |                      |
| RIBASPHERE RIBAPAK – ribavirin tab 200 mg & ribavirin tab 400 mg dose pack | 3         | •                   | •               | •         |     | •                    | TAMIFLU – oseltamivir phosphate cap 30 mg (base equiv)                 | 3         |                     | •               |           |     |                      |
| RIBASPHERE RIBAPAK – ribavirin tab 400 mg & ribavirin tab 600 mg dose pack | 3         | •                   | •               | •         |     | •                    | TAMIFLU – oseltamivir phosphate cap 45 mg (base equiv)                 | 3         |                     | •               |           |     |                      |
| ribavirin cap 200 mg (Rebetol)                                             | 1         | •                   | •               | •         |     | •                    | TAMIFLU – oseltamivir phosphate cap 75 mg (base equiv)                 | 3         |                     | •               |           |     |                      |
| ribavirin for inhal soln 6 gm (Virazole)                                   | 1         |                     |                 |           |     |                      | TECHNIVIE – ombitasvir-paritaprevir-ritonavir tab 12.5-75-50 mg        | 3         | •                   | •               | •         |     | •                    |
| ribavirin tab 200 mg (Copegus)                                             | 1         | •                   | •               | •         |     | •                    | TIVICAY – dolutegravir sodium tab 10 mg (base equiv)                   | 2         |                     | •               |           |     |                      |
| rimantadine hydrochloride tab 100 mg (Flumadine)                           | 1         |                     |                 |           |     |                      | TIVICAY – dolutegravir sodium tab 25 mg (base equiv)                   | 2         |                     | •               |           |     |                      |
| SELZENTRY – maraviroc oral soln 20 mg/ml                                   | 3         |                     | •               |           |     |                      | TIVICAY – dolutegravir sodium tab 50 mg (base equiv)                   | 2         |                     | •               |           |     |                      |
| SELZENTRY – maraviroc tab 25 mg                                            | 3         |                     | •               |           |     |                      | TRIUMEQ – abacavir-dolutegravir-lamivudine tab 600-50-300 mg           | 2         |                     | •               |           |     |                      |
| SELZENTRY – maraviroc tab 75 mg                                            | 3         |                     | •               |           |     |                      | TRIZIVIR – abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg   | 3         |                     | •               |           |     |                      |
| SELZENTRY – maraviroc tab 150 mg                                           | 3         |                     | •               |           |     |                      | TRUVADA – emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg   | 2         |                     | •               |           |     |                      |
| SELZENTRY – maraviroc tab 300 mg                                           | 3         |                     | •               |           |     |                      | TRUVADA – emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg   | 2         |                     | •               |           |     |                      |
| SITAVIG – acyclovir buccal tab 50 mg                                       | 3         |                     |                 |           |     |                      | TRUVADA – emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg   | 2         |                     | •               |           |     |                      |
| SOVALDI – sofosbuvir tab 400 mg                                            | 2         | •                   | •               | •         |     | •                    |                                                                        |           |                     |                 |           |     |                      |
| stavudine cap 15 mg (Zerit)                                                | 1         |                     | •               |           |     |                      |                                                                        |           |                     |                 |           |     |                      |
| stavudine cap 20 mg (Zerit)                                                | 1         |                     | •               |           |     |                      |                                                                        |           |                     |                 |           |     |                      |

| Drug Name                                                               | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                       | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| TRUVADA – emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg    | 2         |                     | •               |           |     |                      | VIRAMUNE – nevirapine tab 200 mg                                | 3         | •                   | •               |           |     |                      |
| TYBOST – cobicistat tab 150 mg                                          | 2         |                     | •               |           |     |                      | VIRAMUNE – nevirapine susp 50 mg/5ml                            | 3         |                     | •               |           |     |                      |
| valacyclovir hcl tab 500 mg (Valtrex)                                   | 1         |                     |                 |           |     |                      | VIRAMUNE XR – nevirapine tab er 24hr 100 mg                     | 3         |                     | •               |           |     |                      |
| valacyclovir hcl tab 1 gm (Valtrex)                                     | 1         |                     |                 |           |     |                      | VIRAMUNE XR – nevirapine tab er 24hr 400 mg                     | 3         | •                   | •               |           |     |                      |
| VALCYTE – valganciclovir hcl tab 450 mg (base equivalent)               | 3         | •                   |                 |           |     |                      | VIRAZOLE – ribavirin for inhal soln 6 gm                        | 3         |                     |                 |           |     |                      |
| VALCYTE – valganciclovir hcl for soln 50 mg/ml (base equiv)             | 3         |                     |                 |           |     |                      | VIREAD – tenofovir disoproxil fumarate oral powder 40 mg/gm     | 2         |                     | •               |           |     |                      |
| valganciclovir hcl for soln 50 mg/ml (base equiv) (Valcyte)             | 1         |                     |                 |           |     |                      | VIREAD – tenofovir disoproxil fumarate tab 150 mg               | 2         |                     | •               |           |     |                      |
| valganciclovir hcl tab 450 mg (base equivalent) (Valcyte)               | 1         |                     |                 |           |     |                      | VIREAD – tenofovir disoproxil fumarate tab 200 mg               | 2         |                     | •               |           |     |                      |
| VALTREX – valacyclovir hcl tab 500 mg                                   | 3         | •                   |                 |           |     |                      | VIREAD – tenofovir disoproxil fumarate tab 250 mg               | 2         |                     | •               |           |     |                      |
| VALTREX – valacyclovir hcl tab 1 gm                                     | 3         | •                   |                 |           |     |                      | VIREAD – tenofovir disoproxil fumarate tab 300 mg               | 2         |                     | •               |           |     |                      |
| VEMLIDY – tenofovir alafenamide fumarate tab 25 mg                      | 2         |                     |                 |           |     |                      | VOSEVI – sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg | 3         | •                   | •               |           |     |                      |
| VIDEX – didanosine for soln 2 gm                                        | 3         |                     | •               |           |     |                      | ZEPATIER – elbasvir-grazoprevir tab 50-100 mg                   | 3         | •                   | •               | •         |     | •                    |
| VIDEX – didanosine for soln 4 gm                                        | 3         |                     | •               |           |     |                      | ZERIT – stavudine for oral soln 1 mg/ml                         | 3         | •                   | •               |           |     |                      |
| VIDEX EC – didanosine delayed release capsule 125 mg                    | 3         | •                   | •               |           |     |                      | ZERIT – stavudine cap 15 mg                                     | 3         | •                   | •               |           |     |                      |
| VIDEX EC – didanosine delayed release capsule 200 mg                    | 3         | •                   | •               |           |     |                      | ZERIT – stavudine cap 20 mg                                     | 3         | •                   | •               |           |     |                      |
| VIDEX EC – didanosine delayed release capsule 250 mg                    | 3         | •                   | •               |           |     |                      | ZERIT – stavudine cap 30 mg                                     | 3         | •                   | •               |           |     |                      |
| VIDEX EC – didanosine delayed release capsule 400 mg                    | 3         | •                   | •               |           |     |                      | ZERIT – stavudine cap 40 mg                                     | 3         | •                   | •               |           |     |                      |
| VIEKIRA PAK – ombitas-paritaprevir & dasab tab pak 12.5-75-50 & 250 mg  | 3         | •                   | •               | •         |     | •                    | ZIAGEN – abacavir sulfate tab 300 mg (base equiv)               | 3         | •                   | •               |           |     |                      |
| VIEKIRA XR – dasab-ombit-paritap-riton tab er 24hr 200-8.33-50-33.33 mg | 3         | •                   | •               |           |     |                      | ZIAGEN – abacavir sulfate soln 20 mg/ml (base equiv)            | 3         |                     | •               |           |     |                      |
| VIRACEPT – nelfinavir mesylate tab 250 mg                               | 3         |                     | •               |           |     |                      | zidovudine cap 100 mg (Retrovir)                                | 1         |                     | •               |           |     |                      |
| VIRACEPT – nelfinavir mesylate tab 625 mg                               | 3         |                     | •               |           |     |                      | zidovudine syrup 10 mg/ml (Retrovir)                            | 1         |                     | •               |           |     |                      |
|                                                                         |           |                     |                 |           |     |                      | zidovudine tab 300 mg                                           | 1         |                     | •               |           |     |                      |
|                                                                         |           |                     |                 |           |     |                      | ZOVIRAX – acyclovir cap 200 mg                                  | 3         | •                   |                 |           |     |                      |

| Drug Name                                                            | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                             | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| ZOVIRAX – acyclovir susp 200 mg/5ml                                  | 3         | •                   |                 |           |     |                      | EMVERM – mebendazole chew tab 100 mg                                                  | 3         |                     |                 |           |     |                      |
| ZOVIRAX – acyclovir tab 400 mg                                       | 3         | •                   |                 |           |     |                      | ivermectin tab 3 mg (Stromectol)                                                      | 1         |                     |                 |           |     |                      |
| ZOVIRAX – acyclovir tab 800 mg                                       | 3         | •                   |                 |           |     |                      | STROMECTOL – ivermectin tab 3 mg                                                      | 3         |                     |                 |           |     |                      |
| <b>ANTIMALARIALS</b>                                                 |           |                     |                 |           |     |                      | <b>ANTI-INFECTIVE AGENTS - MISC.</b>                                                  |           |                     |                 |           |     |                      |
| atovaquone-proguanil hcl tab 62.5-25 mg (Malarone)                   | 1         |                     |                 |           |     |                      | ALINIA – nitazoxanide tab 500 mg                                                      | 2         |                     | •               |           |     |                      |
| atovaquone-proguanil hcl tab 250-100 mg (Malarone)                   | 1         |                     |                 |           |     |                      | ALINIA – nitazoxanide for susp 100 mg/5ml                                             | 2         |                     | •               |           |     |                      |
| CHLOROQUINE PHOSPHATE – chloroquine phosphate tab 250 mg             | 1         |                     |                 |           |     |                      | atovaquone susp 750 mg/5ml (Mepron)                                                   | 1         |                     | •               |           |     |                      |
| chloroquine phosphate tab 500 mg (Aralen)                            | 1         |                     |                 |           |     |                      | BACTRIM – sulfamethoxazole-trimethoprim tab 400-80 mg                                 | 3         | •                   |                 |           |     |                      |
| COARTEM – artemether-lumefantrine tab 20-120 mg                      | 2         |                     |                 |           |     |                      | BACTRIM DS – sulfamethoxazole-trimethoprim tab 800-160 mg                             | 3         | •                   |                 |           |     |                      |
| DARAPRIM – pyrimethamine tab 25 mg                                   | 2         |                     |                 | •         |     | •                    | CAYSTON – aztreonam lysine for inhal soln 75 mg (base equivalent)                     | 2         | •                   | •               | •         |     | •                    |
| hydroxychloroquine sulfate tab 200 mg (Plaquenil)                    | 1         |                     |                 |           |     |                      | CLEOCIN – clindamycin hcl cap 75 mg                                                   | 2         |                     |                 |           |     |                      |
| MALARONE – atovaquone-proguanil hcl tab 62.5-25 mg                   | 3         |                     |                 |           |     |                      | CLEOCIN – clindamycin hcl cap 150 mg                                                  | 2         | •                   |                 |           |     |                      |
| MALARONE – atovaquone-proguanil hcl tab 250-100 mg                   | 3         | •                   |                 |           |     |                      | CLEOCIN – clindamycin hcl cap 300 mg                                                  | 2         | •                   |                 |           |     |                      |
| mefloquine hcl tab 250 mg                                            | 1         |                     | •               |           |     |                      | CLEOCIN PEDIATRIC GRANULE – clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) | 2         | •                   |                 |           |     |                      |
| PLAQUENIL – hydroxychloroquine sulfate tab 200 mg                    | 3         | •                   |                 |           |     |                      | clindamycin hcl cap 75 mg (Cleocin)                                                   | 1         |                     |                 |           |     |                      |
| PRIMAQUINE PHOSPHATE – primaquine phosphate tab 26.3 mg (15 mg base) | 1         |                     |                 |           |     |                      | clindamycin hcl cap 150 mg (Cleocin)                                                  | 1         |                     |                 |           |     |                      |
| QUALAQUIN – quinine sulfate cap 324 mg                               | 3         | •                   |                 |           |     |                      | clindamycin hcl cap 300 mg (Cleocin)                                                  | 1         |                     |                 |           |     |                      |
| quinine sulfate cap 324 mg (Qualaquin)                               | 1         |                     |                 |           |     |                      | clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) (Cleocin pediatric gr)      | 1         |                     |                 |           |     |                      |
| <b>ANTHELMINTICS</b>                                                 |           |                     |                 |           |     |                      | dapsone tab 25 mg                                                                     | 1         |                     |                 |           |     |                      |
| ALBENZA – albendazole tab 200 mg                                     | 2         |                     | •               |           |     |                      | dapsone tab 100 mg                                                                    | 1         |                     |                 |           |     |                      |
| BILTRICIDE – praziquantel tab 600 mg                                 | 2         |                     |                 |           |     |                      | FLAGYL – metronidazole cap 375 mg                                                     | 3         | •                   |                 |           |     |                      |

| Drug Name                                                       | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                               | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| FLAGYL – metronidazole tab 250 mg                               | 3         | •                   |                 |           |     |                      | XIFAXAN – rifaximin tab 200 mg                                                          | 3         | •                   | •               |           |     |                      |
| FLAGYL – metronidazole tab 500 mg                               | 3         | •                   |                 |           |     |                      | XIFAXAN – rifaximin tab 550 mg                                                          | 2         | •                   | •               |           |     |                      |
| IMPAVIDO – miltefosine cap 50 mg                                | 2         |                     |                 |           |     |                      | ZYVOX – linezolid tab 600 mg                                                            | 3         |                     |                 |           |     |                      |
| linezolid for susp 100 mg/5ml (Zyvox)                           | 1         |                     |                 |           |     |                      | ZYVOX – linezolid for susp 100 mg/5ml                                                   | 3         |                     |                 |           |     |                      |
| linezolid tab 600 mg (Zyvox)                                    | 1         |                     |                 |           |     |                      | BIOLOGICALS                                                                             |           |                     |                 |           |     |                      |
| MEPRON – atovaquone susp 750 mg/5ml                             | 3         | •                   | •               |           |     |                      | VACCINES                                                                                |           |                     |                 |           |     |                      |
| metronidazole cap 375 mg (Flagyl)                               | 1         |                     |                 |           |     |                      | BCG VACCINE – bcg vaccine inj                                                           | 1         |                     |                 |           |     |                      |
| metronidazole tab 250 mg (Flagyl)                               | 1         |                     |                 |           |     |                      | VAXCHORA – cholera vaccine live attenuated for oral susp                                | 3         |                     |                 |           |     |                      |
| metronidazole tab 500 mg (Flagyl)                               | 1         |                     |                 |           |     |                      | VIVOTIF – typhoid vaccine cap delayed release                                           | 3         |                     |                 |           |     |                      |
| NEBUPENT – pentamidine isethionate for nebulization soln 300 mg | 2         |                     |                 |           |     |                      | TOXOIDS                                                                                 |           |                     |                 |           |     |                      |
| PRIMSOL – trimethoprim hcl oral soln 50 mg/5ml (base equiv)     | 3         |                     |                 |           |     |                      | DAPTACEL – diph, acellular pert & tet tox inj 15 lf-10 mcg-5 lf/0.5ml                   | 3         |                     |                 |           |     |                      |
| SIVEXTRO – tedizolid phosphate tab 200 mg                       | 3         |                     |                 |           |     |                      | DIPHTHERIA/TETANUS TOXOID – diphtheria-tetanus tox adsorbed (dt) im inj 25-5 unit/0.5ml | 1         |                     |                 |           |     |                      |
| sulfamethoxazole-trimethoprim susp 200-40 mg/5ml                | 1         |                     |                 |           |     |                      | INFANRIX – diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml                  | 3         |                     |                 |           |     |                      |
| sulfamethoxazole-trimethoprim tab 400-80 mg (Bactrim)           | 1         |                     |                 |           |     |                      | KINRIX – diph-tetanus tox ad-acell pert & polio virus, ipv vac inj                      | 3         |                     |                 |           |     |                      |
| sulfamethoxazole-trimethoprim tab 800-160 mg (Bactrim ds)       | 1         |                     |                 |           |     |                      | PEDIARIX – diph-tetanus tox-acell pert-hepatitis b-polio ipv vac inj                    | 3         |                     |                 |           |     |                      |
| TINDAMAX – tinidazole tab 500 mg                                | 3         | •                   |                 |           |     |                      | PENTACEL – diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp                 | 3         |                     |                 |           |     |                      |
| tinidazole tab 250 mg (Tindamax)                                | 1         |                     |                 |           |     |                      | QUADRACEL – diph-tetanus tox ad-acell pert & polio virus, ipv vac inj                   | 3         |                     |                 |           |     |                      |
| tinidazole tab 500 mg (Tindamax)                                | 1         |                     |                 |           |     |                      | BIOLOGICALS MISC                                                                        |           |                     |                 |           |     |                      |
| trimethoprim tab 100 mg                                         | 1         |                     |                 |           |     |                      | GRASTEK – timothy grass pollen allergen ext tab sl 2800 bau                             | 3         | •                   | •               |           |     |                      |
| VANCOCIN HCL – vancomycin hcl cap 125 mg                        | 3         | •                   |                 |           |     |                      | ORALAIR – grass mixed pollen ext tab sl 300 ir (index of reactivity)                    | 3         | •                   | •               |           |     | •                    |
| VANCOCIN HCL – vancomycin hcl cap 250 mg                        | 3         | •                   |                 |           |     |                      | ORALAIR ADULT STARTER PAC – grass mixed pollen ext tab sl 300 ir (index of reactivity)  | 3         | •                   | •               |           |     | •                    |
| vancomycin hcl cap 125 mg (Vancocin hcl)                        | 1         |                     |                 |           |     |                      |                                                                                         |           |                     |                 |           |     |                      |
| vancomycin hcl cap 250 mg (Vancocin hcl)                        | 1         |                     |                 |           |     |                      |                                                                                         |           |                     |                 |           |     |                      |

| Drug Name                                                                                 | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                              | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| ORALAIR CHILDREN/ADOLESCENCE – grass mixed pollen ext tab sl 100 ir (index of reactivity) | 3         | •                   | •               |           |     | •                    | CABOMETYX – cabozantinib s-malate tab 40 mg (base equivalent)          | 2         | •                   | •               | •         |     | •                    |
| RAGWITEK – short ragweed pollen allergen extract tab sl 12 amb a 1-u                      | 3         | •                   | •               |           |     |                      | CABOMETYX – cabozantinib s-malate tab 60 mg (base equivalent)          | 2         | •                   | •               | •         |     | •                    |
| <b>ANTINEOPLASTIC AGENTS</b>                                                              |           |                     |                 |           |     |                      | capecitabine tab 150 mg (Xeloda)                                       | 1         | •                   | •               | •         |     | •                    |
| <b>ANTINEOPLASTICS</b>                                                                    |           |                     |                 |           |     |                      | capecitabine tab 500 mg (Xeloda)                                       | 1         | •                   | •               | •         |     | •                    |
| ACTIMMUNE – interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)                    | 2         | •                   | •               | •         |     | •                    | CAPRELSA – vandetanib tab 100 mg                                       | 2         | •                   | •               | •         |     | •                    |
| AFINITOR – everolimus tab 2.5 mg                                                          | 2         | •                   | •               | •         |     | •                    | CAPRELSA – vandetanib tab 300 mg                                       | 2         | •                   | •               | •         |     | •                    |
| AFINITOR – everolimus tab 5 mg                                                            | 2         | •                   | •               | •         |     | •                    | CASODEX – bicalutamide tab 50 mg                                       | 3         | •                   |                 |           |     |                      |
| AFINITOR – everolimus tab 7.5 mg                                                          | 2         | •                   | •               | •         |     | •                    | COMETRIQ – cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit        | 2         | •                   | •               | •         |     | •                    |
| AFINITOR – everolimus tab 10 mg                                                           | 2         | •                   | •               | •         |     | •                    | COMETRIQ – cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit | 2         | •                   | •               | •         |     | •                    |
| AFINITOR DISPERZ – everolimus tab for oral susp 2 mg                                      | 2         | •                   | •               | •         |     | •                    | COMETRIQ – cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit | 2         | •                   | •               | •         |     | •                    |
| AFINITOR DISPERZ – everolimus tab for oral susp 3 mg                                      | 2         | •                   | •               | •         |     | •                    | COTELLIC – cobimetinib fumarate tab 20 mg (base equivalent)            | 2         | •                   | •               | •         |     | •                    |
| AFINITOR DISPERZ – everolimus tab for oral susp 5 mg                                      | 2         | •                   | •               | •         |     | •                    | CYCLOPHOSPHAMIDE – cyclophosphamide cap 25 mg                          | 1         |                     |                 |           |     |                      |
| ALECENSA – alectinib hcl cap 150 mg (base equivalent)                                     | 2         | •                   | •               | •         |     | •                    | CYCLOPHOSPHAMIDE – cyclophosphamide cap 50 mg                          | 1         |                     |                 |           |     |                      |
| ALKERAN – melphalan tab 2 mg                                                              | 3         |                     |                 |           |     |                      | ELIGARD – leuprolide acetate for subcutaneous inj kit 7.5 mg           | 3         |                     | •               | •         |     | •                    |
| ALUNBRIG – brigatinib tab 30 mg                                                           | 3         | •                   | •               |           |     |                      | ELIGARD – leuprolide acetate (3 month) for subcutaneous inj kit 22.5mg | 3         |                     | •               | •         |     | •                    |
| anastrozole tab 1 mg (Arimidex)                                                           | 1         |                     |                 |           |     |                      | ELIGARD – leuprolide acetate (4 month) for subcutaneous inj kit 30 mg  | 3         |                     | •               | •         |     | •                    |
| ARIMIDEX – anastrozole tab 1 mg                                                           | 3         | •                   |                 |           |     |                      | ELIGARD – leuprolide acetate (6 month) for subcutaneous inj kit 45 mg  | 3         |                     | •               | •         |     | •                    |
| AROMASIN – exemestane tab 25 mg                                                           | 3         | •                   |                 |           |     |                      | EMCYT – estramustine phosphate sodium cap 140 mg                       | 2         |                     |                 |           |     |                      |
| bexarotene cap 75 mg (Targretin)                                                          | 1         | •                   |                 | •         |     | •                    |                                                                        |           |                     |                 |           |     |                      |
| bicalutamide tab 50 mg (Casodex)                                                          | 1         |                     |                 |           |     |                      |                                                                        |           |                     |                 |           |     |                      |
| BOSULIF – bosutinib tab 100 mg                                                            | 2         | •                   | •               | •         |     | •                    |                                                                        |           |                     |                 |           |     |                      |
| BOSULIF – bosutinib tab 500 mg                                                            | 2         | •                   | •               | •         |     | •                    |                                                                        |           |                     |                 |           |     |                      |
| CABOMETYX – cabozantinib s-malate tab 20 mg (base equivalent)                             | 2         | •                   | •               | •         |     | •                    |                                                                        |           |                     |                 |           |     |                      |

| Drug Name                                                  | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                     | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| ERIVEDGE – vismodegib cap 150 mg                           | 2         | •                   | •               | •         |     | •                    | hydroxyurea cap 500 mg (Hydrea)                               | 1         |                     |                 |           |     |                      |
| ETOPOSIDE – etoposide cap 50 mg                            | 1         | •                   |                 | •         |     | •                    | IBRANCE – palbociclib cap 75 mg                               | 2         | •                   | •               | •         |     | •                    |
| exemestane tab 25 mg (Aromasin)                            | 1         |                     |                 |           |     |                      | IBRANCE – palbociclib cap 100 mg                              | 2         | •                   | •               | •         |     | •                    |
| FARESTON – toremifene citrate tab 60 mg (base equivalent)  | 2         |                     |                 |           |     |                      | IBRANCE – palbociclib cap 125 mg                              | 2         | •                   | •               | •         |     | •                    |
| FARYDAK – panobinostat lactate cap 10 mg (base equivalent) | 2         | •                   | •               | •         |     | •                    | ICLUSIG – ponatinib hcl tab 15 mg (base equiv)                | 2         | •                   | •               | •         |     | •                    |
| FARYDAK – panobinostat lactate cap 15 mg (base equivalent) | 2         | •                   | •               | •         |     | •                    | ICLUSIG – ponatinib hcl tab 45 mg (base equiv)                | 2         | •                   | •               | •         |     | •                    |
| FARYDAK – panobinostat lactate cap 20 mg (base equivalent) | 2         | •                   | •               | •         |     | •                    | IDHIFA – enasidenib mesylate tab 50 mg (base equivalent)      | 3         | •                   | •               |           |     |                      |
| FEMARA – letrozole tab 2.5 mg                              | 3         | •                   |                 |           |     |                      | IDHIFA – enasidenib mesylate tab 100 mg (base equivalent)     | 3         | •                   | •               |           |     |                      |
| flutamide cap 125 mg                                       | 1         |                     |                 |           |     |                      | imatinib mesylate tab 100 mg (base equivalent) (Gleevec)      | 1         | •                   | •               | •         |     | •                    |
| GILOTRIF – afatinib dimaleate tab 20 mg (base equivalent)  | 2         | •                   | •               | •         |     | •                    | imatinib mesylate tab 400 mg (base equivalent) (Gleevec)      | 1         | •                   | •               | •         |     | •                    |
| GILOTRIF – afatinib dimaleate tab 30 mg (base equivalent)  | 2         | •                   | •               | •         |     | •                    | IMBRUVICA – ibrutinib cap 140 mg                              | 2         | •                   | •               | •         |     | •                    |
| GILOTRIF – afatinib dimaleate tab 40 mg (base equivalent)  | 2         | •                   | •               | •         |     | •                    | INLYTA – axitinib tab 1 mg                                    | 2         | •                   | •               | •         |     | •                    |
| GLEEVEC – imatinib mesylate tab 100 mg (base equivalent)   | 3         | •                   | •               | •         |     | •                    | INLYTA – axitinib tab 5 mg                                    | 2         | •                   | •               | •         |     | •                    |
| GLEEVEC – imatinib mesylate tab 400 mg (base equivalent)   | 3         | •                   | •               | •         |     | •                    | INTRON A – interferon alfa-2b inj 6000000 unit/ml             | 2         | •                   |                 | •         |     | •                    |
| GLEOSTINE – lomustine cap 5 mg                             | 3         |                     |                 |           |     |                      | INTRON A – interferon alfa-2b inj 10000000 unit/ml            | 2         | •                   |                 | •         |     | •                    |
| GLEOSTINE – lomustine cap 10 mg                            | 3         |                     |                 |           |     |                      | INTRON A – interferon alfa-2b for inj 10000000 unit           | 2         | •                   |                 | •         |     | •                    |
| GLEOSTINE – lomustine cap 40 mg                            | 3         |                     |                 |           |     |                      | INTRON A – interferon alfa-2b for inj 18000000 unit           | 2         | •                   |                 | •         |     | •                    |
| GLEOSTINE – lomustine cap 100 mg                           | 3         |                     |                 |           |     |                      | INTRON A – interferon alfa-2b for inj 50000000 unit           | 2         | •                   |                 | •         |     | •                    |
| HEXALEN – altretamine cap 50 mg                            | 2         | •                   |                 | •         |     | •                    | INTRON A W/DILUENT – interferon alfa-2b for inj 10000000 unit | 2         | •                   |                 | •         |     | •                    |
| HYCAMTIN – topotecan hcl cap 0.25 mg (base equiv)          | 2         | •                   |                 | •         |     | •                    | INTRON A W/DILUENT – interferon alfa-2b for inj 18000000 unit | 2         | •                   |                 | •         |     | •                    |
| HYCAMTIN – topotecan hcl cap 1 mg (base equiv)             | 2         | •                   |                 | •         |     | •                    | INTRON A W/DILUENT – interferon alfa-2b for inj 50000000 unit | 2         | •                   |                 | •         |     | •                    |
| HYDREA – hydroxyurea cap 500 mg                            | 3         | •                   |                 |           |     |                      |                                                               |           |                     |                 |           |     |                      |



| Drug Name                                                                                     | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                        | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| IRESSA – gefitinib tab 250 mg                                                                 | 2         | •                   | •               | •         |     | •                    | LEUCOVORIN CALCIUM –<br>leucovorin calcium tab 10 mg                             | 1         |                     |                 |           |     |                      |
| JAKAFI – ruxolitinib phosphate<br>tab 5 mg (base equivalent)                                  | 2         | •                   | •               | •         |     | •                    | LEUCOVORIN CALCIUM –<br>leucovorin calcium tab 15 mg                             | 1         |                     |                 |           |     |                      |
| JAKAFI – ruxolitinib phosphate<br>tab 10 mg (base equivalent)                                 | 2         | •                   | •               | •         |     | •                    | leucovorin calcium tab 5 mg                                                      | 1         |                     |                 |           |     |                      |
| JAKAFI – ruxolitinib phosphate<br>tab 15 mg (base equivalent)                                 | 2         | •                   | •               | •         |     | •                    | leucovorin calcium tab 25 mg                                                     | 1         |                     |                 |           |     |                      |
| JAKAFI – ruxolitinib phosphate<br>tab 20 mg (base equivalent)                                 | 2         | •                   | •               | •         |     | •                    | LEUKERAN – chlorambucil tab 2<br>mg                                              | 2         |                     |                 |           |     |                      |
| JAKAFI – ruxolitinib phosphate<br>tab 25 mg (base equivalent)                                 | 2         | •                   | •               | •         |     | •                    | leuprolide acetate inj kit 5 mg/ml                                               | 1         |                     | •               | •         |     | •                    |
| KISQALI – ribociclib succinate tab<br>200 mg (base equiv)                                     | 3         | •                   | •               |           |     |                      | LONSURF – trifluridine-tipiracil<br>tab 15-6.14 mg                               | 2         | •                   | •               | •         |     | •                    |
| KISQALI FEMARA 200 DOSE –<br>ribociclib tab 200 mg & letrozole<br>tab 2.5 mg therapy pack     | 3         | •                   | •               |           |     |                      | LONSURF – trifluridine-tipiracil<br>tab 20-8.19 mg                               | 2         | •                   | •               | •         |     | •                    |
| KISQALI FEMARA 400 DOSE –<br>ribociclib tab 200 mg & letrozole<br>tab 2.5 mg therapy pack     | 3         | •                   | •               |           |     |                      | LUPRON DEPOT (1-MONTH) –<br>leuprolide acetate for inj kit 3.75<br>mg            | 2         |                     | •               | •         |     | •                    |
| KISQALI FEMARA 600 DOSE –<br>ribociclib tab 200 mg & letrozole<br>tab 2.5 mg therapy pack     | 3         | •                   | •               |           |     |                      | LUPRON DEPOT (1-MONTH) –<br>leuprolide acetate for inj kit 7.5<br>mg             | 2         |                     | •               | •         |     | •                    |
| LENVIMA 10 MG DAILY DOSE –<br>lenvatinib cap therapy pack 10<br>mg (10 mg daily dose)         | 2         | •                   | •               | •         |     | •                    | LUPRON DEPOT (3-MONTH) –<br>leuprolide acetate (3 month) for<br>inj kit 11.25 mg | 2         |                     | •               | •         |     | •                    |
| LENVIMA 14 MG DAILY DOSE –<br>lenvatinib cap therapy pack 10<br>& 4 mg (14 mg daily dose)     | 2         | •                   | •               | •         |     | •                    | LUPRON DEPOT (3-MONTH) –<br>leuprolide acetate (3 month) for<br>inj kit 22.5 mg  | 2         |                     | •               | •         |     | •                    |
| LENVIMA 18 MG DAILY DOSE –<br>lenvatinib cap therapy pack 10<br>& 4 (2) mg (18 mg daily dose) | 2         | •                   | •               | •         |     | •                    | LUPRON DEPOT (4-MONTH) –<br>leuprolide acetate (4 month) for<br>inj kit 30 mg    | 2         |                     | •               | •         |     | •                    |
| LENVIMA 20 MG DAILY DOSE –<br>lenvatinib cap therapy pack 10<br>(2) mg (20 mg daily dose)     | 2         | •                   | •               | •         |     | •                    | LUPRON DEPOT (6-MONTH) –<br>leuprolide acetate (6 month) for<br>inj kit 45 mg    | 2         |                     | •               | •         |     | •                    |
| LENVIMA 24 MG DAILY DOSE –<br>lenvatinib cap therapy pack 10<br>(2) & 4 mg (24 mg daily dose) | 2         | •                   | •               | •         |     | •                    | LYNPARZA – olaparib cap 50 mg                                                    | 2         | •                   | •               | •         |     | •                    |
| LENVIMA 8 MG DAILY DOSE –<br>lenvatinib cap therapy pack 4<br>(2) mg (8 mg daily dose)        | 2         | •                   | •               | •         |     | •                    | LYNPARZA – olaparib tab 100 mg                                                   | 3         | •                   | •               |           |     |                      |
| letrozole tab 2.5 mg (Femara)                                                                 | 1         |                     |                 |           |     |                      | LYNPARZA – olaparib tab 150 mg                                                   | 3         | •                   | •               |           |     |                      |
|                                                                                               |           |                     |                 |           |     |                      | LYSODREN – mitotane tab 500 mg                                                   | 2         | •                   |                 | •         |     | •                    |
|                                                                                               |           |                     |                 |           |     |                      | MATULANE – procarbazine hcl<br>cap 50 mg                                         | 2         | •                   |                 | •         |     | •                    |
|                                                                                               |           |                     |                 |           |     |                      | megestrol acetate susp 40 mg/ml<br>(Megace oral)                                 | 1         |                     |                 |           |     |                      |
|                                                                                               |           |                     |                 |           |     |                      | megestrol acetate tab 20 mg                                                      | 1         |                     |                 |           |     |                      |
|                                                                                               |           |                     |                 |           |     |                      | megestrol acetate tab 40 mg                                                      | 1         |                     |                 |           |     |                      |

| Drug Name                                                             | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                          | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
|-----------------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|--------------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|
| MEKINIST – trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent) | 2         | •                   | •               | •         |     | •                    | ODOMZO – sonidegib phosphate cap 200 mg (base equivalent)          | 2         | •                   | •               | •         |     | •                    |
| MEKINIST – trametinib dimethyl sulfoxide tab 2 mg (base equivalent)   | 2         | •                   | •               | •         |     | •                    | POMALYST – pomalidomide cap 1 mg                                   | 2         | •                   | •               | •         |     | •                    |
| melphalan tab 2 mg (Alkeran)                                          | 1         |                     |                 |           |     |                      | POMALYST – pomalidomide cap 2 mg                                   | 2         | •                   | •               | •         |     | •                    |
| mercaptopurine tab 50 mg                                              | 1         |                     |                 |           |     |                      | POMALYST – pomalidomide cap 3 mg                                   | 2         | •                   | •               | •         |     | •                    |
| MESNEX – mesna tab 400 mg                                             | 2         |                     |                 |           |     |                      | POMALYST – pomalidomide cap 4 mg                                   | 2         | •                   | •               | •         |     | •                    |
| METHOTREXATE SODIUM – methotrexate sodium inj 250 mg/10ml (25 mg/ml)  | 1         |                     |                 |           |     |                      | PURIXAN – mercaptopurine susp 2000 mg/100ml (20 mg/ml)             | 3         |                     |                 |           |     | •                    |
| methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)                       | 1         |                     |                 |           |     |                      | RUBRACA – rucaparib camsylate tab 200 mg (base equivalent)         | 2         | •                   | •               |           |     |                      |
| methotrexate sodium inj pf 100 mg/4ml (25 mg/ml)                      | 1         |                     |                 |           |     |                      | RUBRACA – rucaparib camsylate tab 250 mg (base equivalent)         | 2         | •                   | •               |           |     |                      |
| methotrexate sodium inj pf 200 mg/8ml (25 mg/ml)                      | 1         |                     |                 |           |     |                      | RUBRACA – rucaparib camsylate tab 300 mg (base equivalent)         | 2         | •                   | •               |           |     |                      |
| methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)                     | 1         |                     |                 |           |     |                      | RYDAPT – midostaurin cap 25 mg                                     | 3         | •                   | •               |           |     |                      |
| methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)                    | 1         |                     |                 |           |     |                      | SOLTAMOX – tamoxifen citrate oral soln 10 mg/5ml (base equivalent) | 3         |                     |                 |           |     |                      |
| methotrexate sodium inj 50 mg/2ml (25 mg/ml)                          | 1         |                     |                 |           |     |                      | SPRYCEL – dasatinib tab 20 mg                                      | 2         | •                   | •               | •         |     | •                    |
| methotrexate sodium tab 2.5 mg (base equiv)                           | 1         |                     |                 |           |     |                      | SPRYCEL – dasatinib tab 50 mg                                      | 2         | •                   | •               | •         |     | •                    |
| MYLERAN – busulfan tab 2 mg                                           | 2         |                     |                 |           |     |                      | SPRYCEL – dasatinib tab 70 mg                                      | 2         | •                   | •               | •         |     | •                    |
| NERLYNX – neratinib maleate tab 40 mg (base equivalent)               | 3         | •                   | •               |           |     |                      | SPRYCEL – dasatinib tab 80 mg                                      | 2         | •                   | •               | •         |     | •                    |
| NEXAVAR – sorafenib tosylate tab 200 mg (base equivalent)             | 2         | •                   | •               | •         |     | •                    | SPRYCEL – dasatinib tab 100 mg                                     | 2         | •                   | •               | •         |     | •                    |
| NILANDRON – nilutamide tab 150 mg                                     | 3         |                     |                 |           |     |                      | SPRYCEL – dasatinib tab 140 mg                                     | 2         | •                   | •               | •         |     | •                    |
| nilutamide tab 150 mg (Nilandron)                                     | 1         |                     |                 |           |     |                      | STIVARGA – regorafenib tab 40 mg                                   | 2         | •                   | •               | •         |     | •                    |
| NINLARO – ixazomib citrate cap 2.3 mg (base equivalent)               | 2         | •                   | •               | •         |     | •                    | SUTENT – sunitinib malate cap 12.5 mg (base equivalent)            | 2         | •                   | •               | •         |     | •                    |
| NINLARO – ixazomib citrate cap 3 mg (base equivalent)                 | 2         | •                   | •               | •         |     | •                    | SUTENT – sunitinib malate cap 25 mg (base equivalent)              | 2         | •                   | •               | •         |     | •                    |
| NINLARO – ixazomib citrate cap 4 mg (base equivalent)                 | 2         | •                   | •               | •         |     | •                    | SUTENT – sunitinib malate cap 37.5 mg (base equivalent)            | 2         | •                   | •               | •         |     | •                    |
|                                                                       |           |                     |                 |           |     |                      | SUTENT – sunitinib malate cap 50 mg (base equivalent)              | 2         | •                   | •               | •         |     | •                    |
|                                                                       |           |                     |                 |           |     |                      | SYLATRON – peginterferon alfa-2b for inj kit 200 mcg               | 2         | •                   | •               | •         |     | •                    |

| Drug Name                                                  | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                      | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
|------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|--------------------------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|
| SYLATRON – peginterferon alfa-2b for inj kit 300 mcg       | 2         | •                   | •               | •         |     | •                    | temozolomide cap 5 mg (Temodar)                                                | 1         | •                   | •               | •         |     | •                    |
| SYLATRON – peginterferon alfa-2b for inj kit 600 mcg       | 2         | •                   | •               | •         |     | •                    | temozolomide cap 20 mg (Temodar)                                               | 1         | •                   | •               | •         |     | •                    |
| TABLOID – thioguanine tab 40 mg                            | 2         |                     |                 |           |     |                      | temozolomide cap 100 mg (Temodar)                                              | 1         | •                   | •               | •         |     | •                    |
| TAFINLAR – dabrafenib mesylate cap 50 mg (base equivalent) | 2         | •                   | •               | •         |     | •                    | temozolomide cap 140 mg (Temodar)                                              | 1         | •                   | •               | •         |     | •                    |
| TAFINLAR – dabrafenib mesylate cap 75 mg (base equivalent) | 2         | •                   | •               | •         |     | •                    | temozolomide cap 180 mg (Temodar)                                              | 1         | •                   | •               | •         |     | •                    |
| TAGRISO – osimertinib mesylate tab 40 mg (base equivalent) | 2         | •                   | •               | •         |     | •                    | temozolomide cap 250 mg (Temodar)                                              | 1         | •                   | •               | •         |     | •                    |
| TAGRISO – osimertinib mesylate tab 80 mg (base equivalent) | 2         | •                   | •               | •         |     | •                    | THERACYS – bcg live intravesical for susp 81 mg/vial                           | 3         |                     |                 |           |     |                      |
| tamoxifen citrate tab 10 mg (base equivalent)              | 1         |                     |                 |           | •   |                      | TICE BCG – bcg live intravesical for susp 50 mg                                | 3         |                     |                 |           |     |                      |
| tamoxifen citrate tab 20 mg (base equivalent)              | 1         |                     |                 |           | •   |                      | tretinoin cap 10 mg                                                            | 1         | •                   |                 |           |     |                      |
| TARCEVA – erlotinib hcl tab 25 mg (base equivalent)        | 2         | •                   | •               | •         |     | •                    | TREXALL – methotrexate sodium tab 5 mg (base equiv)                            | 3         |                     |                 |           |     |                      |
| TARCEVA – erlotinib hcl tab 100 mg (base equivalent)       | 2         | •                   | •               | •         |     | •                    | TREXALL – methotrexate sodium tab 7.5 mg (base equiv)                          | 3         |                     |                 |           |     |                      |
| TARCEVA – erlotinib hcl tab 150 mg (base equivalent)       | 2         | •                   | •               | •         |     | •                    | TREXALL – methotrexate sodium tab 10 mg (base equiv)                           | 3         |                     |                 |           |     |                      |
| TARCEVA – erlotinib hcl tab 150 mg (base equivalent)       | 2         | •                   | •               | •         |     | •                    | TREXALL – methotrexate sodium tab 15 mg (base equiv)                           | 3         |                     |                 |           |     |                      |
| TARGRETIN – bexarotene cap 75 mg                           | 3         | •                   |                 | •         |     | •                    | TYKERB – lapatinib ditosylate tab 250 mg (base equiv)                          | 2         | •                   | •               | •         |     | •                    |
| TASIGNA – nilotinib hcl cap 150 mg (base equivalent)       | 2         | •                   | •               | •         |     | •                    | VENCLEXTA – venetoclax tab 10 mg                                               | 2         | •                   | •               | •         |     | •                    |
| TASIGNA – nilotinib hcl cap 200 mg (base equivalent)       | 2         | •                   | •               | •         |     | •                    | VENCLEXTA – venetoclax tab 50 mg                                               | 2         | •                   | •               | •         |     | •                    |
| TEMODAR – temozolomide cap 5 mg                            | 3         | •                   | •               | •         |     | •                    | VENCLEXTA – venetoclax tab 100 mg                                              | 2         | •                   | •               | •         |     | •                    |
| TEMODAR – temozolomide cap 20 mg                           | 3         | •                   | •               | •         |     | •                    | VENCLEXTA STARTING PACK – venetoclax tab therapy starter pack 10 & 50 & 100 mg | 2         | •                   | •               | •         |     | •                    |
| TEMODAR – temozolomide cap 100 mg                          | 3         | •                   | •               | •         |     | •                    | VOTRIENT – pazopanib hcl tab 200 mg (base equiv)                               | 2         | •                   | •               | •         |     | •                    |
| TEMODAR – temozolomide cap 140 mg                          | 3         | •                   | •               | •         |     | •                    | XALKORI – crizotinib cap 200 mg                                                | 2         | •                   | •               | •         |     | •                    |
| TEMODAR – temozolomide cap 180 mg                          | 3         | •                   | •               | •         |     | •                    | XALKORI – crizotinib cap 250 mg                                                | 2         | •                   | •               | •         |     | •                    |
| TEMODAR – temozolomide cap 250 mg                          | 3         | •                   | •               | •         |     | •                    | XATMEP – methotrexate oral soln 2.5 mg/ml                                      | 3         | •                   |                 |           |     |                      |

| Drug Name                                                   | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                      | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
|-------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|----------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|
| XELODA – capecitabine tab 150 mg                            | 3         | •                   | •               | •         |     | •                    | dexamethasone tab 1.5 mg                                       | 1         |                     |                 |           |     |                      |
| XELODA – capecitabine tab 500 mg                            | 3         | •                   | •               | •         |     | •                    | dexamethasone tab 4 mg                                         | 1         |                     |                 |           |     |                      |
| XTANDI – enzalutamide cap 40 mg                             | 2         | •                   | •               | •         |     | •                    | dexamethasone tab 6 mg                                         | 1         |                     |                 |           |     |                      |
| ZEJULA – niraparib tosylate cap 100 mg (base equivalent)    | 3         | •                   | •               |           |     |                      | EMFLAZA – deflazacort susp 22.75 mg/ml                         | 3         | •                   |                 |           |     |                      |
| ZELBORAF – vemurafenib tab 240 mg                           | 2         | •                   | •               | •         |     | •                    | EMFLAZA – deflazacort tab 6 mg                                 | 3         | •                   | •               |           |     |                      |
| ZOLINZA – vorinostat cap 100 mg                             | 2         | •                   | •               | •         |     | •                    | EMFLAZA – deflazacort tab 18 mg                                | 3         | •                   | •               |           |     |                      |
| ZYDELIG – idelalisib tab 100 mg                             | 2         | •                   | •               | •         |     | •                    | EMFLAZA – deflazacort tab 30 mg                                | 3         | •                   |                 |           |     |                      |
| ZYDELIG – idelalisib tab 150 mg                             | 2         | •                   | •               | •         |     | •                    | EMFLAZA – deflazacort tab 36 mg                                | 3         | •                   |                 |           |     |                      |
| ZYKADIA – ceritinib cap 150 mg                              | 2         | •                   | •               | •         |     | •                    | ENTOCORT EC – budesonide delayed release particles cap 3 mg    | 3         | •                   |                 |           |     |                      |
| ZYTIGA – abiraterone acetate tab 250 mg                     | 2         | •                   | •               | •         |     | •                    | fludrocortisone acetate tab 0.1 mg                             | 1         |                     |                 |           |     |                      |
| ZYTIGA – abiraterone acetate tab 500 mg                     | 2         | •                   | •               |           |     |                      | hydrocortisone tab 5 mg (Cortef)                               | 1         |                     |                 |           |     |                      |
| <b>ENDOCRINE AND METABOLIC DRUGS</b>                        |           |                     |                 |           |     |                      | hydrocortisone tab 10 mg (Cortef)                              | 1         |                     |                 |           |     |                      |
| <b>CORTICOSTEROIDS</b>                                      |           |                     |                 |           |     |                      | hydrocortisone tab 20 mg (Cortef)                              | 1         |                     |                 |           |     |                      |
| budesonide delayed release particles cap 3 mg (Entocort ec) | 1         |                     |                 |           |     |                      | MEDROL – methylprednisolone tab 2 mg                           | 3         |                     |                 |           |     |                      |
| CORTEF – hydrocortisone tab 5 mg                            | 3         | •                   |                 |           |     |                      | MEDROL – methylprednisolone tab 4 mg                           | 3         | •                   |                 |           |     |                      |
| CORTEF – hydrocortisone tab 10 mg                           | 3         | •                   |                 |           |     |                      | MEDROL – methylprednisolone tab 8 mg                           | 3         |                     |                 |           |     |                      |
| CORTEF – hydrocortisone tab 20 mg                           | 3         | •                   |                 |           |     |                      | MEDROL – methylprednisolone tab 16 mg                          | 3         |                     |                 |           |     |                      |
| CORTISONE ACETATE – cortisone acetate tab 25 mg             | 1         |                     |                 |           |     |                      | MEDROL – methylprednisolone tab 32 mg                          | 3         |                     |                 |           |     |                      |
| DEXAMETHASONE – dexamethasone soln 0.5 mg/5ml               | 1         |                     |                 |           |     |                      | MEDROL DOSEPAK – methylprednisolone tab therapy pack 4 mg (21) | 3         |                     |                 |           |     |                      |
| DEXAMETHASONE – dexamethasone tab 1 mg                      | 1         |                     |                 |           |     |                      | methylprednisolone tab therapy pack 4 mg (21) (Medrol dosepak) | 1         |                     |                 |           |     |                      |
| DEXAMETHASONE – dexamethasone tab 2 mg                      | 1         |                     |                 |           |     |                      | methylprednisolone tab 4 mg (Medrol)                           | 1         |                     |                 |           |     |                      |
| dexamethasone elixir 0.5 mg/5ml                             | 1         |                     |                 |           |     |                      | methylprednisolone tab 8 mg (Medrol)                           | 1         |                     |                 |           |     |                      |
| DEXAMETHASONE INTENSOL – dexamethasone conc 1 mg/ml         | 1         |                     |                 |           |     |                      | methylprednisolone tab 16 mg (Medrol)                          | 1         |                     |                 |           |     |                      |
| dexamethasone tab 0.5 mg                                    | 1         |                     |                 |           |     |                      | methylprednisolone tab 32 mg (Medrol)                          | 1         |                     |                 |           |     |                      |
| dexamethasone tab 0.75 mg                                   | 1         |                     |                 |           |     |                      |                                                                |           |                     |                 |           |     |                      |

| Drug Name                                                                               | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                        | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
|-----------------------------------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|------------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|
| ORAPRED ODT – prednisolone sod phos orally disintegr tab 10 mg (base eq)                | 3         |                     |                 |           |     |                      | PREDNISONE – prednisone tab therapy pack 5 mg (21)               | 1         |                     |                 |           |     |                      |
| ORAPRED ODT – prednisolone sod phos orally disintegr tab 15 mg (base eq)                | 3         |                     |                 |           |     |                      | PREDNISONE – prednisone tab therapy pack 5 mg (48)               | 1         |                     |                 |           |     |                      |
| ORAPRED ODT – prednisolone sod phos orally disintegr tab 30 mg (base eq)                | 3         |                     |                 |           |     |                      | PREDNISONE – prednisone tab therapy pack 10 mg (21)              | 1         |                     |                 |           |     |                      |
| PEDIAPRED – prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)                | 3         | •                   |                 |           |     |                      | PREDNISONE – prednisone tab therapy pack 10 mg (48)              | 1         |                     |                 |           |     |                      |
| prednisolone sod phos orally disintegr tab 10 mg (base eq) (Orapred odt)                | 1         |                     |                 |           |     |                      | PREDNISONE INTENSOL – prednisone conc 5 mg/ml                    | 1         |                     |                 |           |     |                      |
| prednisolone sod phos orally disintegr tab 15 mg (base eq) (Orapred odt)                | 1         |                     |                 |           |     |                      | prednisone tab 1 mg                                              | 1         |                     |                 |           |     |                      |
| prednisolone sod phos orally disintegr tab 30 mg (base eq) (Orapred odt)                | 1         |                     |                 |           |     |                      | prednisone tab 2.5 mg                                            | 1         |                     |                 |           |     |                      |
| prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base) (Pediapred)                | 1         |                     |                 |           |     |                      | prednisone tab 5 mg                                              | 1         |                     |                 |           |     |                      |
| prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)                             | 1         |                     |                 |           |     |                      | prednisone tab 10 mg                                             | 1         |                     |                 |           |     |                      |
| prednisolone sod phosphate oral soln 10 mg/5ml (base equiv) (Millipred)                 | 1         |                     |                 |           |     |                      | prednisone tab 20 mg                                             | 1         |                     |                 |           |     |                      |
| prednisolone sod phosphate oral soln 20 mg/5ml (base equiv) (Veripred 20)               | 1         |                     |                 |           |     |                      | RAYOS – prednisone tab delayed release 1 mg                      | 3         | •                   |                 |           |     |                      |
| PREDNISOLONE SODIUM PHOSP – prednisolone sodium phosphate oral soln 25 mg/5ml (base eq) | 1         |                     |                 |           |     |                      | RAYOS – prednisone tab delayed release 2 mg                      | 3         | •                   |                 |           |     |                      |
| prednisolone syrup 15 mg/5ml (usp solution equivalent)                                  | 1         |                     |                 |           |     |                      | RAYOS – prednisone tab delayed release 5 mg                      | 3         | •                   |                 |           |     |                      |
| PREDNISONE – prednisone tab 50 mg                                                       | 1         |                     |                 |           |     |                      | SOLU-CORTEF – hydrocortisone sodium succinate pf for inj 100 mg  | 3         |                     |                 |           |     |                      |
| PREDNISONE – prednisone oral soln 5 mg/5ml                                              | 1         |                     |                 |           |     |                      | SOLU-CORTEF – hydrocortisone sodium succinate pf for inj 250 mg  | 3         |                     |                 |           |     |                      |
|                                                                                         |           |                     |                 |           |     |                      | SOLU-CORTEF – hydrocortisone sodium succinate pf for inj 500 mg  | 3         |                     |                 |           |     |                      |
|                                                                                         |           |                     |                 |           |     |                      | SOLU-CORTEF – hydrocortisone sodium succinate pf for inj 1000 mg | 3         |                     |                 |           |     |                      |
|                                                                                         |           |                     |                 |           |     |                      | UCERIS – budesonide tab er 24hr 9 mg                             | 3         |                     | •               |           |     |                      |
|                                                                                         |           |                     |                 |           |     |                      | ANDROGEN-ANABOLIC                                                |           |                     |                 |           |     |                      |
|                                                                                         |           |                     |                 |           |     |                      | ANADROL-50 – oxymetholone tab 50 mg                              | 3         | •                   |                 |           |     |                      |
|                                                                                         |           |                     |                 |           |     |                      | ANDRODERM – testosterone td patch 24hr 2 mg/24hr                 | 3         | •                   | •               |           |     |                      |

| Drug Name                                                          | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                          | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
|--------------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|--------------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|
| ANDRODERM – testosterone td patch 24hr 4 mg/24hr                   | 3         | •                   | •               |           |     |                      | STRIANT – testosterone buccal mucoadhesive system 30 mg            | 3         | •                   | •               |           |     |                      |
| ANDROGEL – testosterone td gel 25 mg/2.5gm (1%)                    | 3         | •                   | •               |           |     |                      | TESTIM – testosterone td gel 50 mg/5gm (1%)                        | 3         | •                   | •               |           |     |                      |
| ANDROGEL – testosterone td gel 50 mg/5gm (1%)                      | 3         | •                   | •               |           |     |                      | TESTOSTERONE – testosterone td gel 25 mg/2.5gm (1%)                | 1         | •                   | •               |           |     |                      |
| ANDROGEL – testosterone td gel 20.25 mg/1.25gm (1.62%)             | 2         | •                   | •               |           |     |                      | TESTOSTERONE – testosterone td gel 50 mg/5gm (1%)                  | 1         | •                   | •               |           |     |                      |
| ANDROGEL – testosterone td gel 40.5 mg/2.5gm (1.62%)               | 2         | •                   | •               |           |     |                      | TESTOSTERONE – testosterone td gel 10mg/act (2%)                   | 1         | •                   | •               |           |     |                      |
| ANDROGEL PUMP – testosterone td gel 20.25 mg/act (1.62%)           | 2         | •                   | •               |           |     |                      | testosterone cypionate im inj in oil 100 mg/ml (Depo-testosterone) | 1         | •                   | •               |           |     |                      |
| ANDROID – methyltestosterone cap 10 mg                             | 3         | •                   |                 |           |     |                      | testosterone cypionate im inj in oil 200 mg/ml (Depo-testosterone) | 1         | •                   | •               |           |     |                      |
| ANDROXY – fluoxymesterone tab 10 mg                                | 3         | •                   |                 |           |     |                      | testosterone enanthate im inj in oil 200 mg/ml                     | 1         | •                   | •               |           |     |                      |
| AXIRON – testosterone td soln 30 mg/act                            | 3         | •                   | •               |           |     |                      | TESTOSTERONE PUMP – testosterone td gel 12.5 mg/act (1%)           | 1         | •                   | •               |           |     |                      |
| danazol cap 50 mg                                                  | 1         | •                   |                 |           |     |                      | testosterone td gel 25 mg/2.5gm (1%) (Androgel)                    | 1         | •                   | •               |           |     |                      |
| danazol cap 100 mg                                                 | 1         | •                   |                 |           |     |                      | testosterone td gel 50 mg/5gm (1%) (Androgel)                      | 1         | •                   | •               |           |     |                      |
| danazol cap 200 mg                                                 | 1         | •                   |                 |           |     |                      | testosterone td gel 12.5 mg/act (1%) (Androgel pump)               | 1         | •                   | •               |           |     |                      |
| DEPO-TESTOSTERONE – testosterone cypionate im inj in oil 100 mg/ml | 3         | •                   | •               |           |     |                      | testosterone td soln 30 mg/act (Axiron)                            | 1         | •                   | •               |           |     |                      |
| DEPO-TESTOSTERONE – testosterone cypionate im inj in oil 200 mg/ml | 3         | •                   | •               |           |     |                      | TESTRED – methyltestosterone cap 10 mg                             | 3         | •                   |                 |           |     |                      |
| FORTESTA – testosterone td gel 10mg/act (2%)                       | 3         | •                   | •               |           |     |                      | VOGELXO – testosterone td gel 50 mg/5gm (1%)                       | 3         | •                   | •               |           |     |                      |
| METHITEST – methyltestosterone oral tab 10 mg                      | 3         | •                   |                 |           |     |                      | VOGELXO PUMP – testosterone td gel 12.5 mg/act (1%)                | 3         | •                   | •               |           |     |                      |
| methyltestosterone cap 10 mg (Testred)                             | 1         | •                   |                 |           |     |                      | ESTROGENS                                                          |           |                     |                 |           |     |                      |
| NATESTO – testosterone nasal gel 5.5 mg/act                        | 3         | •                   | •               |           |     |                      | ACTIVELLA – estradiol & norethindrone acetate tab 0.5-0.1 mg       | 3         | •                   |                 |           |     |                      |
| OXANDRIN – oxandrolone tab 2.5 mg                                  | 3         | •                   |                 |           |     |                      | ACTIVELLA – estradiol & norethindrone acetate tab 1-0.5 mg         | 3         | •                   |                 |           |     |                      |
| OXANDRIN – oxandrolone tab 10 mg                                   | 3         | •                   |                 |           |     |                      |                                                                    |           |                     |                 |           |     |                      |
| oxandrolone tab 2.5 mg (Oxandrin)                                  | 1         | •                   |                 |           |     |                      |                                                                    |           |                     |                 |           |     |                      |
| oxandrolone tab 10 mg (Oxandrin)                                   | 1         | •                   |                 |           |     |                      |                                                                    |           |                     |                 |           |     |                      |

| Drug Name                                                                 | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                          | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
|---------------------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|--------------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|
| ALORA – estradiol td patch twice weekly 0.025 mg/24hr                     | 3         |                     | •               |           |     |                      | DIVIGEL – estradiol td gel 0.25 mg/0.25gm (0.1%)                   | 3         |                     | •               |           |     |                      |
| ALORA – estradiol td patch twice weekly 0.05 mg/24hr                      | 3         |                     | •               |           |     |                      | DIVIGEL – estradiol td gel 0.5 mg/0.5gm (0.1%)                     | 3         |                     | •               |           |     |                      |
| ALORA – estradiol td patch twice weekly 0.075 mg/24hr                     | 3         |                     | •               |           |     |                      | DIVIGEL – estradiol td gel 1 mg/gm (0.1%)                          | 3         |                     | •               |           |     |                      |
| ALORA – estradiol td patch twice weekly 0.1 mg/24hr                       | 3         |                     | •               |           |     |                      | DUAVEE – conjugated estrogens-bazedoxifene tab 0.45-20 mg          | 3         |                     |                 |           |     |                      |
| ANGELIQ – drospirenone-estradiol tab 0.25-0.5 mg                          | 3         |                     |                 |           |     |                      | ELESTRIN – estradiol gel 0.06% (0.52 mg/0.87 gm metered-dose pump) | 3         |                     | •               |           |     |                      |
| ANGELIQ – drospirenone-estradiol tab 0.5-1 mg                             | 3         |                     |                 |           |     |                      | esterified estrogens & methyltestosterone tab 0.625-1.25 mg        | 1         |                     |                 |           |     |                      |
| CLIMARA – estradiol td patch weekly 0.025 mg/24hr                         | 3         | •                   | •               |           |     |                      | esterified estrogens & methyltestosterone tab 1.25-2.5 mg          | 1         |                     |                 |           |     |                      |
| CLIMARA – estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)        | 3         | •                   | •               |           |     |                      | ESTRACE – estradiol tab 0.5 mg                                     | 3         | •                   |                 |           |     |                      |
| CLIMARA – estradiol td patch weekly 0.05 mg/24hr                          | 3         | •                   | •               |           |     |                      | ESTRACE – estradiol tab 1 mg                                       | 3         | •                   |                 |           |     |                      |
| CLIMARA – estradiol td patch weekly 0.06 mg/24hr                          | 3         | •                   | •               |           |     |                      | ESTRACE – estradiol tab 2 mg                                       | 3         | •                   |                 |           |     |                      |
| CLIMARA – estradiol td patch weekly 0.075 mg/24hr                         | 3         | •                   | •               |           |     |                      | estradiol & norethindrone acetate tab 0.5-0.1 mg (Activella)       | 1         |                     |                 |           |     |                      |
| CLIMARA – estradiol td patch weekly 0.1 mg/24hr                           | 3         | •                   | •               |           |     |                      | estradiol & norethindrone acetate tab 1-0.5 mg (Activella)         | 1         |                     |                 |           |     |                      |
| CLIMARA PRO – estradiol-levonorgestrel td patch weekly 0.045-0.015 mg/day | 2         |                     | •               |           |     |                      | estradiol tab 0.5 mg (Estrace)                                     | 1         |                     |                 |           |     |                      |
| COMBIPATCH – estradiol-norethindrone ace td pttw 0.05-0.14 mg/day         | 3         |                     | •               |           |     |                      | estradiol tab 1 mg (Estrace)                                       | 1         |                     |                 |           |     |                      |
| COMBIPATCH – estradiol-norethindrone ace td pttw 0.05-0.25 mg/day         | 3         |                     | •               |           |     |                      | estradiol tab 2 mg (Estrace)                                       | 1         |                     |                 |           |     |                      |
| DELESTROGEN – estradiol valerate im in oil 10 mg/ml                       | 3         |                     |                 | •         |     | •                    | estradiol td patch twice weekly 0.025 mg/24hr (Vivelle-dot)        | 1         |                     | •               |           |     |                      |
| DELESTROGEN – estradiol valerate im in oil 20 mg/ml                       | 3         | •                   |                 | •         |     | •                    | estradiol td patch twice weekly 0.0375 mg/24hr (Vivelle-dot)       | 1         |                     | •               |           |     |                      |
| DELESTROGEN – estradiol valerate im in oil 40 mg/ml                       | 3         |                     |                 | •         |     | •                    | estradiol td patch twice weekly 0.05 mg/24hr (Vivelle-dot)         | 1         |                     | •               |           |     |                      |
| DEPO-ESTRADIOL – estradiol cypionate im in oil 5 mg/ml                    | 3         |                     |                 |           |     |                      | estradiol td patch twice weekly 0.075 mg/24hr (Vivelle-dot)        | 1         |                     | •               |           |     |                      |
|                                                                           |           |                     |                 |           |     |                      | estradiol td patch weekly 0.025 mg/24hr (Climara)                  | 1         |                     | •               |           |     |                      |

| Drug Name                                                                           | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                           | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
|-------------------------------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|-------------------------------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|
| <b>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr) (Climara)</b>           | 1         |                     | •               |           |     |                      | <b>MINIVELLE – estradiol td patch twice weekly 0.05 mg/24hr</b>                     | 3         |                     | •               |           |     |                      |
| <b>estradiol td patch weekly 0.05 mg/24hr (Climara)</b>                             | 1         |                     | •               |           |     |                      | <b>MINIVELLE – estradiol td patch twice weekly 0.075 mg/24hr</b>                    | 3         |                     | •               |           |     |                      |
| <b>estradiol td patch weekly 0.06 mg/24hr (Climara)</b>                             | 1         |                     | •               |           |     |                      | <b>MINIVELLE – estradiol td patch twice weekly 0.1 mg/24hr</b>                      | 3         |                     | •               |           |     |                      |
| <b>estradiol td patch weekly 0.075 mg/24hr (Climara)</b>                            | 1         |                     | •               |           |     |                      | <b>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg (Femhrt low dose)</b> | 1         |                     |                 |           |     |                      |
| <b>estradiol td patch weekly 0.1 mg/24hr (Climara)</b>                              | 1         |                     | •               |           |     |                      | <b>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</b>                       | 1         |                     |                 |           |     |                      |
| <b>estradiol valerate im in oil 20 mg/ml (Delestrogen)</b>                          | 1         |                     |                 | •         |     | •                    | <b>PREFEST – estradiol tab 1 mg(15)/estrad-norgestimate tab 1-0.09mg(15)</b>        | 3         |                     |                 |           |     |                      |
| <b>estradiol valerate im in oil 40 mg/ml (Delestrogen)</b>                          | 1         |                     |                 | •         |     | •                    | <b>PREMARIN – estrogens, conjugated tab 0.3 mg</b>                                  | 2         |                     |                 |           |     |                      |
| <b>ESTROGEL – estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)</b>           | 3         |                     | •               |           |     |                      | <b>PREMARIN – estrogens, conjugated tab 0.45 mg</b>                                 | 2         |                     |                 |           |     |                      |
| <b>ESTROPIPATE – estropipate tab 0.75 mg</b>                                        | 1         |                     |                 |           |     |                      | <b>PREMARIN – estrogens, conjugated tab 0.625 mg</b>                                | 2         |                     |                 |           |     |                      |
| <b>ESTROPIPATE – estropipate tab 1.5 mg</b>                                         | 1         |                     |                 |           |     |                      | <b>PREMARIN – estrogens, conjugated tab 0.9 mg</b>                                  | 2         |                     |                 |           |     |                      |
| <b>ESTROPIPATE – estropipate tab 3 mg</b>                                           | 1         |                     |                 |           |     |                      | <b>PREMARIN – estrogens, conjugated tab 1.25 mg</b>                                 | 2         |                     |                 |           |     |                      |
| <b>EVAMIST – estradiol transdermal spray 1.53 mg/spray</b>                          | 3         |                     | •               |           |     |                      | <b>PREMPHASE – conj est 0.625(14)/conj est-medroxypro ac tab 0.625-5mg(14)</b>      | 2         |                     |                 |           |     |                      |
| <b>FEMHRT LOW DOSE – norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</b> | 3         |                     |                 |           |     |                      | <b>PREMPRO – conjugated estrogen-medroxyprogesterone acetate tab 0.3-1.5 mg</b>     | 2         |                     |                 |           |     |                      |
| <b>MENEST – esterified estrogens tab 0.3 mg</b>                                     | 3         |                     |                 |           |     |                      | <b>PREMPRO – conjugated estrogen-medroxyprogesterone acetate tab 0.45-1.5 mg</b>    | 2         |                     |                 |           |     |                      |
| <b>MENEST – esterified estrogens tab 0.625 mg</b>                                   | 3         |                     |                 |           |     |                      | <b>PREMPRO – conjugated estrogen-medroxyprogesterone acetate tab 0.625-2.5 mg</b>   | 2         |                     |                 |           |     |                      |
| <b>MENEST – esterified estrogens tab 1.25 mg</b>                                    | 3         |                     |                 |           |     |                      | <b>PREMPRO – conjugated estrogen-medroxyprogesterone acetate tab 0.625-5 mg</b>     | 2         |                     |                 |           |     |                      |
| <b>MENOSTAR – estradiol td patch weekly 14 mcg/24hr</b>                             | 3         |                     | •               |           |     |                      | <b>VIVELLE-DOT – estradiol td patch twice weekly 0.025 mg/24hr</b>                  | 3         |                     | •               |           |     |                      |
| <b>MINIVELLE – estradiol td patch twice weekly 0.025 mg/24hr</b>                    | 3         |                     | •               |           |     |                      |                                                                                     |           |                     |                 |           |     |                      |
| <b>MINIVELLE – estradiol td patch twice weekly 0.0375 mg/24hr</b>                   | 3         |                     | •               |           |     |                      |                                                                                     |           |                     |                 |           |     |                      |



| Drug Name                                                                               | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                               | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| VIVELLE-DOT – estradiol td patch twice weekly 0.0375 mg/24hr                            | 3         |                     | •               |           |     |                      | drospirenone-ethinyl estradiol tab 3-0.02 mg (Yaz)                                      | A         |                     |                 |           |     |                      |
| VIVELLE-DOT – estradiol td patch twice weekly 0.05 mg/24hr                              | 3         |                     | •               |           |     |                      | drospirenone-ethinyl estradiol tab 3-0.03 mg (Yasmin 28)                                | A         |                     |                 |           |     |                      |
| VIVELLE-DOT – estradiol td patch twice weekly 0.075 mg/24hr                             | 3         |                     | •               |           |     |                      | ELLA – ulipristal acetate tab 30 mg                                                     | A         |                     |                 |           | •   |                      |
| VIVELLE-DOT – estradiol td patch twice weekly 0.1 mg/24hr                               | 3         |                     | •               |           |     |                      | ESTROSTEP FE – norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg             | 3         | •                   |                 |           | •   |                      |
| <b>CONTRACEPTIVES</b>                                                                   |           |                     |                 |           |     |                      | ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg                                | A         |                     |                 |           |     |                      |
| BEYAZ – drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg                    | 3         |                     |                 |           | •   |                      | ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg (Zovia 1/50e)                  | 1         |                     |                 |           |     |                      |
| BREVICON-28 – norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg                       | 3         | •                   |                 |           | •   |                      | FALESSA – levonorgest-eth estrad tab 0.1 mg-20 mcg & fa tab 1 mg kit                    | A         |                     |                 |           | •   |                      |
| CYCLESSA – desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg                    | 3         | •                   |                 |           | •   |                      | GENERESS FE – norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg               | 3         |                     |                 |           | •   |                      |
| DEPO-PROVERA CONTRACEPTIV – medroxyprogesterone acetate im susp 150 mg/ml               | 3         |                     |                 |           |     |                      | KYLEENA – levonorgestrel releasing iud 17.5 mcg/day (19.5 mg total)                     | 3         |                     |                 |           |     |                      |
| DEPO-PROVERA CONTRACEPTIV – medroxyprogesterone acetate im susp prefilled syr 150 mg/ml | 3         |                     |                 |           |     |                      | levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg (Quartette)               | 1         |                     |                 |           |     |                      |
| DEPO-SUBQ PROVERA 104 – medroxyprogesterone acetate susp pref syr 104 mg/0.65ml         | A         |                     |                 |           |     |                      | levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Loseasonique)              | A         |                     |                 |           |     |                      |
| DESOGEN – desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg                            | 3         | •                   |                 |           | •   |                      | levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Seasonique)               | A         |                     |                 |           |     |                      |
| desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Mircette)                 | A         |                     |                 |           |     |                      | levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg                            | A         |                     |                 |           |     |                      |
| desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg (Cyclessa)                    | A         |                     |                 |           |     |                      | levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg                                    | A         |                     |                 |           |     |                      |
| desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Desogen)                            | A         |                     |                 |           |     |                      | levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg                                   | A         |                     |                 |           |     |                      |
| drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (Beyaz)                    | A         |                     |                 |           |     |                      | LEVONORGESTREL AND ETHINY – levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg | 1         |                     |                 |           | •   |                      |

| Drug Name                                                                          | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                       | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| levonorgestrel tab 1.5 mg                                                          | A         |                     |                 |           | •   |                      | NATAZIA – estradiol valerate-dienogest tab 3 mg /2-2 mg/2-3 mg/1 mg             | A         |                     |                 |           | •   |                      |
| levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg                       | A         |                     |                 |           |     |                      | NECON 1/50-28 – norethindrone & mestranol tab 1 mg-50 mcg                       | A         |                     |                 |           | •   |                      |
| levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg                        | A         |                     |                 |           |     |                      | NEXPLANON – etonogestrel subdermal implant 68 mg                                | A         |                     |                 |           | •   | •                    |
| LILETTA – levonorgestrel releasing iud 18.6 mcg/day (52 mg total)                  | A         |                     |                 |           | •   | •                    | norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Ovcon-35)                  | A         |                     |                 |           |     |                      |
| LO LOESTRIN FE – norethin-eth estradiol-fe tab 1 mg-10 mcg (24)/10 mcg (2)         | A         |                     |                 |           | •   |                      | norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Brevicon-28)               | A         |                     |                 |           |     |                      |
| LOESTRIN FE 1.5/30 – norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg    | 3         | •                   |                 |           | •   |                      | norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Norinyl 1+35)                | A         |                     |                 |           |     |                      |
| LOESTRIN FE 1/20 – norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg        | 3         | •                   |                 |           | •   |                      | norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg (Femcon fe)         | A         |                     |                 |           |     |                      |
| LOESTRIN 1.5/30-21 – norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg       | 3         | •                   |                 |           | •   |                      | norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (Generess fe)       | A         |                     |                 |           |     |                      |
| LOESTRIN 1/20-21 – norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg           | 3         | •                   |                 |           | •   |                      | norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Estrostep fe)     | A         |                     |                 |           |     |                      |
| LOSEASONIQUE – levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)         | 3         | •                   |                 |           | •   |                      | norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Loestrin 1/20-21)        | A         |                     |                 |           |     |                      |
| medroxyprogesterone acetate im susp prefilled syr 150 mg/ml (Depo-provera contrac) | A         |                     |                 |           |     |                      | norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Loestrin 1.5/30-21)    | A         |                     |                 |           |     |                      |
| medroxyprogesterone acetate im susp 150 mg/ml (Depo-provera contrac)               | A         |                     |                 |           |     |                      | norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Loestrin fe 1/20)     | A         |                     |                 |           |     |                      |
| MINASTRIN 24 FE – norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)     | A         |                     |                 |           | •   |                      | norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Loestrin fe 1.5/30) | A         |                     |                 |           |     |                      |
| MIRCETTE – desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)            | 3         | •                   |                 |           | •   |                      | norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Minastrin 24 fe)  | 1         |                     |                 |           |     |                      |
| MIRENA – levonorgestrel releasing iud 20 mcg/day (52 mg total)                     | A         |                     |                 |           | •   | •                    | norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)                     | A         |                     |                 |           |     |                      |
|                                                                                    |           |                     |                 |           |     |                      | norethindrone tab 0.35 mg (Nor-qd)                                              | A         |                     |                 |           |     |                      |

| Drug Name                                                                                | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                            | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| <b>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</b> (Ortho-novum 7/7/7)    | A         |                     |                 |           |     |                      | <b>PARAGARD INTRAUTERINE COP – copper iud</b>                                        | A         |                     |                 |           | •   | •                    |
| <b>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</b> (Tri-norinyl 28)        | A         |                     |                 |           |     |                      | <b>PLAN B ONE-STEP – levonorgestrel tab 1.5 mg</b>                                   | A         | •                   |                 |           | •   |                      |
| <b>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</b> (Ortho-cyclen)            | A         |                     |                 |           |     |                      | <b>QUARTETTE – levonor-eth est tab 0.15-0.02/0.025/0.03 mg &amp; eth est 0.01 mg</b> | A         |                     |                 |           | •   |                      |
| <b>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</b> (Ortho tri-cyclen lo) | A         |                     |                 |           |     |                      | <b>SAFYRAL – drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</b>        | A         |                     |                 |           | •   |                      |
| <b>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</b> (Ortho tri-cyclen)    | A         |                     |                 |           |     |                      | <b>SEASONIQUE – levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</b> | 3         | •                   |                 |           | •   |                      |
| <b>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</b>                              | A         |                     |                 |           |     |                      | <b>SKYLA – levonorgestrel releasing iud 14 mcg/day (13.5 mg total)</b>               | A         |                     |                 |           | •   | •                    |
| <b>NORINYL 1+50 – norethindrone &amp; mestranol tab 1 mg-50 mcg</b>                      | A         |                     |                 |           | •   |                      | <b>TAYTULLA – norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</b>        | A         |                     |                 |           |     |                      |
| <b>NUVARING – etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</b>             | A         |                     |                 |           | •   |                      | <b>TRI-NORINYL 28 – norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</b>    | 3         | •                   |                 |           | •   |                      |
| <b>OGESTREL – norgestrel &amp; ethinyl estradiol tab 0.5 mg-50 mcg</b>                   | A         |                     |                 |           | •   |                      | <b>XULANE – norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</b>             | A         |                     |                 |           | •   |                      |
| <b>ORTHO MICRONOR – norethindrone tab 0.35 mg</b>                                        | 3         | •                   |                 |           | •   |                      | <b>YASMIN 28 – drospirenone-ethinyl estradiol tab 3-0.03 mg</b>                      | 3         | •                   |                 |           | •   |                      |
| <b>ORTHO TRI-CYCLEN – norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</b>    | 3         | •                   |                 |           | •   |                      | <b>YAZ – drospirenone-ethinyl estradiol tab 3-0.02 mg</b>                            | 3         | •                   |                 |           | •   |                      |
| <b>ORTHO TRI-CYCLEN LO – norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</b> | 3         |                     |                 |           | •   |                      | <b>PROGESTINS</b>                                                                    |           |                     |                 |           |     |                      |
| <b>ORTHO-CYCLEN – norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</b>            | 3         | •                   |                 |           | •   |                      | <b>AYGESTIN – norethindrone acetate tab 5 mg</b>                                     | 3         | •                   |                 |           |     |                      |
| <b>ORTHO-NOVUM 1/35 – norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg</b>          | 3         | •                   |                 |           | •   |                      | <b>medroxyprogesterone acetate tab 2.5 mg</b> (Provera)                              | 1         |                     |                 |           |     |                      |
| <b>ORTHO-NOVUM 7/7/7 – norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</b>    | 3         | •                   |                 |           | •   |                      | <b>medroxyprogesterone acetate tab 5 mg</b> (Provera)                                | 1         |                     |                 |           |     |                      |
|                                                                                          |           |                     |                 |           |     |                      | <b>medroxyprogesterone acetate tab 10 mg</b> (Provera)                               | 1         |                     |                 |           |     |                      |
|                                                                                          |           |                     |                 |           |     |                      | <b>MEGACE ES – meggestrol acetate susp 625 mg/5ml</b>                                | 3         |                     |                 |           |     |                      |
|                                                                                          |           |                     |                 |           |     |                      | <b>meggestrol acetate susp 625 mg/5ml</b> (Megace es)                                | 1         |                     |                 |           |     |                      |

| Drug Name                                                               | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                           | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| norethindrone acetate tab 5 mg (Aygestin)                               | 1         |                     |                 |           |     |                      | ADLYXIN – lixisenatide soln pen-injector 20 mcg/0.2ml (100 mcg/ml)                  | 3         | •                   | •               |           |     |                      |
| progesterone im in oil 50 mg/ml                                         | 1         |                     |                 | •         |     | •                    | ADLYXIN STARTER PACK – lixisenatide pen-inj starter kit 10 mcg/0.2ml & 20 mcg/0.2ml | 3         | •                   | •               |           |     |                      |
| progesterone micronized cap 100 mg (Prometrium)                         | 1         |                     |                 |           |     |                      | ALOGLIPTIN – alogliptin benzoate tab 6.25 mg (base equiv)                           | 3         | •                   | •               |           |     |                      |
| progesterone micronized cap 200 mg (Prometrium)                         | 1         |                     |                 |           |     |                      | ALOGLIPTIN – alogliptin benzoate tab 12.5 mg (base equiv)                           | 3         | •                   | •               |           |     |                      |
| PROMETRIUM – progesterone micronized cap 100 mg                         | 3         | •                   |                 |           |     |                      | ALOGLIPTIN – alogliptin benzoate tab 25 mg (base equiv)                             | 3         | •                   | •               |           |     |                      |
| PROMETRIUM – progesterone micronized cap 200 mg                         | 3         | •                   |                 |           |     |                      | ALOGLIPTIN/METFORMIN HCL – alogliptin-metformin hcl tab 12.5-500 mg                 | 3         | •                   | •               |           |     |                      |
| PROVERA – medroxyprogesterone acetate tab 2.5 mg                        | 3         | •                   |                 |           |     |                      | ALOGLIPTIN/METFORMIN HCL – alogliptin-metformin hcl tab 12.5-1000 mg                | 3         | •                   | •               |           |     |                      |
| PROVERA – medroxyprogesterone acetate tab 5 mg                          | 3         | •                   |                 |           |     |                      | ALOGLIPTIN/PIOGLITAZONE – alogliptin-pioglitazone tab 12.5-15 mg                    | 3         | •                   | •               |           |     |                      |
| PROVERA – medroxyprogesterone acetate tab 10 mg                         | 3         | •                   |                 |           |     |                      | ALOGLIPTIN/PIOGLITAZONE – alogliptin-pioglitazone tab 12.5-30 mg                    | 3         | •                   | •               |           |     |                      |
| <b>ANTIDIABETICS</b>                                                    |           |                     |                 |           |     |                      | ALOGLIPTIN/PIOGLITAZONE – alogliptin-pioglitazone tab 12.5-45 mg                    | 3         | •                   | •               |           |     |                      |
| acarbose tab 25 mg (Precose)                                            | 1         |                     | •               |           |     |                      | ALOGLIPTIN/PIOGLITAZONE – alogliptin-pioglitazone tab 25-15 mg                      | 3         | •                   | •               |           |     |                      |
| acarbose tab 50 mg (Precose)                                            | 1         |                     | •               |           |     |                      | ALOGLIPTIN/PIOGLITAZONE – alogliptin-pioglitazone tab 25-30 mg                      | 3         | •                   | •               |           |     |                      |
| acarbose tab 100 mg (Precose)                                           | 1         |                     | •               |           |     |                      | AMARYL – glimepiride tab 1 mg                                                       | 3         | •                   | •               |           |     |                      |
| ACTOPLUS MET – pioglitazone hcl-metformin hcl tab 15-500 mg             | 3         | •                   | •               |           |     |                      | AMARYL – glimepiride tab 2 mg                                                       | 3         | •                   | •               |           |     |                      |
| ACTOPLUS MET – pioglitazone hcl-metformin hcl tab 15-850 mg             | 3         | •                   | •               |           |     |                      | AMARYL – glimepiride tab 4 mg                                                       | 3         | •                   | •               |           |     |                      |
| ACTOPLUS MET XR – pioglitazone hcl-metformin hcl tab er 24hr 15-1000 mg | 3         | •                   | •               |           |     |                      | AVANDIA – rosiglitazone maleate tab 2 mg (base equiv)                               | 3         | •                   | •               |           |     |                      |
| ACTOPLUS MET XR – pioglitazone hcl-metformin hcl tab er 24hr 30-1000 mg | 3         | •                   | •               |           |     |                      |                                                                                     |           |                     |                 |           |     |                      |
| ACTOS – pioglitazone hcl tab 15 mg (base equiv)                         | 3         | •                   | •               |           |     |                      |                                                                                     |           |                     |                 |           |     |                      |
| ACTOS – pioglitazone hcl tab 30 mg (base equiv)                         | 3         | •                   | •               |           |     |                      |                                                                                     |           |                     |                 |           |     |                      |
| ACTOS – pioglitazone hcl tab 45 mg (base equiv)                         | 3         | •                   | •               |           |     |                      |                                                                                     |           |                     |                 |           |     |                      |

| Drug Name                                                            | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                        | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| AVANDIA – rosiglitazone maleate tab 4 mg (base equiv)                | 3         | •                   | •               |           |     |                      | glipizide tab 5 mg (Glucotrol)                                   | 1         |                     | •               |           |     |                      |
| BYDUREON – exenatide for inj extended release susp 2 mg              | 2         | •                   | •               |           |     |                      | glipizide tab 10 mg (Glucotrol)                                  | 1         |                     | •               |           |     |                      |
| BYDUREON PEN – exenatide extended release for susp pen-injector 2 mg | 2         | •                   | •               |           |     |                      | glipizide-metformin hcl tab 2.5-250 mg                           | 1         |                     | •               |           |     |                      |
| BYETTA – exenatide soln pen-injector 5 mcg/0.02ml                    | 2         | •                   | •               |           |     |                      | glipizide-metformin hcl tab 2.5-500 mg                           | 1         |                     | •               |           |     |                      |
| BYETTA – exenatide soln pen-injector 10 mcg/0.04ml                   | 2         | •                   | •               |           |     |                      | glipizide-metformin hcl tab 5-500 mg                             | 1         |                     | •               |           |     |                      |
| CHLORPROPAMIDE – chlorpropamide tab 100 mg                           | 1         |                     | •               |           |     |                      | GLUCAGEN HYPOKIT – glucagon hcl (rdna) for inj 1 mg (base equiv) | 2         |                     |                 |           |     |                      |
| CHLORPROPAMIDE – chlorpropamide tab 250 mg                           | 1         |                     | •               |           |     |                      | GLUCAGON EMERGENCY KIT – glucagon (rdna) for inj kit 1 mg        | 2         |                     |                 |           |     |                      |
| CYCLOSET – bromocriptine mesylate tab 0.8 mg (base equivalent)       | 3         |                     | •               |           |     |                      | GLUCOPHAGE – metformin hcl tab 500 mg                            | 3         | •                   | •               |           |     |                      |
| DUETACT – pioglitazone hcl-glimepiride tab 30-2 mg                   | 3         | •                   | •               |           |     |                      | GLUCOPHAGE – metformin hcl tab 850 mg                            | 3         | •                   | •               |           |     |                      |
| DUETACT – pioglitazone hcl-glimepiride tab 30-4 mg                   | 3         | •                   | •               |           |     |                      | GLUCOPHAGE – metformin hcl tab 1000 mg                           | 3         | •                   | •               |           |     |                      |
| FARXIGA – dapagliflozin propanediol tab 5 mg (base equivalent)       | 3         | •                   | •               |           |     |                      | GLUCOPHAGE XR – metformin hcl tab er 24hr 500 mg                 | 3         | •                   | •               |           |     |                      |
| FARXIGA – dapagliflozin propanediol tab 10 mg (base equivalent)      | 3         | •                   | •               |           |     |                      | GLUCOPHAGE XR – metformin hcl tab er 24hr 750 mg                 | 3         | •                   | •               |           |     |                      |
| FORTAMET – metformin hcl tab er 24hr osmotic 500 mg                  | 3         | •                   | •               |           |     |                      | GLUCOTROL – glipizide tab 5 mg                                   | 3         | •                   | •               |           |     |                      |
| FORTAMET – metformin hcl tab er 24hr osmotic 1000 mg                 | 3         | •                   | •               |           |     |                      | GLUCOTROL – glipizide tab 10 mg                                  | 3         | •                   | •               |           |     |                      |
| glimepiride tab 1 mg (Amaryl)                                        | 1         |                     | •               |           |     |                      | GLUCOTROL XL – glipizide tab er 24hr 2.5 mg                      | 3         | •                   | •               |           |     |                      |
| glimepiride tab 2 mg (Amaryl)                                        | 1         |                     | •               |           |     |                      | GLUCOTROL XL – glipizide tab er 24hr 5 mg                        | 3         | •                   | •               |           |     |                      |
| glimepiride tab 4 mg (Amaryl)                                        | 1         |                     | •               |           |     |                      | GLUCOTROL XL – glipizide tab er 24hr 10 mg                       | 3         | •                   | •               |           |     |                      |
| glipizide tab er 24hr 2.5 mg (Glucotrol xl)                          | 1         |                     | •               |           |     |                      | GLUCOVANCE – glyburide-metformin tab 2.5-500 mg                  | 3         | •                   | •               |           |     |                      |
| glipizide tab er 24hr 5 mg (Glucotrol xl)                            | 1         |                     | •               |           |     |                      | GLUCOVANCE – glyburide-metformin tab 5-500 mg                    | 3         | •                   | •               |           |     |                      |
| glipizide tab er 24hr 10 mg (Glucotrol xl)                           | 1         |                     | •               |           |     |                      | GLUMETZA – metformin hcl tab er 24hr modified release 500 mg     | 3         | •                   | •               |           |     |                      |
|                                                                      |           |                     |                 |           |     |                      | GLUMETZA – metformin hcl tab er 24hr modified release 1000 mg    | 3         | •                   | •               |           |     |                      |

| Drug Name                                                               | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                 | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| <b>glyburide micronized tab 1.5 mg</b><br>(Glynase)                     | 1         |                     | •               |           |     |                      | <b>INVOKAMET XR – canagliflozin-metformin hcl tab er 24hr 50-1000 mg</b>  | 2         | •                   | •               |           |     |                      |
| <b>glyburide micronized tab 3 mg</b><br>(Glynase)                       | 1         |                     | •               |           |     |                      | <b>INVOKAMET XR – canagliflozin-metformin hcl tab er 24hr 150-500 mg</b>  | 2         | •                   | •               |           |     |                      |
| <b>glyburide micronized tab 6 mg</b><br>(Glynase)                       | 1         |                     | •               |           |     |                      | <b>INVOKAMET XR – canagliflozin-metformin hcl tab er 24hr 150-1000 mg</b> | 2         | •                   | •               |           |     |                      |
| <b>glyburide tab 1.25 mg</b>                                            | 1         |                     | •               |           |     |                      | <b>INVOKANA – canagliflozin tab 100 mg</b>                                | 2         | •                   | •               |           |     |                      |
| <b>glyburide tab 2.5 mg</b>                                             | 1         |                     | •               |           |     |                      | <b>INVOKANA – canagliflozin tab 300 mg</b>                                | 2         | •                   | •               |           |     |                      |
| <b>glyburide tab 5 mg</b>                                               | 1         |                     | •               |           |     |                      | <b>JANUMET – sitagliptin-metformin hcl tab 50-500 mg</b>                  | 2         | •                   | •               |           |     |                      |
| <b>glyburide-metformin tab 1.25-250 mg</b> (Glucovance)                 | 1         |                     | •               |           |     |                      | <b>JANUMET – sitagliptin-metformin hcl tab 50-1000 mg</b>                 | 2         | •                   | •               |           |     |                      |
| <b>glyburide-metformin tab 2.5-500 mg</b> (Glucovance)                  | 1         |                     | •               |           |     |                      | <b>JANUMET XR – sitagliptin-metformin hcl tab er 24hr 50-500 mg</b>       | 2         | •                   | •               |           |     |                      |
| <b>glyburide-metformin tab 5-500 mg</b> (Glucovance)                    | 1         |                     | •               |           |     |                      | <b>JANUMET XR – sitagliptin-metformin hcl tab er 24hr 50-1000 mg</b>      | 2         | •                   | •               |           |     |                      |
| <b>GLYNASE – glyburide micronized tab 1.5 mg</b>                        | 3         | •                   | •               |           |     |                      | <b>JANUVIA – sitagliptin phosphate tab 25 mg (base equiv)</b>             | 2         | •                   | •               |           |     |                      |
| <b>GLYNASE – glyburide micronized tab 3 mg</b>                          | 3         | •                   | •               |           |     |                      | <b>JANUVIA – sitagliptin phosphate tab 50 mg (base equiv)</b>             | 2         | •                   | •               |           |     |                      |
| <b>GLYNASE – glyburide micronized tab 6 mg</b>                          | 3         | •                   | •               |           |     |                      | <b>JANUVIA – sitagliptin phosphate tab 100 mg (base equiv)</b>            | 2         | •                   | •               |           |     |                      |
| <b>GLYSET – miglitol tab 25 mg</b>                                      | 3         |                     | •               |           |     |                      | <b>JARDIANCE – empagliflozin tab 10 mg</b>                                | 2         | •                   | •               |           |     |                      |
| <b>GLYSET – miglitol tab 50 mg</b>                                      | 3         |                     | •               |           |     |                      | <b>JARDIANCE – empagliflozin tab 25 mg</b>                                | 2         | •                   | •               |           |     |                      |
| <b>GLYSET – miglitol tab 100 mg</b>                                     | 3         |                     | •               |           |     |                      | <b>JENTADUETO – linagliptin-metformin hcl tab 2.5-500 mg</b>              | 3         | •                   | •               |           |     |                      |
| <b>GLYXAMBI – empagliflozin-linagliptin tab 10-5 mg</b>                 | 3         | •                   | •               |           |     |                      | <b>JENTADUETO – linagliptin-metformin hcl tab 2.5-850 mg</b>              | 3         | •                   | •               |           |     |                      |
| <b>GLYXAMBI – empagliflozin-linagliptin tab 25-5 mg</b>                 | 3         | •                   | •               |           |     |                      | <b>JENTADUETO – linagliptin-metformin hcl tab 2.5-1000 mg</b>             | 3         | •                   | •               |           |     |                      |
| <b>INVOKAMET – canagliflozin-metformin hcl tab 50-500 mg</b>            | 2         | •                   | •               |           |     |                      |                                                                           |           |                     |                 |           |     |                      |
| <b>INVOKAMET – canagliflozin-metformin hcl tab 50-1000 mg</b>           | 2         | •                   | •               |           |     |                      |                                                                           |           |                     |                 |           |     |                      |
| <b>INVOKAMET – canagliflozin-metformin hcl tab 150-500 mg</b>           | 2         | •                   | •               |           |     |                      |                                                                           |           |                     |                 |           |     |                      |
| <b>INVOKAMET – canagliflozin-metformin hcl tab 150-1000 mg</b>          | 2         | •                   | •               |           |     |                      |                                                                           |           |                     |                 |           |     |                      |
| <b>INVOKAMET XR – canagliflozin-metformin hcl tab er 24hr 50-500 mg</b> | 2         | •                   | •               |           |     |                      |                                                                           |           |                     |                 |           |     |                      |

| Drug Name                                                         | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                   | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| JENTADUETO XR – linagliptin-metformin hcl tab er 24hr 2.5-1000 mg | 3         | •                   | •               |           |     |                      | miglitol tab 50 mg (Glyset)                                 | 1         |                     | •               |           |     |                      |
| JENTADUETO XR – linagliptin-metformin hcl tab er 24hr 5-1000 mg   | 3         | •                   | •               |           |     |                      | miglitol tab 100 mg (Glyset)                                | 1         |                     | •               |           |     |                      |
| KAZANO – alogliptin-metformin hcl tab 12.5-500 mg                 | 3         | •                   | •               |           |     |                      | nateglinide tab 60 mg (Starlix)                             | 1         |                     | •               |           |     |                      |
| KAZANO – alogliptin-metformin hcl tab 12.5-1000 mg                | 3         | •                   | •               |           |     |                      | nateglinide tab 120 mg (Starlix)                            | 1         |                     | •               |           |     |                      |
| KOMBIGLYZE XR – saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg | 2         | •                   | •               |           |     |                      | NESINA – alogliptin benzoate tab 6.25 mg (base equiv)       | 3         | •                   | •               |           |     |                      |
| KOMBIGLYZE XR – saxagliptin-metformin hcl tab er 24hr 5-500 mg    | 2         | •                   | •               |           |     |                      | NESINA – alogliptin benzoate tab 12.5 mg (base equiv)       | 3         | •                   | •               |           |     |                      |
| KOMBIGLYZE XR – saxagliptin-metformin hcl tab er 24hr 5-1000 mg   | 2         | •                   | •               |           |     |                      | NESINA – alogliptin benzoate tab 25 mg (base equiv)         | 3         | •                   | •               |           |     |                      |
| KORLYM – mifepristone tab 300 mg                                  | 2         | •                   | •               | •         |     | •                    | ONGLYZA – saxagliptin hcl tab 2.5 mg (base equiv)           | 2         | •                   | •               |           |     |                      |
| metformin hcl tab er 24hr 500 mg (Glucophage xr)                  | 1         |                     | •               |           |     |                      | ONGLYZA – saxagliptin hcl tab 5 mg (base equiv)             | 2         | •                   | •               |           |     |                      |
| metformin hcl tab er 24hr 750 mg (Glucophage xr)                  | 1         |                     | •               |           |     |                      | OSENI – alogliptin-pioglitazone tab 12.5-15 mg              | 3         | •                   | •               |           |     |                      |
| metformin hcl tab er 24hr osmotic 500 mg (Fortamet)               | 1         |                     | •               |           |     |                      | OSENI – alogliptin-pioglitazone tab 12.5-30 mg              | 3         | •                   | •               |           |     |                      |
| metformin hcl tab er 24hr osmotic 1000 mg (Fortamet)              | 1         |                     | •               |           |     |                      | OSENI – alogliptin-pioglitazone tab 12.5-45 mg              | 3         | •                   | •               |           |     |                      |
| metformin hcl tab er 24hr modified release 500 mg (Glumetza)      | 1         | •                   | •               |           |     |                      | OSENI – alogliptin-pioglitazone tab 25-15 mg                | 3         | •                   | •               |           |     |                      |
| metformin hcl tab er 24hr modified release 1000 mg (Glumetza)     | 1         | •                   | •               |           |     |                      | OSENI – alogliptin-pioglitazone tab 25-30 mg                | 3         | •                   | •               |           |     |                      |
| metformin hcl tab 500 mg (Glucophage)                             | 1         |                     | •               |           |     |                      | OSENI – alogliptin-pioglitazone tab 25-45 mg                | 3         | •                   | •               |           |     |                      |
| metformin hcl tab 850 mg (Glucophage)                             | 1         |                     | •               |           |     |                      | pioglitazone hcl tab 15 mg (base equiv) (Actos)             | 1         |                     | •               |           |     |                      |
| metformin hcl tab 1000 mg (Glucophage)                            | 1         |                     | •               |           |     |                      | pioglitazone hcl tab 30 mg (base equiv) (Actos)             | 1         |                     | •               |           |     |                      |
| miglitol tab 25 mg (Glyset)                                       | 1         |                     | •               |           |     |                      | pioglitazone hcl tab 45 mg (base equiv) (Actos)             | 1         |                     | •               |           |     |                      |
|                                                                   |           |                     |                 |           |     |                      | pioglitazone hcl-glimepiride tab 30-2 mg (Duetact)          | 1         |                     | •               |           |     |                      |
|                                                                   |           |                     |                 |           |     |                      | pioglitazone hcl-glimepiride tab 30-4 mg (Duetact)          | 1         |                     | •               |           |     |                      |
|                                                                   |           |                     |                 |           |     |                      | pioglitazone hcl-metformin hcl tab 15-500 mg (Actoplus met) | 1         |                     | •               |           |     |                      |
|                                                                   |           |                     |                 |           |     |                      | pioglitazone hcl-metformin hcl tab 15-850 mg (Actoplus met) | 1         |                     | •               |           |     |                      |

| Drug Name                                                                     | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                      | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| PRANDIN – repaglinide tab 1 mg                                                | 3         | •                   | •               |           |     |                      | SYNJARDY XR – empagliflozin-metformin hcl tab er 24hr 10-1000 mg               | 3         | •                   | •               |           |     |                      |
| PRANDIN – repaglinide tab 2 mg                                                | 3         | •                   | •               |           |     |                      | SYNJARDY XR – empagliflozin-metformin hcl tab er 24hr 12.5-1000 mg             | 3         | •                   | •               |           |     |                      |
| PRECOSE – acarbose tab 25 mg                                                  | 3         | •                   | •               |           |     |                      | SYNJARDY XR – empagliflozin-metformin hcl tab er 24hr 25-1000 mg               | 3         | •                   | •               |           |     |                      |
| PRECOSE – acarbose tab 50 mg                                                  | 3         | •                   | •               |           |     |                      | TANZEUM – albiglutide for soln pen-injector 30 mg                              | 3         | •                   | •               |           |     |                      |
| PRECOSE – acarbose tab 100 mg                                                 | 3         | •                   | •               |           |     |                      | TANZEUM – albiglutide for soln pen-injector 50 mg                              | 3         | •                   | •               |           |     |                      |
| PROGLYCEM – diazoxide susp 50 mg/ml                                           | 3         |                     |                 |           |     |                      | TOLAZAMIDE – tolazamide tab 250 mg                                             | 1         |                     | •               |           |     |                      |
| repaglinide tab 0.5 mg (Prandin)                                              | 1         |                     | •               |           |     |                      | TOLAZAMIDE – tolazamide tab 500 mg                                             | 1         |                     | •               |           |     |                      |
| repaglinide tab 1 mg (Prandin)                                                | 1         |                     | •               |           |     |                      | TOLBUTAMIDE – tolbutamide tab 500 mg                                           | 1         |                     | •               |           |     |                      |
| repaglinide tab 2 mg (Prandin)                                                | 1         |                     | •               |           |     |                      | TRADJENTA – linagliptin tab 5 mg                                               | 3         | •                   | •               |           |     |                      |
| REPAGLINIDE/METFORMIN HYD – repaglinide-metformin hcl tab 1-500 mg            | 1         |                     | •               |           |     |                      | TRULICITY – dulaglutide soln pen-injector 0.75 mg/0.5ml                        | 3         | •                   | •               |           |     |                      |
| REPAGLINIDE/METFORMIN HYD – repaglinide-metformin hcl tab 2-500 mg            | 1         |                     | •               |           |     |                      | TRULICITY – dulaglutide soln pen-injector 1.5 mg/0.5ml                         | 3         | •                   | •               |           |     |                      |
| RIOMET – metformin hcl oral soln 500 mg/5ml                                   | 3         |                     | •               |           |     |                      | VICTOZA – liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)                    | 2         | •                   | •               |           |     |                      |
| SOLIQUA 100/33 – insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml | 3         | •                   | •               |           |     |                      | XIGDUO XR – dapagliflozin-metformin hcl tab er 24hr 5-500 mg                   | 3         | •                   | •               |           |     |                      |
| STARLIX – nateglinide tab 60 mg                                               | 3         | •                   | •               |           |     |                      | XIGDUO XR – dapagliflozin-metformin hcl tab er 24hr 5-1000 mg                  | 3         | •                   | •               |           |     |                      |
| STARLIX – nateglinide tab 120 mg                                              | 3         | •                   | •               |           |     |                      | XIGDUO XR – dapagliflozin-metformin hcl tab er 24hr 10-500 mg                  | 3         | •                   | •               |           |     |                      |
| SYMLINPEN 120 – pramlintide acetate pen-inj 2700 mcg/2.7ml (1000 mcg/ml)      | 2         |                     | •               |           |     |                      | XIGDUO XR – dapagliflozin-metformin hcl tab er 24hr 10-1000 mg                 | 3         | •                   | •               |           |     |                      |
| SYMLINPEN 60 – pramlintide acetate pen-inj 1500 mcg/1.5ml (1000 mcg/ml)       | 2         |                     | •               |           |     |                      | XULTOPHY 100/3.6 – insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/ml | 3         | •                   | •               |           |     |                      |
| SYNJARDY – empagliflozin-metformin hcl tab 5-500 mg                           | 2         | •                   | •               |           |     |                      |                                                                                |           |                     |                 |           |     |                      |
| SYNJARDY – empagliflozin-metformin hcl tab 5-1000 mg                          | 2         | •                   | •               |           |     |                      |                                                                                |           |                     |                 |           |     |                      |
| SYNJARDY – empagliflozin-metformin hcl tab 12.5-500 mg                        | 2         | •                   | •               |           |     |                      |                                                                                |           |                     |                 |           |     |                      |
| SYNJARDY – empagliflozin-metformin hcl tab 12.5-1000 mg                       | 2         | •                   | •               |           |     |                      |                                                                                |           |                     |                 |           |     |                      |
| SYNJARDY XR – empagliflozin-metformin hcl tab er 24hr 5-1000 mg               | 3         | •                   | •               |           |     |                      |                                                                                |           |                     |                 |           |     |                      |

**Rapid-Acting Insulins**



| Drug Name                                                              | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                                | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
|------------------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|------------------------------------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|
| APIDRA – insulin glulisine inj 100 unit/ml                             | 3         |                     | •               |           |     |                      | AFREZZA – insulin regular (human) inhal powd 4 (90) & 8 (90) unit/cart                   | 3         | •                   | •               |           |     |                      |
| APIDRA SOLOSTAR – insulin glulisine soln pen-injector inj 100 unit/ml  | 3         |                     | •               |           |     |                      | AFREZZA – insulin regular (human) inh powd 8 (60) & 12 (30) unit/cart                    | 3         | •                   | •               |           |     |                      |
| HUMALOG – insulin lispro soln cartridge 100 unit/ml                    | 3         |                     | •               |           |     |                      | AFREZZA – insulin regular (human) inh powd 4 & 8 & 12 unit/cart (60)                     | 3         | •                   | •               |           |     |                      |
| HUMALOG – insulin lispro inj 100 unit/ml                               | 3         |                     | •               |           |     |                      | HUMULIN R – insulin regular (human) inj 100 unit/ml                                      | 3         |                     | •               |           |     |                      |
| HUMALOG JUNIOR KWIKPEN – insulin lispro soln pen-injector 100 unit/ml  | 3         |                     | •               |           |     |                      | HUMULIN R U-500 (CONCENTR – insulin regular (human) inj 500 unit/ml                      | 3         |                     | •               |           |     |                      |
| HUMALOG KWIKPEN – insulin lispro soln pen-injector 100 unit/ml         | 3         |                     | •               |           |     |                      | HUMULIN R U-500 KWIKPEN – insulin regular (human) soln pen-injector 500 unit/ml          | 3         |                     | •               |           |     |                      |
| HUMALOG KWIKPEN – insulin lispro soln pen-injector 200 unit/ml         | 3         |                     | •               |           |     |                      | NOVOLIN R – insulin regular (human) inj 100 unit/ml                                      | 2         |                     | •               |           |     |                      |
| NOVOLOG – insulin aspart inj 100 unit/ml                               | 2         |                     | •               |           |     |                      | NOVOLIN R RELION – insulin regular (human) inj 100 unit/ml                               | 2         |                     | •               |           |     |                      |
| NOVOLOG FLEXPEN – insulin aspart soln pen-injector 100 unit/ml         | 2         |                     | •               |           |     |                      | RELION R – insulin regular (human) inj 100 unit/ml                                       | 2         |                     | •               |           |     |                      |
| NOVOLOG PENFILL – insulin aspart soln cartridge 100 unit/ml            | 2         |                     | •               |           |     |                      | Intermediate-Acting Insulins                                                             |           |                     |                 |           |     |                      |
| Short-Acting Insulins                                                  |           |                     |                 |           |     |                      | HUMALOG MIX 50/50 – insulin lispro protamine & lispro inj 100 unit/ml (50-50)            | 3         |                     | •               |           |     |                      |
| AFREZZA – insulin regular (human) inhalation powder 4 unit/cartridge   | 3         | •                   | •               |           |     |                      | HUMALOG MIX 50/50 KWIKPEN – insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50) | 3         |                     | •               |           |     |                      |
| AFREZZA – insulin regular (human) inhalation powder 8 unit/cartridge   | 3         | •                   | •               |           |     |                      | HUMALOG MIX 75/25 – insulin lispro prot & lispro inj 100 unit/ml (75-25)                 | 3         |                     | •               |           |     |                      |
| AFREZZA – insulin regular (human) inhalation powder 12 unit/cartridge  | 3         | •                   | •               |           |     |                      | HUMALOG MIX 75/25 KWIKPEN – insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25) | 3         |                     | •               |           |     |                      |
| AFREZZA – insulin regular (human) inhal powd 4 (30) & 8 (60) unit/cart | 3         | •                   | •               |           |     |                      | HUMULIN N – insulin nph (human) (isophane) inj 100 unit/ml                               | 3         |                     | •               |           |     |                      |
| AFREZZA – insulin regular (human) inhal powd 4 (60) & 8 (30) unit/cart | 3         | •                   | •               |           |     |                      | HUMULIN N KWIKPEN – insulin nph (human) (isophane) susp pen-injector 100 unit/ml         | 3         |                     | •               |           |     |                      |

| Drug Name                                                                                | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                          | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
|------------------------------------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|--------------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|
| HUMULIN 70/30 – insulin nph isophane & regular human inj 100 unit/ml (70-30)             | 3         |                     | •               |           |     |                      | TRESIBA FLEXTOUCH – insulin degludec soln pen-injector 200 unit/ml | 3         |                     | •               |           |     |                      |
| HUMULIN 70/30 KWIKPEN – insulin nph & regular susp pen-inj 100 unit/ml (70-30)           | 3         |                     | •               |           |     |                      | THYROID AGENTS                                                     |           |                     |                 |           |     |                      |
| NOVOLIN N – insulin nph (human) (isophane) inj 100 unit/ml                               | 2         |                     | •               |           |     |                      | ARMOUR THYROID – thyroid tab 15 mg (1/4 grain)                     | 3         |                     |                 |           |     |                      |
| NOVOLIN N RELION – insulin nph (human) (isophane) inj 100 unit/ml                        | 2         |                     | •               |           |     |                      | ARMOUR THYROID – thyroid tab 30 mg (1/2 grain)                     | 3         |                     |                 |           |     |                      |
| NOVOLIN 70/30 – insulin nph isophane & regular human inj 100 unit/ml (70-30)             | 2         |                     | •               |           |     |                      | ARMOUR THYROID – thyroid tab 60 mg (1 grain)                       | 3         |                     |                 |           |     |                      |
| NOVOLIN 70/30 RELION – insulin nph isophane & regular human inj 100 unit/ml (70-30)      | 2         |                     | •               |           |     |                      | ARMOUR THYROID – thyroid tab 90 mg (1 1/2 grain)                   | 3         |                     |                 |           |     |                      |
| NOVOLOG MIX 70/30 – insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)         | 2         |                     | •               |           |     |                      | ARMOUR THYROID – thyroid tab 120 mg (2 grain)                      | 3         |                     |                 |           |     |                      |
| NOVOLOG MIX 70/30 PREFILL – insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30) | 2         |                     | •               |           |     |                      | ARMOUR THYROID – thyroid tab 180 mg (3 grain)                      | 2         |                     |                 |           |     |                      |
| Basal Insulins                                                                           |           |                     |                 |           |     |                      | ARMOUR THYROID – thyroid tab 240 mg (4 grain)                      | 2         |                     |                 |           |     |                      |
| BASAGLAR KWIKPEN – insulin glargine soln pen-injector 100 unit/ml                        | 3         |                     | •               |           |     |                      | ARMOUR THYROID – thyroid tab 300 mg (5 grain)                      | 2         |                     |                 |           |     |                      |
| LANTUS – insulin glargine inj 100 unit/ml                                                | 2         |                     | •               |           |     |                      | CYTOMEL – liothyronine sodium tab 5 mcg                            | 2         | •                   |                 |           |     |                      |
| LANTUS SOLOSTAR – insulin glargine soln pen-injector 100 unit/ml                         | 2         |                     | •               |           |     |                      | CYTOMEL – liothyronine sodium tab 25 mcg                           | 2         |                     |                 |           |     |                      |
| LEVEMIR – insulin detemir inj 100 unit/ml                                                | 2         |                     | •               |           |     |                      | CYTOMEL – liothyronine sodium tab 50 mcg                           | 2         |                     |                 |           |     |                      |
| LEVEMIR FLEXTOUCH – insulin detemir soln pen-injector 100 unit/ml                        | 2         |                     | •               |           |     |                      | levothyroxine sodium tab 25 mcg (Synthroid)                        | 1         |                     |                 |           |     |                      |
| TOUJEO SOLOSTAR – insulin glargine soln pen-injector 300 unit/ml                         | 2         |                     | •               |           |     |                      | levothyroxine sodium tab 50 mcg (Synthroid)                        | 1         |                     |                 |           |     |                      |
| TRESIBA FLEXTOUCH – insulin degludec soln pen-injector 100 unit/ml                       | 3         |                     | •               |           |     |                      | levothyroxine sodium tab 75 mcg (Synthroid)                        | 1         |                     |                 |           |     |                      |
|                                                                                          |           |                     |                 |           |     |                      | levothyroxine sodium tab 88 mcg (Synthroid)                        | 1         |                     |                 |           |     |                      |
|                                                                                          |           |                     |                 |           |     |                      | levothyroxine sodium tab 100 mcg (Synthroid)                       | 1         |                     |                 |           |     |                      |
|                                                                                          |           |                     |                 |           |     |                      | levothyroxine sodium tab 112 mcg (Synthroid)                       | 1         |                     |                 |           |     |                      |
|                                                                                          |           |                     |                 |           |     |                      | levothyroxine sodium tab 125 mcg (Synthroid)                       | 1         |                     |                 |           |     |                      |

| Drug Name                                               | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                        | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
|---------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|------------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|
| <b>levothyroxine sodium tab 137 mcg</b> (Synthroid)     | 1         |                     |                 |           |     |                      | <b>NATURE-THROID – thyroid tab 146.25 mg</b>                     | 3         |                     |                 |           |     |                      |
| <b>levothyroxine sodium tab 150 mcg</b> (Synthroid)     | 1         |                     |                 |           |     |                      | <b>NATURE-THROID NT-2.5 – thyroid tab 162.5 mg (2 1/2 grain)</b> | 3         |                     |                 |           |     |                      |
| <b>levothyroxine sodium tab 175 mcg</b> (Synthroid)     | 1         |                     |                 |           |     |                      | <b>propylthiouracil tab 50 mg</b>                                | 1         |                     |                 |           |     |                      |
| <b>levothyroxine sodium tab 200 mcg</b> (Synthroid)     | 1         |                     |                 |           |     |                      | <b>SYNTHROID – levothyroxine sodium tab 25 mcg</b>               | 3         |                     |                 |           |     |                      |
| <b>levothyroxine sodium tab 300 mcg</b> (Synthroid)     | 1         |                     |                 |           |     |                      | <b>SYNTHROID – levothyroxine sodium tab 50 mcg</b>               | 3         |                     |                 |           |     |                      |
| <b>liothyronine sodium tab 5 mcg</b> (Cytomel)          | 1         |                     |                 |           |     |                      | <b>SYNTHROID – levothyroxine sodium tab 75 mcg</b>               | 3         |                     |                 |           |     |                      |
| <b>liothyronine sodium tab 25 mcg</b> (Cytomel)         | 1         |                     |                 |           |     |                      | <b>SYNTHROID – levothyroxine sodium tab 88 mcg</b>               | 3         |                     |                 |           |     |                      |
| <b>liothyronine sodium tab 50 mcg</b> (Cytomel)         | 1         |                     |                 |           |     |                      | <b>SYNTHROID – levothyroxine sodium tab 100 mcg</b>              | 3         |                     |                 |           |     |                      |
| <b>methimazole tab 5 mg</b> (Tapazole)                  | 1         |                     |                 |           |     |                      | <b>SYNTHROID – levothyroxine sodium tab 112 mcg</b>              | 3         |                     |                 |           |     |                      |
| <b>methimazole tab 10 mg</b> (Tapazole)                 | 1         |                     |                 |           |     |                      | <b>SYNTHROID – levothyroxine sodium tab 125 mcg</b>              | 3         |                     |                 |           |     |                      |
| <b>NATURE-THROID – thyroid tab 16.25 mg</b>             | 3         |                     |                 |           |     |                      | <b>SYNTHROID – levothyroxine sodium tab 137 mcg</b>              | 3         |                     |                 |           |     |                      |
| <b>NATURE-THROID – thyroid tab 32.5 mg</b>              | 3         |                     |                 |           |     |                      | <b>SYNTHROID – levothyroxine sodium tab 150 mcg</b>              | 3         |                     |                 |           |     |                      |
| <b>NATURE-THROID – thyroid tab 48.75 mg (3/4 grain)</b> | 3         |                     |                 |           |     |                      | <b>SYNTHROID – levothyroxine sodium tab 175 mcg</b>              | 3         |                     |                 |           |     |                      |
| <b>NATURE-THROID – thyroid tab 65 mg</b>                | 3         |                     |                 |           |     |                      | <b>SYNTHROID – levothyroxine sodium tab 200 mcg</b>              | 3         |                     |                 |           |     |                      |
| <b>NATURE-THROID – thyroid tab 81.25 mg</b>             | 3         |                     |                 |           |     |                      | <b>SYNTHROID – levothyroxine sodium tab 300 mcg</b>              | 3         |                     |                 |           |     |                      |
| <b>NATURE-THROID – thyroid tab 97.5 mg</b>              | 3         |                     |                 |           |     |                      | <b>TAPAZOLE – methimazole tab 5 mg</b>                           | 3         | •                   |                 |           |     |                      |
| <b>NATURE-THROID – thyroid tab 113.75 mg</b>            | 3         |                     |                 |           |     |                      | <b>TAPAZOLE – methimazole tab 10 mg</b>                          | 3         | •                   |                 |           |     |                      |
| <b>NATURE-THROID – thyroid tab 130 mg</b>               | 3         |                     |                 |           |     |                      | <b>thyroid tab 15 mg (1/4 grain)</b> (Armour thyroid)            | 1         |                     |                 |           |     |                      |
| <b>NATURE-THROID – thyroid tab 195 mg</b>               | 3         |                     |                 |           |     |                      | <b>thyroid tab 30 mg (1/2 grain)</b> (Armour thyroid)            | 1         |                     |                 |           |     |                      |
| <b>NATURE-THROID – thyroid tab 260 mg</b>               | 3         |                     |                 |           |     |                      | <b>thyroid tab 60 mg (1 grain)</b> (Armour thyroid)              | 1         |                     |                 |           |     |                      |
| <b>NATURE-THROID – thyroid tab 325 mg (5 grain)</b>     | 3         |                     |                 |           |     |                      | <b>thyroid tab 90 mg (1 1/2 grain)</b> (Armour thyroid)          | 1         |                     |                 |           |     |                      |

| Drug Name                                               | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                    | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
|---------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|--------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|
| thyroid tab 120 mg (2 grain)<br>(Armour thyroid)        | 1         |                     |                 |           |     |                      | WP THYROID – thyroid tab 32.5 mg                             | 3         |                     |                 |           |     |                      |
| THYROLAR-1 – liotrix (t3-t4) tab 60 mg (12.5-50 mcg)    | 2         |                     |                 |           |     |                      | WP THYROID – thyroid tab 48.75 mg (3/4 grain)                | 3         |                     |                 |           |     |                      |
| THYROLAR-1/2 – liotrix (t3-t4) tab 30 mg (6.25-25 mcg)  | 2         |                     |                 |           |     |                      | WP THYROID – thyroid tab 65 mg                               | 3         |                     |                 |           |     |                      |
| THYROLAR-1/4 – liotrix (t3-t4) tab 15 mg (3.1-12.5 mcg) | 2         |                     |                 |           |     |                      | WP THYROID – thyroid tab 81.25 mg                            | 3         |                     |                 |           |     |                      |
| THYROLAR-2 – liotrix (t3-t4) tab 120 mg (25-100 mcg)    | 2         |                     |                 |           |     |                      | WP THYROID – thyroid tab 97.5 mg                             | 3         |                     |                 |           |     |                      |
| THYROLAR-3 – liotrix (t3-t4) tab 180 mg (37.5-150 mcg)  | 2         |                     |                 |           |     |                      | WP THYROID – thyroid tab 113.75 mg                           | 3         |                     |                 |           |     |                      |
| TIROSINT – levothyroxine sodium cap 13 mcg              | 3         |                     |                 |           |     |                      | WP THYROID – thyroid tab 130 mg                              | 3         |                     |                 |           |     |                      |
| TIROSINT – levothyroxine sodium cap 25 mcg              | 3         |                     |                 |           |     |                      | OXYTOCICS                                                    |           |                     |                 |           |     |                      |
| TIROSINT – levothyroxine sodium cap 50 mcg              | 3         |                     |                 |           |     |                      | METHERGINE – methylergonovine maleate tab 0.2 mg             | 3         |                     |                 |           |     |                      |
| TIROSINT – levothyroxine sodium cap 75 mcg              | 3         |                     |                 |           |     |                      | ENDOCRINE and METABOLIC AGENTS - MISC.                       |           |                     |                 |           |     |                      |
| TIROSINT – levothyroxine sodium cap 88 mcg              | 3         |                     |                 |           |     |                      | ACTONEL – risedronate sodium tab 5 mg                        | 3         | •                   | •               |           |     |                      |
| TIROSINT – levothyroxine sodium cap 100 mcg             | 3         |                     |                 |           |     |                      | ACTONEL – risedronate sodium tab 30 mg                       | 3         | •                   | •               |           |     |                      |
| TIROSINT – levothyroxine sodium cap 112 mcg             | 3         |                     |                 |           |     |                      | ACTONEL – risedronate sodium tab 35 mg                       | 3         | •                   | •               |           |     |                      |
| TIROSINT – levothyroxine sodium cap 125 mcg             | 3         |                     |                 |           |     |                      | ACTONEL – risedronate sodium tab 150 mg                      | 3         | •                   | •               |           |     |                      |
| TIROSINT – levothyroxine sodium cap 137 mcg             | 3         |                     |                 |           |     |                      | ALENDRONATE SODIUM – alendronate sodium oral soln 70 mg/75ml | 1         |                     | •               |           |     |                      |
| TIROSINT – levothyroxine sodium cap 150 mcg             | 3         |                     |                 |           |     |                      | ALENDRONATE SODIUM – alendronate sodium tab 40 mg            | 1         |                     | •               |           |     |                      |
| WESTHROID – thyroid tab 32.5 mg                         | 3         |                     |                 |           |     |                      | alendronate sodium tab 5 mg                                  | 1         |                     | •               |           |     |                      |
| WESTHROID – thyroid tab 65 mg                           | 3         |                     |                 |           |     |                      | alendronate sodium tab 10 mg                                 | 1         |                     | •               |           |     |                      |
| WESTHROID – thyroid tab 97.5 mg                         | 3         |                     |                 |           |     |                      | alendronate sodium tab 35 mg                                 | 1         |                     | •               |           |     |                      |
| WESTHROID – thyroid tab 130 mg                          | 3         |                     |                 |           |     |                      | alendronate sodium tab 70 mg (Fosamax)                       | 1         |                     | •               |           |     |                      |
| WESTHROID – thyroid tab 195 mg                          | 3         |                     |                 |           |     |                      | ATELVIA – risedronate sodium tab delayed release 35 mg       | 3         | •                   | •               |           |     |                      |
| WP THYROID – thyroid tab 16.25 mg                       | 3         |                     |                 |           |     |                      | BINOSTO – alendronate sodium effervescent tab 70 mg          | 3         |                     | •               |           |     |                      |

| Drug Name                                                          | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                   | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
|--------------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|-------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|
| BONIVA – ibandronate sodium tab 150 mg (base equivalent)           | 3         | •                   | •               |           |     |                      | DDAVP – desmopressin acetate inj 4 mcg/ml                   | 3         | •                   |                 |           |     |                      |
| BRAVELLE – urofollitropin purified for inj 75 unit                 | 2         | •                   | •               | •         |     | •                    | desmopressin acetate inj 4 mcg/ml (Ddvp)                    | 1         |                     |                 |           |     |                      |
| BUPHENYL – sodium phenylbutyrate tab 500 mg                        | 3         |                     |                 | •         |     | •                    | desmopressin acetate nasal soln 0.01% (refrigerated) (Ddvp) | 1         |                     |                 |           |     |                      |
| BUPHENYL – sodium phenylbutyrate oral powder 3 gm/teaspoonful      | 3         |                     |                 | •         |     | •                    | desmopressin acetate nasal spray soln 0.01% (Ddvp)          | 1         |                     |                 |           |     |                      |
| cabergoline tab 0.5 mg                                             | 1         |                     |                 |           |     |                      | desmopressin acetate nasal spray soln 0.01% (refrigerated)  | 1         |                     |                 |           |     |                      |
| calcitonin (salmon) nasal soln 200 unit/act (Miacalcin)            | 1         |                     |                 |           |     |                      | desmopressin acetate tab 0.1 mg (Ddvp)                      | 1         |                     |                 |           |     |                      |
| calcitriol cap 0.25 mcg (Rocaltrol)                                | 1         |                     |                 |           |     |                      | desmopressin acetate tab 0.2 mg (Ddvp)                      | 1         |                     |                 |           |     |                      |
| calcitriol cap 0.5 mcg (Rocaltrol)                                 | 1         |                     |                 |           |     |                      | doxercalciferol cap 0.5 mcg (Hectorol)                      | 1         |                     |                 |           |     |                      |
| calcitriol oral soln 1 mcg/ml (Rocaltrol)                          | 1         |                     |                 |           |     |                      | doxercalciferol cap 1 mcg (Hectorol)                        | 1         |                     |                 |           |     |                      |
| CARBAGLU – carglumic acid tab 200 mg                               | 3         | •                   |                 | •         |     | •                    | doxercalciferol cap 2.5 mcg (Hectorol)                      | 1         |                     |                 |           |     |                      |
| CARNITOR – levocarnitine tab 330 mg                                | 3         |                     |                 |           |     |                      | EGRIFTA – tesamorelin acetate for inj 1 mg (base equiv)     | 3         | •                   | •               | •         |     | •                    |
| CARNITOR – levocarnitine oral soln 1 gm/10ml (10%)                 | 3         |                     |                 |           |     |                      | ETIDRONATE DISODIUM – etidronate disodium tab 200 mg        | 1         |                     |                 |           |     |                      |
| CARNITOR SF – levocarnitine oral soln 1 gm/10ml (10%)              | 3         |                     |                 |           |     |                      | ETIDRONATE DISODIUM – etidronate disodium tab 400 mg        | 1         |                     |                 |           |     |                      |
| CETROTIDE – cetrorelix acetate for inj kit 0.25 mg                 | 3         | •                   | •               | •         |     | •                    | EVISTA – raloxifene hcl tab 60 mg                           | 3         |                     |                 |           |     |                      |
| CHORIONIC GONADOTROPIN – chorionic gonadotropin for inj 10000 unit | 1         | •                   | •               | •         |     | •                    | FOLLISTIM AQ – follitropin beta inj 75 unit/0.5ml           | 2         | •                   | •               | •         |     | •                    |
| CLOMIPHENE CITRATE – clomiphene citrate tab 50 mg                  | 1         |                     | •               | •         |     | •                    | FOLLISTIM AQ – follitropin beta inj 300 unit/0.36ml         | 2         | •                   | •               | •         |     | •                    |
| CYSTADANE – betaine powder for oral solution                       | 3         |                     |                 |           |     | •                    | FOLLISTIM AQ – follitropin beta inj 600 unit/0.72ml         | 2         | •                   | •               | •         |     | •                    |
| DDAVP – desmopressin acetate nasal soln 0.01% (refrigerated)       | 3         |                     |                 |           |     |                      | FOLLISTIM AQ – follitropin beta inj 900 unit/1.08ml         | 2         | •                   | •               | •         |     | •                    |
| DDAVP – desmopressin acetate nasal spray soln 0.01%                | 3         | •                   |                 |           |     |                      | FORTEO – teriparatide (recombinant) inj 600 mcg/2.4ml       | 2         | •                   | •               | •         |     | •                    |
| DDAVP – desmopressin acetate tab 0.1 mg                            | 3         | •                   |                 |           |     |                      | FOSAMAX – alendronate sodium tab 70 mg                      | 3         | •                   | •               |           |     |                      |
| DDAVP – desmopressin acetate tab 0.2 mg                            | 3         | •                   |                 |           |     |                      |                                                             |           |                     |                 |           |     |                      |

| Drug Name                                                               | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                   | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| FOSAMAX PLUS D – alendronate sodium-cholecalciferol tab 70-2800 mg-unit | 3         |                     | •               |           |     |                      | GONAL-F RFF REDIJECT – follitropin alfa inj 450 unit/0.75ml                 | 3         | •                   | •               | •         |     | •                    |
| FOSAMAX PLUS D – alendronate sodium-cholecalciferol tab 70-5600 mg-unit | 3         |                     | •               |           |     |                      | GONAL-F RFF REDIJECT – follitropin alfa inj 900 unit/1.5ml                  | 3         | •                   | •               | •         |     | •                    |
| GANIRELIX ACETATE – ganirelix acetate inj 250 mcg/0.5ml                 | 1         | •                   | •               | •         |     | •                    | HECTOROL – doxercalciferol cap 0.5 mcg                                      | 3         | •                   |                 |           |     |                      |
| GENOTROPIN – somatropin for subcutaneous inj 5 mg                       | 3         | •                   |                 | •         |     | •                    | HECTOROL – doxercalciferol cap 1 mcg                                        | 3         | •                   |                 |           |     |                      |
| GENOTROPIN – somatropin for inj 12 mg (13.8 mg overfill)                | 3         | •                   |                 | •         |     | •                    | HECTOROL – doxercalciferol cap 2.5 mcg                                      | 3         | •                   |                 |           |     |                      |
| GENOTROPIN MINIQUICK – somatropin for inj 0.2 mg                        | 3         | •                   |                 | •         |     | •                    | HUMATROPE – somatropin for inj 5 mg                                         | 3         | •                   |                 | •         |     | •                    |
| GENOTROPIN MINIQUICK – somatropin for inj 0.4 mg                        | 3         | •                   |                 | •         |     | •                    | HUMATROPE – somatropin for inj 6 mg (18 unit)                               | 3         | •                   |                 | •         |     | •                    |
| GENOTROPIN MINIQUICK – somatropin for inj 0.6 mg                        | 3         | •                   |                 | •         |     | •                    | HUMATROPE – somatropin for inj 12 mg (36 unit)                              | 3         | •                   |                 | •         |     | •                    |
| GENOTROPIN MINIQUICK – somatropin for inj 0.8 mg                        | 3         | •                   |                 | •         |     | •                    | HUMATROPE – somatropin for inj 24 mg                                        | 3         | •                   |                 | •         |     | •                    |
| GENOTROPIN MINIQUICK – somatropin for inj 1 mg                          | 3         | •                   |                 | •         |     | •                    | HUMATROPE COMBO PACK – somatropin for inj 5 mg                              | 3         | •                   |                 | •         |     | •                    |
| GENOTROPIN MINIQUICK – somatropin for inj 1.2 mg                        | 3         | •                   |                 | •         |     | •                    | ibandronate sodium tab 150 mg (base equivalent) (Boniva)                    | 1         |                     | •               |           |     |                      |
| GENOTROPIN MINIQUICK – somatropin for inj 1.4 mg                        | 3         | •                   |                 | •         |     | •                    | INCRELEX – mecasermin inj 40 mg/4ml (10 mg/ml)                              | 3         | •                   |                 | •         |     | •                    |
| GENOTROPIN MINIQUICK – somatropin for inj 1.6 mg                        | 3         | •                   |                 | •         |     | •                    | KUVAN – sapropterin dihydrochloride soluble tab 100 mg                      | 2         | •                   | •               | •         |     | •                    |
| GENOTROPIN MINIQUICK – somatropin for inj 1.8 mg                        | 3         | •                   |                 | •         |     | •                    | KUVAN – sapropterin dihydrochloride powder packet 100 mg                    | 2         | •                   | •               | •         |     | •                    |
| GENOTROPIN MINIQUICK – somatropin for inj 2 mg                          | 3         | •                   |                 | •         |     | •                    | KUVAN – sapropterin dihydrochloride powder packet 500 mg                    | 2         | •                   | •               | •         |     | •                    |
| GONAL-F – follitropin alfa for inj 450 unit                             | 3         | •                   | •               | •         |     | •                    | levocarnitine oral soln 1 gm/10ml (10%) (Carnitor)                          | 1         |                     |                 |           |     |                      |
| GONAL-F – follitropin alfa for inj 1050 unit                            | 3         | •                   | •               | •         |     | •                    | levocarnitine tab 330 mg (Carnitor)                                         | 1         |                     |                 |           |     |                      |
| GONAL-F RFF – follitropin alfa for inj 75 unit                          | 3         | •                   | •               | •         |     | •                    | LUPANETA PACK – leuprolide (1 mon) inj 3.75 mg & norethindrone tab 5 mg kit | 3         |                     | •               | •         |     | •                    |
| GONAL-F RFF REDIJECT – follitropin alfa inj 300 unit/0.5ml              | 3         | •                   | •               | •         |     | •                    |                                                                             |           |                     |                 |           |     |                      |

| Drug Name                                                                               | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                   | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| LUPANETA PACK – leuprolide (3 mon) inj 11.25 mg & norethindrone tab 5 mg kit            | 3         |                     | •               | •         |     | •                    | NORDITROPIN FLEXPPO – somatropin inj 10 mg/1.5ml            | 2         | •                   |                 | •         |     | •                    |
| LUPRON DEPOT-PED (1-MONTH – leuprolide acetate for inj pediatric kit 7.5 mg             | 2         |                     | •               | •         |     | •                    | NORDITROPIN FLEXPPO – somatropin inj 15 mg/1.5ml            | 2         | •                   |                 | •         |     | •                    |
| LUPRON DEPOT-PED (1-MONTH – leuprolide acetate for inj pediatric kit 11.25 mg           | 2         |                     | •               | •         |     | •                    | NORDITROPIN FLEXPPO – somatropin inj 30 mg/3ml              | 2         | •                   |                 | •         |     | •                    |
| LUPRON DEPOT-PED (1-MONTH – leuprolide acetate for inj pediatric kit 15 mg              | 2         |                     | •               | •         |     | •                    | NOVAREL – chorionic gonadotropin for inj 10000 unit         | 3         | •                   | •               | •         |     | •                    |
| LUPRON DEPOT-PED (3-MONTH – leuprolide acetate (3 month) for inj pediatric kit 11.25 mg | 2         |                     | •               | •         |     | •                    | NUTROPIN AQ NUSPIN 10 – somatropin inj 10 mg/2ml            | 3         | •                   |                 | •         |     | •                    |
| LUPRON DEPOT-PED (3-MONTH – leuprolide acetate (3 month) for inj pediatric kit 30 mg    | 2         |                     | •               | •         |     | •                    | NUTROPIN AQ NUSPIN 20 – somatropin inj 20 mg/2ml            | 3         | •                   |                 | •         |     | •                    |
| MENOPUR – menotropins for subcutaneous inj 75 unit                                      | 2         | •                   | •               | •         |     | •                    | NUTROPIN AQ NUSPIN 5 – somatropin inj 5 mg/2ml              | 3         | •                   |                 | •         |     | •                    |
| MIACALCIN – calcitonin (salmon) inj 200 unit/ml                                         | 3         |                     |                 |           |     |                      | octreotide acetate inj 50 mcg/ml (0.05 mg/ml) (Sandostatin) | 1         |                     | •               | •         |     | •                    |
| MYALEPT – metreleptin for subcutaneous inj 11.3 mg                                      | 3         | •                   | •               | •         |     | •                    | octreotide acetate inj 100 mcg/ml (0.1 mg/ml) (Sandostatin) | 1         |                     | •               | •         |     | •                    |
| NATPARA – parathyroid hormone (recombinant) for inj cartridge 25 mcg                    | 2         | •                   | •               | •         |     | •                    | octreotide acetate inj 200 mcg/ml (0.2 mg/ml) (Sandostatin) | 1         |                     | •               | •         |     | •                    |
| NATPARA – parathyroid hormone (recombinant) for inj cartridge 50 mcg                    | 2         | •                   | •               | •         |     | •                    | octreotide acetate inj 500 mcg/ml (0.5 mg/ml) (Sandostatin) | 1         |                     | •               | •         |     | •                    |
| NATPARA – parathyroid hormone (recombinant) for inj cartridge 75 mcg                    | 2         | •                   | •               | •         |     | •                    | octreotide acetate inj 1000 mcg/ml (1 mg/ml) (Sandostatin)  | 1         |                     | •               | •         |     | •                    |
| NATPARA – parathyroid hormone (recombinant) for inj cartridge 100 mcg                   | 2         | •                   | •               | •         |     | •                    | OMNITROPE – somatropin inj 5 mg/1.5ml                       | 3         | •                   |                 | •         |     | •                    |
| NITYR – nitisinone tab 2 mg                                                             | 3         |                     |                 |           |     |                      | OMNITROPE – somatropin inj 10 mg/1.5ml                      | 3         | •                   |                 | •         |     | •                    |
| NITYR – nitisinone tab 5 mg                                                             | 3         |                     |                 |           |     |                      | OMNITROPE – somatropin for inj 5.8 mg                       | 3         | •                   |                 | •         |     | •                    |
| NITYR – nitisinone tab 10 mg                                                            | 3         |                     |                 |           |     |                      | ORFADIN – nitisinone susp 4 mg/ml                           | 3         |                     |                 |           |     |                      |
| NORDITROPIN FLEXPPO – somatropin inj 5 mg/1.5ml                                         | 2         | •                   |                 | •         |     | •                    | ORFADIN – nitisinone cap 2 mg                               | 3         |                     |                 | •         |     | •                    |
|                                                                                         |           |                     |                 |           |     |                      | ORFADIN – nitisinone cap 5 mg                               | 3         |                     |                 | •         |     | •                    |
|                                                                                         |           |                     |                 |           |     |                      | ORFADIN – nitisinone cap 10 mg                              | 3         |                     |                 | •         |     | •                    |
|                                                                                         |           |                     |                 |           |     |                      | ORFADIN – nitisinone cap 20 mg                              | 3         |                     |                 |           |     |                      |
|                                                                                         |           |                     |                 |           |     |                      | OSPHENA – ospemifene tab 60 mg                              | 3         | •                   | •               |           |     |                      |
|                                                                                         |           |                     |                 |           |     |                      | OVIDREL – choriogonadotropin alfa inj 250 mcg/0.5ml         | 3         | •                   | •               | •         |     | •                    |

| Drug Name                                                                       | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                 | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
|---------------------------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|---------------------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|
| <b>paricalcitol cap 1 mcg</b> (Zemplar)                                         | 1         |                     |                 |           |     |                      | <b>SANDOSTATIN – octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</b>        | 3         | •                   | •               | •         |     | •                    |
| <b>paricalcitol cap 2 mcg</b> (Zemplar)                                         | 1         |                     |                 |           |     |                      | <b>SANDOSTATIN – octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</b>        | 3         | •                   | •               | •         |     | •                    |
| <b>paricalcitol cap 4 mcg</b>                                                   | 1         |                     |                 |           |     |                      | <b>SANDOSTATIN – octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</b>        | 3         | •                   | •               | •         |     | •                    |
| <b>PREGNYL W/DILUENT BENZYL – chorionic gonadotropin for inj 10000 unit</b>     | 3         | •                   | •               | •         |     | •                    | <b>SANDOSTATIN – octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</b>        | 3         | •                   | •               | •         |     | •                    |
| <b>raloxifene hcl tab 60 mg</b> (Evista)                                        | 1         |                     |                 |           | •   |                      | <b>SANDOSTATIN – octreotide acetate inj 1000 mcg/ml (1 mg/ml)</b>         | 3         | •                   | •               | •         |     | •                    |
| <b>RAVICTI – glycerol phenylbutyrate liquid 1.1 gm/ml</b>                       | 3         |                     |                 | •         |     | •                    | <b>SENSIPAR – cinacalcet hcl tab 30 mg (base equiv)</b>                   | 2         | •                   |                 |           |     |                      |
| <b>RAYALDEE – calcifediol cap er 30 mcg</b>                                     | 3         |                     |                 |           |     |                      | <b>SENSIPAR – cinacalcet hcl tab 60 mg (base equiv)</b>                   | 2         | •                   |                 |           |     |                      |
| <b>risedronate sodium tab delayed release 35 mg</b> (Atelvia)                   | 1         |                     | •               |           |     |                      | <b>SENSIPAR – cinacalcet hcl tab 90 mg (base equiv)</b>                   | 2         | •                   |                 |           |     |                      |
| <b>risedronate sodium tab 5 mg</b> (Actonel)                                    | 1         |                     | •               |           |     |                      | <b>SEROSTIM – somatropin (non-refrigerated) for subcutaneous inj 4 mg</b> | 2         | •                   | •               | •         |     | •                    |
| <b>risedronate sodium tab 30 mg</b> (Actonel)                                   | 1         |                     | •               |           |     |                      | <b>SEROSTIM – somatropin (non-refrigerated) for subcutaneous inj 5 mg</b> | 2         | •                   | •               | •         |     | •                    |
| <b>risedronate sodium tab 35 mg</b> (Actonel)                                   | 1         |                     | •               |           |     |                      | <b>SEROSTIM – somatropin (non-refrigerated) for subcutaneous inj 6 mg</b> | 2         | •                   | •               | •         |     | •                    |
| <b>risedronate sodium tab 150 mg</b> (Actonel)                                  | 1         |                     | •               |           |     |                      | <b>SIGNIFOR – pasireotide diaspertate inj 0.3 mg/ml (base equiv)</b>      | 3         |                     | •               | •         |     | •                    |
| <b>ROCALTROL – calcitriol oral soln 1 mcg/ml</b>                                | 3         | •                   |                 |           |     |                      | <b>SIGNIFOR – pasireotide diaspertate inj 0.6 mg/ml (base equiv)</b>      | 3         |                     | •               | •         |     | •                    |
| <b>ROCALTROL – calcitriol cap 0.25 mcg</b>                                      | 3         | •                   |                 |           |     |                      | <b>SIGNIFOR – pasireotide diaspertate inj 0.9 mg/ml (base equiv)</b>      | 3         |                     | •               | •         |     | •                    |
| <b>ROCALTROL – calcitriol cap 0.5 mcg</b>                                       | 3         | •                   |                 |           |     |                      | <b>sodium phenylbutyrate oral powder 3 gm/teaspoonful</b> (Buphenyl)      | 1         |                     |                 | •         |     | •                    |
| <b>SAIZEN – somatropin (non-refrigerated) for inj 5 mg</b>                      | 3         | •                   |                 | •         |     | •                    |                                                                           |           |                     |                 |           |     |                      |
| <b>SAIZEN – somatropin (non-refrigerated) for inj 8.8 mg</b>                    | 3         | •                   |                 | •         |     | •                    |                                                                           |           |                     |                 |           |     |                      |
| <b>SAIZEN CLICK.EASY – somatropin (non-refrigerated) for inj 8.8 mg</b>         | 3         | •                   |                 | •         |     | •                    |                                                                           |           |                     |                 |           |     |                      |
| <b>SAIZENPREP RECONSTITUTION – somatropin (non-refrigerated) for inj 8.8 mg</b> | 3         | •                   |                 | •         |     | •                    |                                                                           |           |                     |                 |           |     |                      |
| <b>SAMSCA – tolvaptan tab 15 mg</b>                                             | 2         | •                   | •               | •         |     | •                    |                                                                           |           |                     |                 |           |     |                      |
| <b>SAMSCA – tolvaptan tab 30 mg</b>                                             | 2         | •                   | •               | •         |     | •                    |                                                                           |           |                     |                 |           |     |                      |



| Drug Name                                                              | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                   | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| SOMAVERT – pegvisomant for inj 10 mg (as protein)                      | 2         |                     | •               | •         |     | •                    | DIGOXIN – digoxin oral soln 0.05 mg/ml                      | 1         |                     |                 |           |     |                      |
| SOMAVERT – pegvisomant for inj 15 mg (as protein)                      | 2         |                     | •               | •         |     | •                    | digoxin tab 125 mcg (0.125 mg) (Lanoxin)                    | 1         |                     |                 |           |     |                      |
| SOMAVERT – pegvisomant for inj 20 mg (as protein)                      | 2         |                     | •               | •         |     | •                    | digoxin tab 250 mcg (0.25 mg) (Lanoxin)                     | 1         |                     |                 |           |     |                      |
| SOMAVERT – pegvisomant for inj 25 mg (as protein)                      | 2         |                     | •               | •         |     | •                    | LANOXIN – digoxin tab 62.5 mcg (0.0625 mg)                  | 3         |                     |                 |           |     |                      |
| SOMAVERT – pegvisomant for inj 30 mg (as protein)                      | 2         |                     | •               | •         |     | •                    | LANOXIN – digoxin tab 125 mcg (0.125 mg)                    | 3         | •                   |                 |           |     |                      |
| STIMATE – desmopressin acetate nasal soln 1.5 mg/ml                    | 3         |                     |                 |           |     |                      | LANOXIN – digoxin tab 187.5 mcg (0.1875 mg)                 | 3         |                     |                 |           |     |                      |
| STRENSIQ – asfotase alfa subcutaneous inj 18 mg/0.45ml                 | 2         | •                   | •               | •         |     | •                    | LANOXIN – digoxin tab 250 mcg (0.25 mg)                     | 3         | •                   |                 |           |     |                      |
| STRENSIQ – asfotase alfa subcutaneous inj 28 mg/0.7ml                  | 2         | •                   | •               | •         |     | •                    | <b>ANTIANGINAL AGENTS</b>                                   |           |                     |                 |           |     |                      |
| STRENSIQ – asfotase alfa subcutaneous inj 40 mg/ml                     | 2         | •                   | •               | •         |     | •                    | DILATRATE SR – isosorbide dinitrate cap er 40 mg            | 3         |                     |                 |           |     |                      |
| STRENSIQ – asfotase alfa subcutaneous inj 80 mg/0.8ml                  | 2         | •                   | •               | •         |     | •                    | GONITRO – nitroglycerin sublingual powder packet 400 mcg    | 3         |                     |                 |           |     |                      |
| SYNAREL – nafarelin acetate nasal soln 2 mg/ml (200 mcg/act) (base eq) | 2         |                     |                 |           |     |                      | ISORDIL TITRADOSE – isosorbide dinitrate tab 5 mg           | 3         | •                   |                 |           |     |                      |
| TYMLOS – abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml  | 3         |                     |                 |           |     |                      | ISORDIL TITRADOSE – isosorbide dinitrate tab 40 mg          | 3         |                     |                 |           |     |                      |
| XURIDEN – uridine triacetate oral granules packet 2 gm                 | 3         |                     | •               | •         |     | •                    | ISOSORBIDE DINITRATE ER – isosorbide dinitrate tab er 40 mg | 1         |                     |                 |           |     |                      |
| ZEMPLAR – paricalcitol cap 1 mcg                                       | 3         | •                   |                 |           |     |                      | isosorbide dinitrate tab 5 mg (Isordil titradose)           | 1         |                     |                 |           |     |                      |
| ZEMPLAR – paricalcitol cap 2 mcg                                       | 3         | •                   |                 |           |     |                      | isosorbide dinitrate tab 10 mg                              | 1         |                     |                 |           |     |                      |
| ZOMACTON – somatropin for subcutaneous inj 5 mg                        | 3         | •                   |                 | •         |     | •                    | isosorbide dinitrate tab 20 mg                              | 1         |                     |                 |           |     |                      |
| ZOMACTON – somatropin for inj 10 mg                                    | 3         | •                   |                 | •         |     | •                    | isosorbide dinitrate tab 30 mg                              | 1         |                     |                 |           |     |                      |
| ZORBTIVE – somatropin (non-refrigerated) for subcutaneous inj 8.8 mg   | 2         | •                   | •               | •         |     | •                    | isosorbide mononitrate tab er 24hr 30 mg                    | 1         |                     |                 |           |     |                      |
| <b>CARDIOVASCULAR AGENTS</b>                                           |           |                     |                 |           |     |                      | isosorbide mononitrate tab er 24hr 60 mg                    | 1         |                     |                 |           |     |                      |
| <b>CARDIOTONICS</b>                                                    |           |                     |                 |           |     |                      | isosorbide mononitrate tab er 24hr 120 mg                   | 1         |                     |                 |           |     |                      |
|                                                                        |           |                     |                 |           |     |                      | isosorbide mononitrate tab 10 mg                            | 1         |                     |                 |           |     |                      |
|                                                                        |           |                     |                 |           |     |                      | isosorbide mononitrate tab 20 mg                            | 1         |                     |                 |           |     |                      |

| Drug Name                                                                    | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                             | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| NITRO-BID – nitroglycerin oint 2%                                            | 3         |                     |                 |           |     |                      | NITROSTAT – nitroglycerin sl tab 0.3 mg               | 3         |                     |                 |           |     |                      |
| NITRO-DUR – nitroglycerin td patch 24hr 0.1 mg/hr                            | 3         | •                   |                 |           |     |                      | NITROSTAT – nitroglycerin sl tab 0.4 mg               | 3         |                     |                 |           |     |                      |
| NITRO-DUR – nitroglycerin td patch 24hr 0.2 mg/hr                            | 3         | •                   |                 |           |     |                      | NITROSTAT – nitroglycerin sl tab 0.6 mg               | 3         |                     |                 |           |     |                      |
| NITRO-DUR – nitroglycerin td patch 24hr 0.3 mg/hr                            | 3         |                     |                 |           |     |                      | RANEXA – ranolazine tab er 12hr 500 mg                | 3         |                     | •               |           |     |                      |
| NITRO-DUR – nitroglycerin td patch 24hr 0.4 mg/hr                            | 3         | •                   |                 |           |     |                      | RANEXA – ranolazine tab er 12hr 1000 mg               | 3         |                     | •               |           |     |                      |
| NITRO-DUR – nitroglycerin td patch 24hr 0.6 mg/hr                            | 3         | •                   |                 |           |     |                      | BETA BLOCKERS                                         |           |                     |                 |           |     |                      |
| NITRO-DUR – nitroglycerin td patch 24hr 0.8 mg/hr                            | 3         |                     |                 |           |     |                      | acebutolol hcl cap 200 mg (Sectral)                   | 1         |                     |                 |           |     |                      |
| nitroglycerin cap er 2.5 mg                                                  | 1         |                     |                 |           |     |                      | acebutolol hcl cap 400 mg (Sectral)                   | 1         |                     |                 |           |     |                      |
| nitroglycerin cap er 6.5 mg                                                  | 1         |                     |                 |           |     |                      | atenolol tab 25 mg (Tenormin)                         | 1         |                     |                 |           |     |                      |
| nitroglycerin cap er 9 mg                                                    | 1         |                     |                 |           |     |                      | atenolol tab 50 mg (Tenormin)                         | 1         |                     |                 |           |     |                      |
| NITROGLYCERIN LINGUAL – nitroglycerin lingual aerosol 400 mcg/spray          | 1         |                     |                 |           |     |                      | atenolol tab 100 mg (Tenormin)                        | 1         |                     |                 |           |     |                      |
| nitroglycerin sl tab 0.3 mg (Nitrostat)                                      | 1         |                     |                 |           |     |                      | BETAPACE – sotalol hcl tab 80 mg                      | 3         | •                   |                 |           |     |                      |
| nitroglycerin sl tab 0.4 mg (Nitrostat)                                      | 1         |                     |                 |           |     |                      | BETAPACE – sotalol hcl tab 120 mg                     | 3         | •                   |                 |           |     |                      |
| nitroglycerin sl tab 0.6 mg (Nitrostat)                                      | 1         |                     |                 |           |     |                      | BETAPACE – sotalol hcl tab 160 mg                     | 3         | •                   |                 |           |     |                      |
| nitroglycerin td patch 24hr 0.1 mg/hr (Nitro-dur)                            | 1         |                     |                 |           |     |                      | BETAPACE AF – sotalol hcl (afib/ afl) tab 80 mg       | 3         | •                   |                 |           |     |                      |
| nitroglycerin td patch 24hr 0.2 mg/hr (Nitro-dur)                            | 1         |                     |                 |           |     |                      | BETAPACE AF – sotalol hcl (afib/ afl) tab 120 mg      | 3         | •                   |                 |           |     |                      |
| nitroglycerin td patch 24hr 0.4 mg/hr (Nitro-dur)                            | 1         |                     |                 |           |     |                      | BETAPACE AF – sotalol hcl (afib/ afl) tab 160 mg      | 3         | •                   |                 |           |     |                      |
| nitroglycerin td patch 24hr 0.6 mg/hr (Nitro-dur)                            | 1         |                     |                 |           |     |                      | betaxolol hcl tab 10 mg (Kerlone)                     | 1         |                     |                 |           |     |                      |
| nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray) (Nitrolingual pumpspr)    | 1         |                     |                 |           |     |                      | betaxolol hcl tab 20 mg (Kerlone)                     | 1         |                     |                 |           |     |                      |
| NITROLINGUAL PUMPSPRAY – nitroglycerin tl soln 0.4 mg/ spray (400 mcg/spray) | 3         |                     |                 |           |     |                      | bisoprolol fumarate tab 5 mg (Zebeta)                 | 1         |                     |                 |           |     |                      |
| NITROMIST – nitroglycerin lingual aerosol 400 mcg/spray                      | 3         |                     |                 |           |     |                      | bisoprolol fumarate tab 10 mg (Zebeta)                | 1         |                     |                 |           |     |                      |
|                                                                              |           |                     |                 |           |     |                      | BYSTOLIC – nebivolol hcl tab 2.5 mg (base equivalent) | 3         |                     | •               |           |     |                      |
|                                                                              |           |                     |                 |           |     |                      | BYSTOLIC – nebivolol hcl tab 5 mg (base equivalent)   | 3         |                     | •               |           |     |                      |

| Drug Name                                                                | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
|--------------------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|--------------------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|
| BYSTOLIC – nebivolol hcl tab 10 mg (base equivalent)                     | 3         |                     | •               |           |     |                      | INNOPRAN XL – propranolol hcl sustained-release beads cap er 24hr 80 mg  | 3         |                     |                 |           |     |                      |
| BYSTOLIC – nebivolol hcl tab 20 mg (base equivalent)                     | 3         |                     | •               |           |     |                      | INNOPRAN XL – propranolol hcl sustained-release beads cap er 24hr 120 mg | 3         |                     |                 |           |     |                      |
| carvedilol tab 3.125 mg (Coreg)                                          | 1         |                     |                 |           |     |                      | labetalol hcl tab 100 mg (Trandate)                                      | 1         |                     |                 |           |     |                      |
| carvedilol tab 6.25 mg (Coreg)                                           | 1         |                     |                 |           |     |                      | labetalol hcl tab 200 mg (Trandate)                                      | 1         |                     |                 |           |     |                      |
| carvedilol tab 12.5 mg (Coreg)                                           | 1         |                     |                 |           |     |                      | labetalol hcl tab 300 mg (Trandate)                                      | 1         |                     |                 |           |     |                      |
| carvedilol tab 25 mg (Coreg)                                             | 1         |                     |                 |           |     |                      | LOPRESSOR – metoprolol tartrate tab 50 mg                                | 3         | •                   |                 |           |     |                      |
| COREG – carvedilol tab 3.125 mg                                          | 3         | •                   |                 |           |     |                      | LOPRESSOR – metoprolol tartrate tab 100 mg                               | 3         | •                   |                 |           |     |                      |
| COREG – carvedilol tab 6.25 mg                                           | 3         | •                   |                 |           |     |                      | metoprolol succinate tab er 24hr 25 mg (tartrate equiv) (Toprol xl)      | 1         |                     |                 |           |     |                      |
| COREG – carvedilol tab 12.5 mg                                           | 3         | •                   |                 |           |     |                      | metoprolol succinate tab er 24hr 50 mg (tartrate equiv) (Toprol xl)      | 1         |                     |                 |           |     |                      |
| COREG – carvedilol tab 25 mg                                             | 3         | •                   |                 |           |     |                      | metoprolol succinate tab er 24hr 100 mg (tartrate equiv) (Toprol xl)     | 1         |                     |                 |           |     |                      |
| COREG CR – carvedilol phosphate cap er 24hr 10 mg                        | 3         |                     |                 |           |     |                      | metoprolol succinate tab er 24hr 200 mg (tartrate equiv) (Toprol xl)     | 1         |                     |                 |           |     |                      |
| COREG CR – carvedilol phosphate cap er 24hr 20 mg                        | 3         |                     |                 |           |     |                      | METOPROLOL TARTRATE – metoprolol tartrate tab 37.5 mg                    | 3         |                     |                 |           |     |                      |
| COREG CR – carvedilol phosphate cap er 24hr 40 mg                        | 3         |                     |                 |           |     |                      | METOPROLOL TARTRATE – metoprolol tartrate tab 75 mg                      | 3         |                     |                 |           |     |                      |
| COREG CR – carvedilol phosphate cap er 24hr 80 mg                        | 3         |                     |                 |           |     |                      | metoprolol tartrate tab 25 mg                                            | 1         |                     |                 |           |     |                      |
| CORGARD – nadolol tab 20 mg                                              | 3         | •                   |                 |           |     |                      | metoprolol tartrate tab 50 mg (Lopressor)                                | 1         |                     |                 |           |     |                      |
| CORGARD – nadolol tab 40 mg                                              | 3         | •                   |                 |           |     |                      | metoprolol tartrate tab 100 mg (Lopressor)                               | 1         |                     |                 |           |     |                      |
| CORGARD – nadolol tab 80 mg                                              | 3         | •                   |                 |           |     |                      | nadolol tab 20 mg (Corgard)                                              | 1         |                     |                 |           |     |                      |
| HEMANGEOL – propranolol hcl oral soln 4.28 mg/ml (3.75 mg/ml base equiv) | 3         |                     |                 |           |     | •                    | nadolol tab 40 mg (Corgard)                                              | 1         |                     |                 |           |     |                      |
| INDERAL LA – propranolol hcl cap er 24hr 60 mg                           | 3         | •                   |                 |           |     |                      | nadolol tab 80 mg (Corgard)                                              | 1         |                     |                 |           |     |                      |
| INDERAL LA – propranolol hcl cap er 24hr 80 mg                           | 3         | •                   |                 |           |     |                      | pindolol tab 5 mg                                                        | 1         |                     |                 |           |     |                      |
| INDERAL LA – propranolol hcl cap er 24hr 120 mg                          | 3         | •                   |                 |           |     |                      | pindolol tab 10 mg                                                       | 1         |                     |                 |           |     |                      |
| INDERAL LA – propranolol hcl cap er 24hr 160 mg                          | 3         | •                   |                 |           |     |                      | PROPRANOLOL HCL – propranolol hcl oral soln 20 mg/5ml                    | 1         |                     |                 |           |     |                      |
| INDERAL XL – propranolol hcl sustained-release beads cap er 24hr 80 mg   | 3         |                     |                 |           |     |                      |                                                                          |           |                     |                 |           |     |                      |
| INDERAL XL – propranolol hcl sustained-release beads cap er 24hr 120 mg  | 3         |                     |                 |           |     |                      |                                                                          |           |                     |                 |           |     |                      |

| Drug Name                                                                 | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                  | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
|---------------------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|----------------------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|
| PROPRANOLOL HCL –<br>propranolol hcl oral soln 40<br>mg/5ml               | 1         |                     |                 |           |     |                      | TOPROL XL – metoprolol<br>succinate tab er 24hr 50 mg<br>(tartrate equiv)  | 3         | •                   |                 |           |     |                      |
| propranolol hcl cap er 24hr 60 mg<br>(Inderal la)                         | 1         |                     |                 |           |     |                      | TOPROL XL – metoprolol<br>succinate tab er 24hr 100 mg<br>(tartrate equiv) | 3         | •                   |                 |           |     |                      |
| propranolol hcl cap er 24hr 80 mg<br>(Inderal la)                         | 1         |                     |                 |           |     |                      | TOPROL XL – metoprolol<br>succinate tab er 24hr 200 mg<br>(tartrate equiv) | 3         | •                   |                 |           |     |                      |
| propranolol hcl cap er 24hr<br>120 mg (Inderal la)                        | 1         |                     |                 |           |     |                      | <b>CALCIUM CHANNEL BLOCKERS</b>                                            |           |                     |                 |           |     |                      |
| propranolol hcl cap er 24hr<br>160 mg (Inderal la)                        | 1         |                     |                 |           |     |                      | ADALAT CC – nifedipine tab er<br>24hr 30 mg                                | 3         | •                   |                 |           |     |                      |
| propranolol hcl tab 10 mg                                                 | 1         |                     |                 |           |     |                      | ADALAT CC – nifedipine tab er<br>24hr 60 mg                                | 3         | •                   |                 |           |     |                      |
| propranolol hcl tab 20 mg                                                 | 1         |                     |                 |           |     |                      | ADALAT CC – nifedipine tab er<br>24hr 90 mg                                | 3         | •                   |                 |           |     |                      |
| propranolol hcl tab 40 mg                                                 | 1         |                     |                 |           |     |                      | amlodipine besylate tab 2.5 mg<br>(Norvasc)                                | 1         |                     |                 |           |     |                      |
| propranolol hcl tab 60 mg                                                 | 1         |                     |                 |           |     |                      | amlodipine besylate tab 5 mg<br>(Norvasc)                                  | 1         |                     |                 |           |     |                      |
| propranolol hcl tab 80 mg                                                 | 1         |                     |                 |           |     |                      | amlodipine besylate tab 10 mg<br>(Norvasc)                                 | 1         |                     |                 |           |     |                      |
| sotalol hcl (afib/af) tab 80 mg<br>(Betapace af)                          | 1         |                     |                 |           |     |                      | CALAN – verapamil hcl tab 80 mg                                            | 3         | •                   |                 |           |     |                      |
| sotalol hcl (afib/af) tab 120 mg<br>(Betapace af)                         | 1         |                     |                 |           |     |                      | CALAN – verapamil hcl tab 120<br>mg                                        | 3         | •                   |                 |           |     |                      |
| sotalol hcl (afib/af) tab 160 mg<br>(Betapace af)                         | 1         |                     |                 |           |     |                      | CALAN SR – verapamil hcl tab er<br>120 mg                                  | 3         | •                   |                 |           |     |                      |
| sotalol hcl tab 80 mg (Betapace)                                          | 1         |                     |                 |           |     |                      | CALAN SR – verapamil hcl tab er<br>180 mg                                  | 3         | •                   |                 |           |     |                      |
| sotalol hcl tab 120 mg (Betapace)                                         | 1         |                     |                 |           |     |                      | CALAN SR – verapamil hcl tab er<br>240 mg                                  | 3         | •                   |                 |           |     |                      |
| sotalol hcl tab 160 mg (Betapace)                                         | 1         |                     |                 |           |     |                      | CARDIZEM – diltiazem hcl tab 30<br>mg                                      | 3         | •                   |                 |           |     |                      |
| sotalol hcl tab 240 mg                                                    | 1         |                     |                 |           |     |                      | CARDIZEM – diltiazem hcl tab 60<br>mg                                      | 3         | •                   |                 |           |     |                      |
| SOTYLIZE – sotalol hcl oral<br>solution 5 mg/ml                           | 3         |                     |                 |           |     |                      | CARDIZEM – diltiazem hcl tab 120<br>mg                                     | 3         | •                   |                 |           |     |                      |
| TENORMIN – atenolol tab 25 mg                                             | 3         | •                   |                 |           |     |                      | CARDIZEM CD – diltiazem hcl<br>coated beads cap er 24hr 120<br>mg          | 3         | •                   |                 |           |     |                      |
| TENORMIN – atenolol tab 50 mg                                             | 3         | •                   |                 |           |     |                      |                                                                            |           |                     |                 |           |     |                      |
| TENORMIN – atenolol tab 100 mg                                            | 3         | •                   |                 |           |     |                      |                                                                            |           |                     |                 |           |     |                      |
| TIMOLOL MALEATE – timolol<br>maleate tab 5 mg                             | 1         |                     |                 |           |     |                      |                                                                            |           |                     |                 |           |     |                      |
| TIMOLOL MALEATE – timolol<br>maleate tab 10 mg                            | 1         |                     |                 |           |     |                      |                                                                            |           |                     |                 |           |     |                      |
| TIMOLOL MALEATE – timolol<br>maleate tab 20 mg                            | 1         |                     |                 |           |     |                      |                                                                            |           |                     |                 |           |     |                      |
| TOPROL XL – metoprolol<br>succinate tab er 24hr 25 mg<br>(tartrate equiv) | 3         | •                   |                 |           |     |                      |                                                                            |           |                     |                 |           |     |                      |

| Drug Name                                                   | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                        | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
|-------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|------------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|
| CARDIZEM CD – diltiazem hcl coated beads cap er 24hr 180 mg | 3         | •                   |                 |           |     |                      | diltiazem hcl coated beads cap er 24hr 360 mg (Cardizem cd)      | 1         |                     |                 |           |     |                      |
| CARDIZEM CD – diltiazem hcl coated beads cap er 24hr 240 mg | 3         | •                   |                 |           |     |                      | diltiazem hcl coated beads tab er 24hr 180 mg (Cardizem la)      | 1         |                     |                 |           |     |                      |
| CARDIZEM CD – diltiazem hcl coated beads cap er 24hr 360 mg | 3         | •                   |                 |           |     |                      | diltiazem hcl coated beads tab er 24hr 240 mg (Cardizem la)      | 1         |                     |                 |           |     |                      |
| CARDIZEM LA – diltiazem hcl coated beads tab er 24hr 120 mg | 3         |                     |                 |           |     |                      | diltiazem hcl coated beads tab er 24hr 300 mg (Cardizem la)      | 1         |                     |                 |           |     |                      |
| CARDIZEM LA – diltiazem hcl coated beads tab er 24hr 180 mg | 3         |                     |                 |           |     |                      | diltiazem hcl coated beads tab er 24hr 360 mg (Cardizem la)      | 1         |                     |                 |           |     |                      |
| CARDIZEM LA – diltiazem hcl coated beads tab er 24hr 240 mg | 3         |                     |                 |           |     |                      | diltiazem hcl coated beads tab er 24hr 420 mg (Cardizem la)      | 1         |                     |                 |           |     |                      |
| CARDIZEM LA – diltiazem hcl coated beads tab er 24hr 300 mg | 3         |                     |                 |           |     |                      | diltiazem hcl extended release beads cap er 24hr 120 mg (Tiazac) | 1         |                     |                 |           |     |                      |
| CARDIZEM LA – diltiazem hcl coated beads tab er 24hr 360 mg | 3         |                     |                 |           |     |                      | diltiazem hcl extended release beads cap er 24hr 180 mg (Tiazac) | 1         |                     |                 |           |     |                      |
| CARDIZEM LA – diltiazem hcl coated beads tab er 24hr 420 mg | 3         |                     |                 |           |     |                      | diltiazem hcl extended release beads cap er 24hr 240 mg (Tiazac) | 1         |                     |                 |           |     |                      |
| diltiazem hcl cap er 12hr 60 mg                             | 1         |                     |                 |           |     |                      | diltiazem hcl extended release beads cap er 24hr 300 mg (Tiazac) | 1         |                     |                 |           |     |                      |
| diltiazem hcl cap er 12hr 90 mg                             | 1         |                     |                 |           |     |                      | diltiazem hcl extended release beads cap er 24hr 360 mg (Tiazac) | 1         |                     |                 |           |     |                      |
| diltiazem hcl cap er 12hr 120 mg                            | 1         |                     |                 |           |     |                      | diltiazem hcl extended release beads cap er 24hr 420 mg (Tiazac) | 1         |                     |                 |           |     |                      |
| diltiazem hcl cap er 24hr 120 mg                            | 1         |                     |                 |           |     |                      | diltiazem hcl tab 30 mg (Cardizem)                               | 1         |                     |                 |           |     |                      |
| diltiazem hcl cap er 24hr 180 mg                            | 1         |                     |                 |           |     |                      | diltiazem hcl tab 60 mg (Cardizem)                               | 1         |                     |                 |           |     |                      |
| diltiazem hcl cap er 24hr 240 mg                            | 1         |                     |                 |           |     |                      | diltiazem hcl tab 90 mg                                          | 1         |                     |                 |           |     |                      |
| diltiazem hcl coated beads cap er 24hr 120 mg (Cardizem cd) | 1         |                     |                 |           |     |                      | diltiazem hcl tab 120 mg (Cardizem)                              | 1         |                     |                 |           |     |                      |
| diltiazem hcl coated beads cap er 24hr 180 mg (Cardizem cd) | 1         |                     |                 |           |     |                      | felodipine tab er 24hr 2.5 mg                                    | 1         |                     |                 |           |     |                      |
| diltiazem hcl coated beads cap er 24hr 240 mg (Cardizem cd) | 1         |                     |                 |           |     |                      | felodipine tab er 24hr 5 mg                                      | 1         |                     |                 |           |     |                      |
| diltiazem hcl coated beads cap er 24hr 300 mg               | 1         |                     |                 |           |     |                      | felodipine tab er 24hr 10 mg                                     | 1         |                     |                 |           |     |                      |
|                                                             |           |                     |                 |           |     |                      | isradipine cap 2.5 mg                                            | 1         |                     |                 |           |     |                      |
|                                                             |           |                     |                 |           |     |                      | isradipine cap 5 mg                                              | 1         |                     |                 |           |     |                      |
|                                                             |           |                     |                 |           |     |                      | nicardipine hcl cap 20 mg                                        | 1         |                     |                 |           |     |                      |

| Drug Name                                                          | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                               | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
|--------------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|-------------------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|
| <b>nifedipine hcl cap 30 mg</b>                                    | 1         |                     |                 |           |     |                      | <b>PROCARDIA XL – nifedipine tab er 24hr osmotic release 30 mg</b>      | 3         | •                   |                 |           |     |                      |
| <b>nifedipine cap 10 mg</b> (Procardia)                            | 1         |                     |                 |           |     |                      | <b>PROCARDIA XL – nifedipine tab er 24hr osmotic release 60 mg</b>      | 3         | •                   |                 |           |     |                      |
| <b>nifedipine cap 20 mg</b>                                        | 1         |                     |                 |           |     |                      | <b>PROCARDIA XL – nifedipine tab er 24hr osmotic release 90 mg</b>      | 3         | •                   |                 |           |     |                      |
| <b>nifedipine tab er 24hr 30 mg</b><br>(Adalat cc)                 | 1         |                     |                 |           |     |                      | <b>SULAR – nisoldipine tab er 24hr 8.5 mg</b>                           | 3         | •                   |                 |           |     |                      |
| <b>nifedipine tab er 24hr 60 mg</b><br>(Adalat cc)                 | 1         |                     |                 |           |     |                      | <b>SULAR – nisoldipine tab er 24hr 17 mg</b>                            | 3         | •                   |                 |           |     |                      |
| <b>nifedipine tab er 24hr 90 mg</b><br>(Adalat cc)                 | 1         |                     |                 |           |     |                      | <b>SULAR – nisoldipine tab er 24hr 34 mg</b>                            | 3         | •                   |                 |           |     |                      |
| <b>nifedipine tab er 24hr osmotic release 30 mg</b> (Procardia xl) | 1         |                     |                 |           |     |                      | <b>TIAZAC – diltiazem hcl extended release beads cap er 24hr 120 mg</b> | 3         | •                   |                 |           |     |                      |
| <b>nifedipine tab er 24hr osmotic release 60 mg</b> (Procardia xl) | 1         |                     |                 |           |     |                      | <b>TIAZAC – diltiazem hcl extended release beads cap er 24hr 180 mg</b> | 3         | •                   |                 |           |     |                      |
| <b>nifedipine tab er 24hr osmotic release 90 mg</b> (Procardia xl) | 1         |                     |                 |           |     |                      | <b>TIAZAC – diltiazem hcl extended release beads cap er 24hr 240 mg</b> | 3         | •                   |                 |           |     |                      |
| <b>nimodipine cap 30 mg</b>                                        | 1         |                     |                 |           |     |                      | <b>TIAZAC – diltiazem hcl extended release beads cap er 24hr 300 mg</b> | 3         | •                   |                 |           |     |                      |
| <b>NISOLDIPINE ER – nisoldipine tab er 24hr 20 mg</b>              | 1         |                     |                 |           |     |                      | <b>TIAZAC – diltiazem hcl extended release beads cap er 24hr 360 mg</b> | 3         | •                   |                 |           |     |                      |
| <b>NISOLDIPINE ER – nisoldipine tab er 24hr 25.5 mg</b>            | 1         |                     |                 |           |     |                      | <b>TIAZAC – diltiazem hcl extended release beads cap er 24hr 420 mg</b> | 3         | •                   |                 |           |     |                      |
| <b>NISOLDIPINE ER – nisoldipine tab er 24hr 30 mg</b>              | 1         |                     |                 |           |     |                      | <b>verapamil hcl cap er 24hr 100 mg</b> (Verelan pm)                    | 1         |                     |                 |           |     |                      |
| <b>NISOLDIPINE ER – nisoldipine tab er 24hr 40 mg</b>              | 1         |                     |                 |           |     |                      | <b>verapamil hcl cap er 24hr 120 mg</b> (Verelan)                       | 1         |                     |                 |           |     |                      |
| <b>nisoldipine tab er 24hr 8.5 mg</b><br>(Sular)                   | 1         |                     |                 |           |     |                      | <b>verapamil hcl cap er 24hr 180 mg</b> (Verelan)                       | 1         |                     |                 |           |     |                      |
| <b>nisoldipine tab er 24hr 17 mg</b><br>(Sular)                    | 1         |                     |                 |           |     |                      | <b>verapamil hcl cap er 24hr 200 mg</b> (Verelan pm)                    | 1         |                     |                 |           |     |                      |
| <b>nisoldipine tab er 24hr 34 mg</b><br>(Sular)                    | 1         |                     |                 |           |     |                      | <b>verapamil hcl cap er 24hr 240 mg</b> (Verelan)                       | 1         |                     |                 |           |     |                      |
| <b>NORVASC – amlodipine besylate tab 2.5 mg</b>                    | 3         | •                   |                 |           |     |                      | <b>verapamil hcl cap er 24hr 300 mg</b> (Verelan pm)                    | 1         |                     |                 |           |     |                      |
| <b>NORVASC – amlodipine besylate tab 5 mg</b>                      | 3         | •                   |                 |           |     |                      |                                                                         |           |                     |                 |           |     |                      |
| <b>NORVASC – amlodipine besylate tab 10 mg</b>                     | 3         | •                   |                 |           |     |                      |                                                                         |           |                     |                 |           |     |                      |
| <b>NYMALIZE – nimodipine oral soln 60 mg/20ml</b>                  | 3         |                     |                 |           |     |                      |                                                                         |           |                     |                 |           |     |                      |
| <b>PROCARDIA – nifedipine cap 10 mg</b>                            | 3         | •                   |                 |           |     |                      |                                                                         |           |                     |                 |           |     |                      |

| Drug Name                                              | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                  | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
|--------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|
| <b>verapamil hcl cap er 24hr 360 mg</b><br>(Verelan)   | 1         |                     |                 |           |     |                      | <b>flecainide acetate tab 50 mg</b>                        | 1         |                     |                 |           |     |                      |
| <b>verapamil hcl tab er 120 mg</b><br>(Calan sr)       | 1         |                     |                 |           |     |                      | <b>flecainide acetate tab 100 mg</b>                       | 1         |                     |                 |           |     |                      |
| <b>verapamil hcl tab er 180 mg</b><br>(Calan sr)       | 1         |                     |                 |           |     |                      | <b>flecainide acetate tab 150 mg</b>                       | 1         |                     |                 |           |     |                      |
| <b>verapamil hcl tab er 240 mg</b><br>(Calan sr)       | 1         |                     |                 |           |     |                      | <b>mexiletine hcl cap 150 mg</b>                           | 1         |                     |                 |           |     |                      |
| <b>verapamil hcl tab 40 mg</b>                         | 1         |                     |                 |           |     |                      | <b>mexiletine hcl cap 200 mg</b>                           | 1         |                     |                 |           |     |                      |
| <b>verapamil hcl tab 80 mg</b> (Calan)                 | 1         |                     |                 |           |     |                      | <b>mexiletine hcl cap 250 mg</b>                           | 1         |                     |                 |           |     |                      |
| <b>verapamil hcl tab 120 mg</b> (Calan)                | 1         |                     |                 |           |     |                      | MULTAQ – dronedarone hcl tab<br>400 mg (base equivalent)   | 2         | •                   |                 |           |     |                      |
| VERELAN – verapamil hcl cap er<br>24hr 120 mg          | 3         | •                   |                 |           |     |                      | NORPACE – disopyramide<br>phosphate cap 100 mg             | 3         | •                   |                 |           |     |                      |
| VERELAN – verapamil hcl cap er<br>24hr 180 mg          | 3         | •                   |                 |           |     |                      | NORPACE – disopyramide<br>phosphate cap 150 mg             | 3         | •                   |                 |           |     |                      |
| VERELAN – verapamil hcl cap er<br>24hr 240 mg          | 3         | •                   |                 |           |     |                      | NORPACE CR – disopyramide<br>phosphate cap er 12hr 100 mg  | 3         |                     |                 |           |     |                      |
| VERELAN – verapamil hcl cap er<br>24hr 360 mg          | 3         | •                   |                 |           |     |                      | NORPACE CR – disopyramide<br>phosphate cap er 12hr 150 mg  | 3         |                     |                 |           |     |                      |
| VERELAN PM – verapamil hcl cap<br>er 24hr 100 mg       | 3         | •                   |                 |           |     |                      | <b>propafenone hcl cap er 12hr<br/>225 mg</b> (Rythmol sr) | 1         |                     |                 |           |     |                      |
| VERELAN PM – verapamil hcl cap<br>er 24hr 200 mg       | 3         | •                   |                 |           |     |                      | <b>propafenone hcl cap er 12hr<br/>325 mg</b> (Rythmol sr) | 1         |                     |                 |           |     |                      |
| VERELAN PM – verapamil hcl cap<br>er 24hr 300 mg       | 3         | •                   |                 |           |     |                      | <b>propafenone hcl cap er 12hr<br/>425 mg</b> (Rythmol sr) | 1         |                     |                 |           |     |                      |
| <b>ANTIARRHYTHMICS</b>                                 |           |                     |                 |           |     |                      | <b>propafenone hcl tab 150 mg</b><br>(Rythmol)             | 1         |                     |                 |           |     |                      |
| <b>amiodarone hcl tab 100 mg</b>                       | 1         |                     |                 |           |     |                      | <b>propafenone hcl tab 225 mg</b><br>(Rythmol)             | 1         |                     |                 |           |     |                      |
| <b>amiodarone hcl tab 200 mg</b><br>(Cordarone)        | 1         |                     |                 |           |     |                      | <b>propafenone hcl tab 300 mg</b>                          | 1         |                     |                 |           |     |                      |
| <b>amiodarone hcl tab 400 mg</b>                       | 1         |                     |                 |           |     |                      | <b>quinidine gluconate tab er 324 mg</b>                   | 1         |                     |                 |           |     |                      |
| <b>disopyramide phosphate cap<br/>100 mg</b> (Norpace) | 1         |                     |                 |           |     |                      | QUINIDINE SULFATE – quinidine<br>sulfate tab 200 mg        | 1         |                     |                 |           |     |                      |
| <b>disopyramide phosphate cap<br/>150 mg</b> (Norpace) | 1         |                     |                 |           |     |                      | QUINIDINE SULFATE – quinidine<br>sulfate tab 300 mg        | 1         |                     |                 |           |     |                      |
| <b>dofetilide cap 125 mcg (0.125 mg)</b><br>(Tikosyn)  | 1         |                     |                 |           |     |                      | RYTHMOL SR – propafenone hcl<br>cap er 12hr 225 mg         | 3         | •                   |                 |           |     |                      |
| <b>dofetilide cap 250 mcg (0.25 mg)</b><br>(Tikosyn)   | 1         |                     |                 |           |     |                      | RYTHMOL SR – propafenone hcl<br>cap er 12hr 325 mg         | 3         | •                   |                 |           |     |                      |
| <b>dofetilide cap 500 mcg (0.5 mg)</b><br>(Tikosyn)    | 1         |                     |                 |           |     |                      | RYTHMOL SR – propafenone hcl<br>cap er 12hr 425 mg         | 3         | •                   |                 |           |     |                      |
|                                                        |           |                     |                 |           |     |                      | TIKOSYN – dofetilide cap 125 mcg<br>(0.125 mg)             | 3         |                     |                 |           |     |                      |

| Drug Name                                                 | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                 | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
|-----------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|---------------------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|
| TIKOSYN – dofetilide cap 250 mcg (0.25 mg)                | 3         |                     |                 |           |     |                      | amlodipine besylate-benazepril hcl cap 10-40 mg (Lotrel)                  | 1         |                     |                 |           |     |                      |
| TIKOSYN – dofetilide cap 500 mcg (0.5 mg)                 | 3         |                     |                 |           |     |                      | amlodipine besylate-olmesartan medoxomil tab 5-20 mg (Azor)               | 1         |                     |                 |           |     |                      |
| <b>ANTIHYPERTENSIVES</b>                                  |           |                     |                 |           |     |                      | amlodipine besylate-olmesartan medoxomil tab 5-40 mg (Azor)               | 1         |                     |                 |           |     |                      |
| ACCUPRIL – quinapril hcl tab 5 mg                         | 3         | •                   |                 |           |     |                      | amlodipine besylate-olmesartan medoxomil tab 10-20 mg (Azor)              | 1         |                     |                 |           |     |                      |
| ACCUPRIL – quinapril hcl tab 10 mg                        | 3         | •                   |                 |           |     |                      | amlodipine besylate-olmesartan medoxomil tab 10-40 mg (Azor)              | 1         |                     |                 |           |     |                      |
| ACCUPRIL – quinapril hcl tab 20 mg                        | 3         | •                   |                 |           |     |                      | amlodipine besylate-valsartan tab 5-160 mg (Exforge)                      | 1         |                     |                 |           |     |                      |
| ACCUPRIL – quinapril hcl tab 40 mg                        | 3         | •                   |                 |           |     |                      | amlodipine besylate-valsartan tab 5-320 mg (Exforge)                      | 1         |                     |                 |           |     |                      |
| ACCURETIC – quinapril-hydrochlorothiazide tab 10-12.5 mg  | 3         | •                   |                 |           |     |                      | amlodipine besylate-valsartan tab 10-160 mg (Exforge)                     | 1         |                     |                 |           |     |                      |
| ACCURETIC – quinapril-hydrochlorothiazide tab 20-12.5 mg  | 3         | •                   |                 |           |     |                      | amlodipine besylate-valsartan tab 10-320 mg (Exforge)                     | 1         |                     |                 |           |     |                      |
| ACCURETIC – quinapril-hydrochlorothiazide tab 20-25 mg    | 3         | •                   |                 |           |     |                      | amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg (Exforge hct)  | 1         |                     |                 |           |     |                      |
| ACEON – perindopril erbumine tab 4 mg                     | 3         | •                   |                 |           |     |                      | amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg (Exforge hct)    | 1         |                     |                 |           |     |                      |
| ACEON – perindopril erbumine tab 8 mg                     | 3         | •                   |                 |           |     |                      | amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg (Exforge hct) | 1         |                     |                 |           |     |                      |
| ALTACE – ramipril cap 1.25 mg                             | 3         | •                   |                 |           |     |                      | amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg (Exforge hct)   | 1         |                     |                 |           |     |                      |
| ALTACE – ramipril cap 2.5 mg                              | 3         | •                   |                 |           |     |                      | amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg (Exforge hct)   | 1         |                     |                 |           |     |                      |
| ALTACE – ramipril cap 5 mg                                | 3         | •                   |                 |           |     |                      | ATACAND – candesartan cilexetil tab 4 mg                                  | 3         | •                   |                 |           |     |                      |
| ALTACE – ramipril cap 10 mg                               | 3         | •                   |                 |           |     |                      | ATACAND – candesartan cilexetil tab 8 mg                                  | 3         | •                   |                 |           |     |                      |
| amlodipine besylate-benazepril hcl cap 2.5-10 mg (Lotrel) | 1         |                     |                 |           |     |                      | ATACAND – candesartan cilexetil tab 16 mg                                 | 3         | •                   |                 |           |     |                      |
| amlodipine besylate-benazepril hcl cap 5-10 mg (Lotrel)   | 1         |                     |                 |           |     |                      | ATACAND – candesartan cilexetil tab 32 mg                                 | 3         | •                   |                 |           |     |                      |
| amlodipine besylate-benazepril hcl cap 5-20 mg (Lotrel)   | 1         |                     |                 |           |     |                      |                                                                           |           |                     |                 |           |     |                      |
| amlodipine besylate-benazepril hcl cap 5-40 mg (Lotrel)   | 1         |                     |                 |           |     |                      |                                                                           |           |                     |                 |           |     |                      |
| amlodipine besylate-benazepril hcl cap 10-20 mg (Lotrel)  | 1         |                     |                 |           |     |                      |                                                                           |           |                     |                 |           |     |                      |



| Drug Name                                                              | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                              | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
|------------------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|------------------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|
| ATACAND HCT – candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg | 3         | •                   |                 |           |     |                      | benazepril hcl tab 5 mg                                                | 1         |                     |                 |           |     |                      |
| ATACAND HCT – candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg | 3         | •                   |                 |           |     |                      | benazepril hcl tab 10 mg (Lotensin)                                    | 1         |                     |                 |           |     |                      |
| ATACAND HCT – candesartan cilexetil-hydrochlorothiazide tab 32-25 mg   | 3         | •                   |                 |           |     |                      | benazepril hcl tab 20 mg (Lotensin)                                    | 1         |                     |                 |           |     |                      |
| atenolol & chlorthalidone tab 50-25 mg (Tenoretic 50)                  | 1         |                     |                 |           |     |                      | benazepril hcl tab 40 mg (Lotensin)                                    | 1         |                     |                 |           |     |                      |
| atenolol & chlorthalidone tab 100-25 mg (Tenoretic 100)                | 1         |                     |                 |           |     |                      | BENICAR – olmesartan medoxomil tab 5 mg                                | 3         |                     |                 |           |     |                      |
| AVALIDE – irbesartan-hydrochlorothiazide tab 150-12.5 mg               | 3         | •                   |                 |           |     |                      | BENICAR – olmesartan medoxomil tab 20 mg                               | 3         |                     |                 |           |     |                      |
| AVALIDE – irbesartan-hydrochlorothiazide tab 300-12.5 mg               | 3         | •                   |                 |           |     |                      | BENICAR – olmesartan medoxomil tab 40 mg                               | 3         |                     |                 |           |     |                      |
| AVAPRO – irbesartan tab 75 mg                                          | 3         | •                   |                 |           |     |                      | BENICAR HCT – olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg  | 3         |                     |                 |           |     |                      |
| AVAPRO – irbesartan tab 150 mg                                         | 3         | •                   |                 |           |     |                      | BENICAR HCT – olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg  | 3         |                     |                 |           |     |                      |
| AVAPRO – irbesartan tab 300 mg                                         | 3         | •                   |                 |           |     |                      | BENICAR HCT – olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg    | 3         |                     |                 |           |     |                      |
| AZOR – amlodipine besylate-olmesartan medoxomil tab 5-20 mg            | 3         |                     |                 |           |     |                      | bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg (Ziac)                | 1         |                     |                 |           |     |                      |
| AZOR – amlodipine besylate-olmesartan medoxomil tab 5-40 mg            | 3         |                     |                 |           |     |                      | bisoprolol & hydrochlorothiazide tab 5-6.25 mg (Ziac)                  | 1         |                     |                 |           |     |                      |
| AZOR – amlodipine besylate-olmesartan medoxomil tab 10-20 mg           | 3         |                     |                 |           |     |                      | bisoprolol & hydrochlorothiazide tab 10-6.25 mg (Ziac)                 | 1         |                     |                 |           |     |                      |
| AZOR – amlodipine besylate-olmesartan medoxomil tab 10-40 mg           | 3         |                     |                 |           |     |                      | BYVALSON – nebivolol-valsartan tab 5-80 mg                             | 3         |                     |                 |           |     |                      |
| benazepril & hydrochlorothiazide tab 5-6.25 mg                         | 1         |                     |                 |           |     |                      | candesartan cilexetil tab 4 mg (Atacand)                               | 1         |                     |                 |           |     |                      |
| benazepril & hydrochlorothiazide tab 10-12.5 mg (Lotensin hct)         | 1         |                     |                 |           |     |                      | candesartan cilexetil tab 8 mg (Atacand)                               | 1         |                     |                 |           |     |                      |
| benazepril & hydrochlorothiazide tab 20-12.5 mg (Lotensin hct)         | 1         |                     |                 |           |     |                      | candesartan cilexetil tab 16 mg (Atacand)                              | 1         |                     |                 |           |     |                      |
| benazepril & hydrochlorothiazide tab 20-25 mg (Lotensin hct)           | 1         |                     |                 |           |     |                      | candesartan cilexetil tab 32 mg (Atacand)                              | 1         |                     |                 |           |     |                      |
|                                                                        |           |                     |                 |           |     |                      | candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg (Atacand hct) | 1         |                     |                 |           |     |                      |

| Drug Name                                                                | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                  | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
|--------------------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|
| candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg (Atacand hct)   | 1         |                     |                 |           |     |                      | CATAPRES-TTS-2 – clonidine hcl td patch weekly 0.2 mg/24hr | 2         | •                   | •               |           |     |                      |
| candesartan cilexetil-hydrochlorothiazide tab 32-25 mg (Atacand hct)     | 1         |                     |                 |           |     |                      | CATAPRES-TTS-3 – clonidine hcl td patch weekly 0.3 mg/24hr | 2         | •                   | •               |           |     |                      |
| captopril tab 12.5 mg                                                    | 1         |                     |                 |           |     |                      | clonidine hcl tab 0.1 mg (Catapres)                        | 1         |                     |                 |           |     |                      |
| captopril tab 25 mg                                                      | 1         |                     |                 |           |     |                      | clonidine hcl tab 0.2 mg (Catapres)                        | 1         |                     |                 |           |     |                      |
| captopril tab 50 mg                                                      | 1         |                     |                 |           |     |                      | clonidine hcl tab 0.3 mg (Catapres)                        | 1         |                     |                 |           |     |                      |
| captopril tab 100 mg                                                     | 1         |                     |                 |           |     |                      | clonidine hcl td patch weekly 0.1 mg/24hr (Catapres-tts-1) | 1         |                     | •               |           |     |                      |
| CAPTOPRIL/HYDROCHLOROTHIA – captopril & hydrochlorothiazide tab 25-15 mg | 1         |                     |                 |           |     |                      | clonidine hcl td patch weekly 0.2 mg/24hr (Catapres-tts-2) | 1         |                     | •               |           |     |                      |
| CAPTOPRIL/HYDROCHLOROTHIA – captopril & hydrochlorothiazide tab 25-25 mg | 1         |                     |                 |           |     |                      | clonidine hcl td patch weekly 0.3 mg/24hr (Catapres-tts-3) | 1         |                     | •               |           |     |                      |
| CAPTOPRIL/HYDROCHLOROTHIA – captopril & hydrochlorothiazide tab 50-15 mg | 1         |                     |                 |           |     |                      | CLORPRES – clonidine & chlorthalidone tab 0.1-15 mg        | 3         |                     |                 |           |     |                      |
| CAPTOPRIL/HYDROCHLOROTHIA – captopril & hydrochlorothiazide tab 50-25 mg | 1         |                     |                 |           |     |                      | CLORPRES – clonidine & chlorthalidone tab 0.2-15 mg        | 3         |                     |                 |           |     |                      |
| CARDURA – doxazosin mesylate tab 1 mg                                    | 3         | •                   | •               |           |     |                      | CLORPRES – clonidine & chlorthalidone tab 0.3-15 mg        | 3         |                     |                 |           |     |                      |
| CARDURA – doxazosin mesylate tab 2 mg                                    | 3         | •                   | •               |           |     |                      | CORZIDE – nadolol & bendroflumethiazide tab 40-5 mg        | 3         | •                   |                 |           |     |                      |
| CARDURA – doxazosin mesylate tab 4 mg                                    | 3         | •                   | •               |           |     |                      | CORZIDE – nadolol & bendroflumethiazide tab 80-5 mg        | 3         | •                   |                 |           |     |                      |
| CARDURA – doxazosin mesylate tab 8 mg                                    | 3         | •                   | •               |           |     |                      | COZAAR – losartan potassium tab 25 mg                      | 3         | •                   |                 |           |     |                      |
| CATAPRES – clonidine hcl tab 0.1 mg                                      | 3         | •                   |                 |           |     |                      | COZAAR – losartan potassium tab 50 mg                      | 3         | •                   |                 |           |     |                      |
| CATAPRES – clonidine hcl tab 0.2 mg                                      | 3         | •                   |                 |           |     |                      | COZAAR – losartan potassium tab 100 mg                     | 3         | •                   |                 |           |     |                      |
| CATAPRES – clonidine hcl tab 0.3 mg                                      | 3         | •                   |                 |           |     |                      | DEMSEER – metyrosine cap 250 mg                            | 2         |                     |                 |           |     |                      |
| CATAPRES-TTS-1 – clonidine hcl td patch weekly 0.1 mg/24hr               | 2         | •                   | •               |           |     |                      | DIBENZYLINE – phenoxybenzamine hcl cap 10 mg               | 3         |                     |                 |           |     |                      |
|                                                                          |           |                     |                 |           |     |                      | DIOVAN – valsartan tab 40 mg                               | 3         | •                   |                 |           |     |                      |
|                                                                          |           |                     |                 |           |     |                      | DIOVAN – valsartan tab 80 mg                               | 3         | •                   |                 |           |     |                      |

| Drug Name                                                           | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                 | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| DIOVAN – valsartan tab 160 mg                                       | 3         | •                   |                 |           |     |                      | EDARBYCLOR – azilsartan medoxomil-chlorthalidone tab 40-25 mg             | 3         |                     |                 |           |     |                      |
| DIOVAN – valsartan tab 320 mg                                       | 3         | •                   |                 |           |     |                      | enalapril maleate & hydrochlorothiazide tab 5-12.5 mg                     | 1         |                     |                 |           |     |                      |
| DIOVAN HCT – valsartan-hydrochlorothiazide tab 80-12.5 mg           | 3         | •                   |                 |           |     |                      | enalapril maleate & hydrochlorothiazide tab 10-25 mg (Vaseretic)          | 1         |                     |                 |           |     |                      |
| DIOVAN HCT – valsartan-hydrochlorothiazide tab 160-12.5 mg          | 3         | •                   |                 |           |     |                      | enalapril maleate tab 2.5 mg (Vasotec)                                    | 1         |                     |                 |           |     |                      |
| DIOVAN HCT – valsartan-hydrochlorothiazide tab 160-25 mg            | 3         | •                   |                 |           |     |                      | enalapril maleate tab 5 mg (Vasotec)                                      | 1         |                     |                 |           |     |                      |
| DIOVAN HCT – valsartan-hydrochlorothiazide tab 320-12.5 mg          | 3         | •                   |                 |           |     |                      | enalapril maleate tab 10 mg (Vasotec)                                     | 1         |                     |                 |           |     |                      |
| DIOVAN HCT – valsartan-hydrochlorothiazide tab 320-25 mg            | 3         | •                   |                 |           |     |                      | enalapril maleate tab 20 mg (Vasotec)                                     | 1         |                     |                 |           |     |                      |
| doxazosin mesylate tab 1 mg (Cardura)                               | 1         |                     | •               |           |     |                      | EPANED – enalapril maleate oral soln 1 mg/ml                              | 3         |                     |                 |           |     |                      |
| doxazosin mesylate tab 2 mg (Cardura)                               | 1         |                     | •               |           |     |                      | eplerenone tab 25 mg (Inspra)                                             | 1         |                     |                 |           |     |                      |
| doxazosin mesylate tab 4 mg (Cardura)                               | 1         |                     | •               |           |     |                      | eplerenone tab 50 mg (Inspra)                                             | 1         |                     |                 |           |     |                      |
| doxazosin mesylate tab 8 mg (Cardura)                               | 1         |                     | •               |           |     |                      | EPROSARTAN MESYLATE – eprosartan mesylate tab 600 mg                      | 1         |                     |                 |           |     |                      |
| DUTOPROL – metoprolol & hydrochlorothiazide tab er 24hr 25-12.5 mg  | 3         |                     |                 |           |     |                      | EXFORGE – amlodipine besylate-valsartan tab 5-160 mg                      | 3         | •                   |                 |           |     |                      |
| DUTOPROL – metoprolol & hydrochlorothiazide tab er 24hr 50-12.5 mg  | 3         |                     |                 |           |     |                      | EXFORGE – amlodipine besylate-valsartan tab 5-320 mg                      | 3         | •                   |                 |           |     |                      |
| DUTOPROL – metoprolol & hydrochlorothiazide tab er 24hr 100-12.5 mg | 3         |                     |                 |           |     |                      | EXFORGE – amlodipine besylate-valsartan tab 10-160 mg                     | 3         | •                   |                 |           |     |                      |
| EDARBI – azilsartan medoxomil tab 40 mg                             | 3         |                     |                 |           |     |                      | EXFORGE – amlodipine besylate-valsartan tab 10-320 mg                     | 3         | •                   |                 |           |     |                      |
| EDARBI – azilsartan medoxomil tab 80 mg                             | 3         |                     |                 |           |     |                      | EXFORGE HCT – amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg  | 3         | •                   |                 |           |     |                      |
| EDARBYCLOR – azilsartan medoxomil-chlorthalidone tab 40-12.5 mg     | 3         |                     |                 |           |     |                      | EXFORGE HCT – amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg    | 3         | •                   |                 |           |     |                      |
|                                                                     |           |                     |                 |           |     |                      | EXFORGE HCT – amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg | 3         | •                   |                 |           |     |                      |

| Drug Name                                                               | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                         | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
|-------------------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|-------------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|
| EXFORGE HCT – amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg | 3         | •                   |                 |           |     |                      | lisinopril & hydrochlorothiazide tab 10-12.5 mg (Zestoretic)      | 1         |                     |                 |           |     |                      |
| EXFORGE HCT – amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg | 3         | •                   |                 |           |     |                      | lisinopril & hydrochlorothiazide tab 20-12.5 mg (Zestoretic)      | 1         |                     |                 |           |     |                      |
| fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg                  | 1         |                     |                 |           |     |                      | lisinopril & hydrochlorothiazide tab 20-25 mg (Zestoretic)        | 1         |                     |                 |           |     |                      |
| fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg                  | 1         |                     |                 |           |     |                      | lisinopril tab 2.5 mg (Zestril)                                   | 1         |                     |                 |           |     |                      |
| fosinopril sodium tab 10 mg                                             | 1         |                     |                 |           |     |                      | lisinopril tab 5 mg (Prinivil)                                    | 1         |                     |                 |           |     |                      |
| fosinopril sodium tab 20 mg                                             | 1         |                     |                 |           |     |                      | lisinopril tab 10 mg (Prinivil)                                   | 1         |                     |                 |           |     |                      |
| fosinopril sodium tab 40 mg                                             | 1         |                     |                 |           |     |                      | lisinopril tab 20 mg (Prinivil)                                   | 1         |                     |                 |           |     |                      |
| guanfacine hcl tab 1 mg (Tenex)                                         | 1         |                     |                 |           |     |                      | lisinopril tab 30 mg (Zestril)                                    | 1         |                     |                 |           |     |                      |
| guanfacine hcl tab 2 mg (Tenex)                                         | 1         |                     |                 |           |     |                      | lisinopril tab 40 mg (Zestril)                                    | 1         |                     |                 |           |     |                      |
| hydralazine hcl tab 10 mg                                               | 1         |                     |                 |           |     |                      | LOPRESSOR HCT – metoprolol & hydrochlorothiazide tab 50-25 mg     | 3         | •                   |                 |           |     |                      |
| hydralazine hcl tab 25 mg                                               | 1         |                     |                 |           |     |                      | losartan potassium & hydrochlorothiazide tab 50-12.5 mg (Hyzaar)  | 1         |                     |                 |           |     |                      |
| hydralazine hcl tab 50 mg                                               | 1         |                     |                 |           |     |                      | losartan potassium & hydrochlorothiazide tab 100-12.5 mg (Hyzaar) | 1         |                     |                 |           |     |                      |
| hydralazine hcl tab 100 mg                                              | 1         |                     |                 |           |     |                      | losartan potassium & hydrochlorothiazide tab 100-25 mg (Hyzaar)   | 1         |                     |                 |           |     |                      |
| HYZAAR – losartan potassium & hydrochlorothiazide tab 50-12.5 mg        | 3         | •                   |                 |           |     |                      | losartan potassium tab 25 mg (Cozaar)                             | 1         |                     |                 |           |     |                      |
| HYZAAR – losartan potassium & hydrochlorothiazide tab 100-12.5 mg       | 3         | •                   |                 |           |     |                      | losartan potassium tab 50 mg (Cozaar)                             | 1         |                     |                 |           |     |                      |
| HYZAAR – losartan potassium & hydrochlorothiazide tab 100-25 mg         | 3         | •                   |                 |           |     |                      | losartan potassium tab 100 mg (Cozaar)                            | 1         |                     |                 |           |     |                      |
| INSPIRA – eplerenone tab 25 mg                                          | 3         | •                   |                 |           |     |                      | LOTENSIN – benazepril hcl tab 20 mg                               | 3         | •                   |                 |           |     |                      |
| INSPIRA – eplerenone tab 50 mg                                          | 3         | •                   |                 |           |     |                      | LOTENSIN – benazepril hcl tab 40 mg                               | 3         | •                   |                 |           |     |                      |
| irbesartan tab 75 mg (Avapro)                                           | 1         |                     |                 |           |     |                      | LOTENSIN HCT – benazepril & hydrochlorothiazide tab 10-12.5 mg    | 3         | •                   |                 |           |     |                      |
| irbesartan tab 150 mg (Avapro)                                          | 1         |                     |                 |           |     |                      | LOTENSIN HCT – benazepril & hydrochlorothiazide tab 20-12.5 mg    | 3         | •                   |                 |           |     |                      |
| irbesartan tab 300 mg (Avapro)                                          | 1         |                     |                 |           |     |                      |                                                                   |           |                     |                 |           |     |                      |
| irbesartan-hydrochlorothiazide tab 150-12.5 mg (Avalide)                | 1         |                     |                 |           |     |                      |                                                                   |           |                     |                 |           |     |                      |
| irbesartan-hydrochlorothiazide tab 300-12.5 mg (Avalide)                | 1         |                     |                 |           |     |                      |                                                                   |           |                     |                 |           |     |                      |

| Drug Name                                                                            | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                     | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| LOTENSIN HCT – benazepril & hydrochlorothiazide tab 20-25 mg                         | 3         | •                   |                 |           |     |                      | hydrochlorothiazide tab 100-50 mg                             |           |                     |                 |           |     |                      |
| LOTREL – amlodipine besylate-benazepril hcl cap 5-10 mg                              | 3         | •                   |                 |           |     |                      | MICARDIS – telmisartan tab 20 mg                              | 3         | •                   |                 |           |     |                      |
| LOTREL – amlodipine besylate-benazepril hcl cap 5-20 mg                              | 3         | •                   |                 |           |     |                      | MICARDIS – telmisartan tab 40 mg                              | 3         | •                   |                 |           |     |                      |
| LOTREL – amlodipine besylate-benazepril hcl cap 10-20 mg                             | 3         | •                   |                 |           |     |                      | MICARDIS – telmisartan tab 80 mg                              | 3         | •                   |                 |           |     |                      |
| LOTREL – amlodipine besylate-benazepril hcl cap 10-40 mg                             | 3         | •                   |                 |           |     |                      | MICARDIS HCT – telmisartan-hydrochlorothiazide tab 40-12.5 mg | 3         | •                   |                 |           |     |                      |
| methyldopa tab 250 mg                                                                | 1         |                     |                 |           |     |                      | MICARDIS HCT – telmisartan-hydrochlorothiazide tab 80-12.5 mg | 3         | •                   |                 |           |     |                      |
| methyldopa tab 500 mg                                                                | 1         |                     |                 |           |     |                      | MICARDIS HCT – telmisartan-hydrochlorothiazide tab 80-25 mg   | 3         | •                   |                 |           |     |                      |
| METHYLDOPA/<br>HYDROCHLOROTHI<br>– methyldopa &<br>hydrochlorothiazide tab 250-15 mg | 1         |                     |                 |           |     |                      | MINIPRESS – prazosin hcl cap 1 mg                             | 3         | •                   |                 |           |     |                      |
| METHYLDOPA/<br>HYDROCHLOROTHI<br>– methyldopa &<br>hydrochlorothiazide tab 250-25 mg | 1         |                     |                 |           |     |                      | MINIPRESS – prazosin hcl cap 2 mg                             | 3         | •                   |                 |           |     |                      |
| metoprolol & hydrochlorothiazide tab 50-25 mg (Lopressor hct)                        | 1         |                     |                 |           |     |                      | MINIPRESS – prazosin hcl cap 5 mg                             | 3         | •                   |                 |           |     |                      |
| metoprolol & hydrochlorothiazide tab 100-25 mg (Lopressor hct)                       | 1         |                     |                 |           |     |                      | minoxidil tab 2.5 mg                                          | 1         |                     |                 |           |     |                      |
| METOPROLOL SUCCINATE ER/H – metoprolol & hydrochlorothiazide tab er 24hr 25-12.5 mg  | 3         |                     |                 |           |     |                      | minoxidil tab 10 mg                                           | 1         |                     |                 |           |     |                      |
| METOPROLOL SUCCINATE ER/H – metoprolol & hydrochlorothiazide tab er 24hr 50-12.5 mg  | 3         |                     |                 |           |     |                      | moexipril hcl tab 7.5 mg                                      | 1         |                     |                 |           |     |                      |
| METOPROLOL SUCCINATE ER/H – metoprolol & hydrochlorothiazide tab er 24hr 100-12.5 mg | 3         |                     |                 |           |     |                      | moexipril hcl tab 15 mg                                       | 1         |                     |                 |           |     |                      |
| METOPROLOL/<br>HYDROCHLOROTHI<br>– metoprolol &                                      | 1         |                     |                 |           |     |                      | moexipril-hydrochlorothiazide tab 7.5-12.5 mg                 | 1         |                     |                 |           |     |                      |
|                                                                                      |           |                     |                 |           |     |                      | moexipril-hydrochlorothiazide tab 15-12.5 mg                  | 1         |                     |                 |           |     |                      |
|                                                                                      |           |                     |                 |           |     |                      | moexipril-hydrochlorothiazide tab 15-25 mg                    | 1         |                     |                 |           |     |                      |
|                                                                                      |           |                     |                 |           |     |                      | nadolol & bendroflumethiazide tab 40-5 mg (Corzide)           | 1         |                     |                 |           |     |                      |
|                                                                                      |           |                     |                 |           |     |                      | nadolol & bendroflumethiazide tab 80-5 mg (Corzide)           | 1         |                     |                 |           |     |                      |
|                                                                                      |           |                     |                 |           |     |                      | olmesartan medoxomil tab 5 mg (Benicar)                       | 1         |                     |                 |           |     |                      |
|                                                                                      |           |                     |                 |           |     |                      | olmesartan medoxomil tab 20 mg (Benicar)                      | 1         |                     |                 |           |     |                      |

| Drug Name                                                                               | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                                              | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
|-----------------------------------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|--------------------------------------------------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|
| <b>olmesartan medoxomil tab 40 mg</b><br>(Benicar)                                      | 1         |                     |                 |           |     |                      | <b>PRESTALIA – perindopril<br/>arginine-amlodipine besylate<br/>tab 14-10 mg</b>                       | 3         |                     |                 |           |     |                      |
| <b>olmesartan medoxomil-<br/>hydrochlorothiazide tab<br/>20-12.5 mg</b> (Benicar hct)   | 1         |                     |                 |           |     |                      | <b>PRINIVIL – lisinopril tab 5 mg</b>                                                                  | 3         | •                   |                 |           |     |                      |
| <b>olmesartan medoxomil-<br/>hydrochlorothiazide tab<br/>40-12.5 mg</b> (Benicar hct)   | 1         |                     |                 |           |     |                      | <b>PRINIVIL – lisinopril tab 10 mg</b>                                                                 | 3         | •                   |                 |           |     |                      |
| <b>olmesartan medoxomil-<br/>hydrochlorothiazide tab<br/>40-25 mg</b> (Benicar hct)     | 1         |                     |                 |           |     |                      | <b>PRINIVIL – lisinopril tab 20 mg</b>                                                                 | 3         | •                   |                 |           |     |                      |
| <b>olmesartan-amlodipine-<br/>hydrochlorothiazide tab<br/>20-5-12.5 mg</b> (Tribenzor)  | 1         |                     |                 |           |     |                      | <b>PROPRANOLOL/<br/>HYDROCHLOROTH<br/>– propranolol &amp;<br/>hydrochlorothiazide tab 40-25<br/>mg</b> | 1         |                     |                 |           |     |                      |
| <b>olmesartan-amlodipine-<br/>hydrochlorothiazide tab<br/>40-5-12.5 mg</b> (Tribenzor)  | 1         |                     |                 |           |     |                      | <b>PROPRANOLOL/<br/>HYDROCHLOROTH<br/>– propranolol &amp;<br/>hydrochlorothiazide tab 80-25<br/>mg</b> | 1         |                     |                 |           |     |                      |
| <b>olmesartan-amlodipine-<br/>hydrochlorothiazide tab<br/>40-5-25 mg</b> (Tribenzor)    | 1         |                     |                 |           |     |                      | <b>QBRELIS – lisinopril oral soln 1<br/>mg/ml</b>                                                      | 3         |                     |                 |           |     |                      |
| <b>olmesartan-amlodipine-<br/>hydrochlorothiazide tab<br/>40-10-12.5 mg</b> (Tribenzor) | 1         |                     |                 |           |     |                      | <b>quinapril hcl tab 5 mg</b> (Accupril)                                                               | 1         |                     |                 |           |     |                      |
| <b>olmesartan-amlodipine-<br/>hydrochlorothiazide tab<br/>40-10-25 mg</b> (Tribenzor)   | 1         |                     |                 |           |     |                      | <b>quinapril hcl tab 10 mg</b> (Accupril)                                                              | 1         |                     |                 |           |     |                      |
| <b>perindopril erbumine tab 2 mg</b><br>(Aceon)                                         | 1         |                     |                 |           |     |                      | <b>quinapril hcl tab 20 mg</b> (Accupril)                                                              | 1         |                     |                 |           |     |                      |
| <b>perindopril erbumine tab 4 mg</b><br>(Aceon)                                         | 1         |                     |                 |           |     |                      | <b>quinapril hcl tab 40 mg</b> (Accupril)                                                              | 1         |                     |                 |           |     |                      |
| <b>perindopril erbumine tab 8 mg</b><br>(Aceon)                                         | 1         |                     |                 |           |     |                      | <b>quinapril-hydrochlorothiazide tab<br/>10-12.5 mg</b> (Accuretic)                                    | 1         |                     |                 |           |     |                      |
| <b>phenoxybenzamine hcl cap 10 mg</b><br>(Dibenzylamine)                                | 1         |                     |                 |           |     |                      | <b>quinapril-hydrochlorothiazide tab<br/>20-12.5 mg</b> (Accuretic)                                    | 1         |                     |                 |           |     |                      |
| <b>prazosin hcl cap 1 mg</b> (Minipress)                                                | 1         |                     |                 |           |     |                      | <b>quinapril-hydrochlorothiazide tab<br/>20-25 mg</b> (Accuretic)                                      | 1         |                     |                 |           |     |                      |
| <b>prazosin hcl cap 2 mg</b> (Minipress)                                                | 1         |                     |                 |           |     |                      | <b>ramipril cap 1.25 mg</b> (Altace)                                                                   | 1         |                     |                 |           |     |                      |
| <b>prazosin hcl cap 5 mg</b> (Minipress)                                                | 1         |                     |                 |           |     |                      | <b>ramipril cap 2.5 mg</b> (Altace)                                                                    | 1         |                     |                 |           |     |                      |
| <b>PRESTALIA – perindopril<br/>arginine-amlodipine besylate<br/>tab 3.5-2.5 mg</b>      | 3         |                     |                 |           |     |                      | <b>ramipril cap 5 mg</b> (Altace)                                                                      | 1         |                     |                 |           |     |                      |
| <b>PRESTALIA – perindopril<br/>arginine-amlodipine besylate<br/>tab 7-5 mg</b>          | 3         |                     |                 |           |     |                      | <b>ramipril cap 10 mg</b> (Altace)                                                                     | 1         |                     |                 |           |     |                      |
|                                                                                         |           |                     |                 |           |     |                      | <b>TARKA – trandolapril-verapamil<br/>hcl tab er 1-240 mg</b>                                          | 3         |                     |                 |           |     |                      |
|                                                                                         |           |                     |                 |           |     |                      | <b>TARKA – trandolapril-verapamil<br/>hcl tab er 2-180 mg</b>                                          | 3         |                     |                 |           |     |                      |
|                                                                                         |           |                     |                 |           |     |                      | <b>TARKA – trandolapril-verapamil<br/>hcl tab er 2-240 mg</b>                                          | 3         |                     |                 |           |     |                      |
|                                                                                         |           |                     |                 |           |     |                      | <b>TARKA – trandolapril-verapamil<br/>hcl tab er 4-240 mg</b>                                          | 3         |                     |                 |           |     |                      |

| Drug Name                                                     | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                               | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
|---------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|-------------------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|
| TEKTURNA – aliskiren fumarate tab 150 mg (base equivalent)    | 3         |                     | •               |           |     |                      | trandolapril tab 1 mg (Mavik)                                           | 1         |                     |                 |           |     |                      |
| TEKTURNA – aliskiren fumarate tab 300 mg (base equivalent)    | 3         |                     | •               |           |     |                      | trandolapril tab 2 mg (Mavik)                                           | 1         |                     |                 |           |     |                      |
| TEKTURNA HCT – aliskiren-hydrochlorothiazide tab 150-12.5 mg  | 3         |                     | •               |           |     |                      | trandolapril tab 4 mg (Mavik)                                           | 1         |                     |                 |           |     |                      |
| TEKTURNA HCT – aliskiren-hydrochlorothiazide tab 150-25 mg    | 3         |                     | •               |           |     |                      | trandolapril-verapamil hcl tab er 1-240 mg (Tarka)                      | 1         |                     |                 |           |     |                      |
| TEKTURNA HCT – aliskiren-hydrochlorothiazide tab 300-12.5 mg  | 3         |                     | •               |           |     |                      | trandolapril-verapamil hcl tab er 2-180 mg (Tarka)                      | 1         |                     |                 |           |     |                      |
| TEKTURNA HCT – aliskiren-hydrochlorothiazide tab 300-25 mg    | 3         |                     | •               |           |     |                      | trandolapril-verapamil hcl tab er 2-240 mg (Tarka)                      | 1         |                     |                 |           |     |                      |
| telmisartan tab 20 mg (Micardis)                              | 1         |                     |                 |           |     |                      | trandolapril-verapamil hcl tab er 4-240 mg (Tarka)                      | 1         |                     |                 |           |     |                      |
| telmisartan tab 40 mg (Micardis)                              | 1         |                     |                 |           |     |                      | TRIBENZOR – olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg  | 3         |                     |                 |           |     |                      |
| telmisartan tab 80 mg (Micardis)                              | 1         |                     |                 |           |     |                      | TRIBENZOR – olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg  | 3         |                     |                 |           |     |                      |
| telmisartan-amlodipine tab 40-5 mg (Twynsta)                  | 1         |                     |                 |           |     |                      | TRIBENZOR – olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg    | 3         |                     |                 |           |     |                      |
| telmisartan-amlodipine tab 40-10 mg (Twynsta)                 | 1         |                     |                 |           |     |                      | TRIBENZOR – olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg | 3         |                     |                 |           |     |                      |
| telmisartan-amlodipine tab 80-5 mg (Twynsta)                  | 1         |                     |                 |           |     |                      | TRIBENZOR – olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg   | 3         |                     |                 |           |     |                      |
| telmisartan-amlodipine tab 80-10 mg (Twynsta)                 | 1         |                     |                 |           |     |                      | TWYNSTA – telmisartan-amlodipine tab 40-5 mg                            | 3         | •                   |                 |           |     |                      |
| telmisartan-hydrochlorothiazide tab 40-12.5 mg (Micardis hct) | 1         |                     |                 |           |     |                      | TWYNSTA – telmisartan-amlodipine tab 40-10 mg                           | 3         | •                   |                 |           |     |                      |
| telmisartan-hydrochlorothiazide tab 80-12.5 mg (Micardis hct) | 1         |                     |                 |           |     |                      | TWYNSTA – telmisartan-amlodipine tab 80-5 mg                            | 3         | •                   |                 |           |     |                      |
| telmisartan-hydrochlorothiazide tab 80-25 mg (Micardis hct)   | 1         |                     |                 |           |     |                      | TWYNSTA – telmisartan-amlodipine tab 80-10 mg                           | 3         | •                   |                 |           |     |                      |
| TENORETIC 100 – atenolol & chlorthalidone tab 100-25 mg       | 3         | •                   |                 |           |     |                      | valsartan tab 40 mg (Diovan)                                            | 1         |                     |                 |           |     |                      |
| TENORETIC 50 – atenolol & chlorthalidone tab 50-25 mg         | 3         | •                   |                 |           |     |                      | valsartan tab 80 mg (Diovan)                                            | 1         |                     |                 |           |     |                      |
| terazosin hcl cap 1 mg                                        | 1         |                     | •               |           |     |                      | valsartan tab 160 mg (Diovan)                                           | 1         |                     |                 |           |     |                      |
| terazosin hcl cap 2 mg                                        | 1         |                     | •               |           |     |                      | valsartan tab 320 mg (Diovan)                                           | 1         |                     |                 |           |     |                      |
| terazosin hcl cap 5 mg                                        | 1         |                     | •               |           |     |                      | valsartan-hydrochlorothiazide tab 80-12.5 mg (Diovan hct)               | 1         |                     |                 |           |     |                      |
| terazosin hcl cap 10 mg                                       | 1         |                     | •               |           |     |                      |                                                                         |           |                     |                 |           |     |                      |

| Drug Name                                                                   | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                  | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
|-----------------------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|----------------------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|
| <b>valsartan-hydrochlorothiazide tab 160-12.5 mg</b> (Diovan hct)           | 1         |                     |                 |           |     |                      | <b>ZIAC – bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</b>           | 3         | •                   |                 |           |     |                      |
| <b>valsartan-hydrochlorothiazide tab 160-25 mg</b> (Diovan hct)             | 1         |                     |                 |           |     |                      | <b>ZIAC – bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</b>          | 3         | •                   |                 |           |     |                      |
| <b>valsartan-hydrochlorothiazide tab 320-12.5 mg</b> (Diovan hct)           | 1         |                     |                 |           |     |                      | <b>DIURETICS</b>                                                           |           |                     |                 |           |     |                      |
| <b>valsartan-hydrochlorothiazide tab 320-25 mg</b> (Diovan hct)             | 1         |                     |                 |           |     |                      | <b>acetazolamide cap er 12hr 500 mg</b> (Diamox)                           | 1         |                     |                 |           |     |                      |
| <b>VASERETIC – enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</b> | 3         | •                   |                 |           |     |                      | <b>acetazolamide tab 125 mg</b>                                            | 1         |                     |                 |           |     |                      |
| <b>VASOTEC – enalapril maleate tab 2.5 mg</b>                               | 3         | •                   |                 |           |     |                      | <b>acetazolamide tab 250 mg</b>                                            | 1         |                     |                 |           |     |                      |
| <b>VASOTEC – enalapril maleate tab 5 mg</b>                                 | 3         | •                   |                 |           |     |                      | <b>ALDACTAZIDE – spironolactone &amp; hydrochlorothiazide tab 25-25 mg</b> | 3         |                     |                 |           |     |                      |
| <b>VASOTEC – enalapril maleate tab 10 mg</b>                                | 3         | •                   |                 |           |     |                      | <b>ALDACTAZIDE – spironolactone &amp; hydrochlorothiazide tab 50-50 mg</b> | 3         |                     |                 |           |     |                      |
| <b>VASOTEC – enalapril maleate tab 20 mg</b>                                | 3         | •                   |                 |           |     |                      | <b>ALDACTONE – spironolactone tab 25 mg</b>                                | 3         | •                   |                 |           |     |                      |
| <b>VECAMYL – mecamlamine hcl tab 2.5 mg</b>                                 | 3         |                     |                 |           |     | •                    | <b>ALDACTONE – spironolactone tab 50 mg</b>                                | 3         | •                   |                 |           |     |                      |
| <b>ZESTORETIC – lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</b>     | 3         | •                   |                 |           |     |                      | <b>ALDACTONE – spironolactone tab 100 mg</b>                               | 3         | •                   |                 |           |     |                      |
| <b>ZESTORETIC – lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</b>     | 3         | •                   |                 |           |     |                      | <b>amiloride &amp; hydrochlorothiazide tab 5-50 mg</b>                     | 1         |                     |                 |           |     |                      |
| <b>ZESTORETIC – lisinopril &amp; hydrochlorothiazide tab 20-25 mg</b>       | 3         | •                   |                 |           |     |                      | <b>amiloride hcl tab 5 mg</b>                                              | 1         |                     |                 |           |     |                      |
| <b>ZESTRIL – lisinopril tab 2.5 mg</b>                                      | 3         | •                   |                 |           |     |                      | <b>bumetanide tab 0.5 mg</b>                                               | 1         |                     |                 |           |     |                      |
| <b>ZESTRIL – lisinopril tab 5 mg</b>                                        | 3         | •                   |                 |           |     |                      | <b>bumetanide tab 1 mg</b>                                                 | 1         |                     |                 |           |     |                      |
| <b>ZESTRIL – lisinopril tab 10 mg</b>                                       | 3         | •                   |                 |           |     |                      | <b>bumetanide tab 2 mg</b>                                                 | 1         |                     |                 |           |     |                      |
| <b>ZESTRIL – lisinopril tab 20 mg</b>                                       | 3         | •                   |                 |           |     |                      | <b>BUMEX – bumetanide tab 0.5 mg</b>                                       | 3         | •                   |                 |           |     |                      |
| <b>ZESTRIL – lisinopril tab 30 mg</b>                                       | 3         | •                   |                 |           |     |                      | <b>BUMEX – bumetanide tab 1 mg</b>                                         | 3         | •                   |                 |           |     |                      |
| <b>ZESTRIL – lisinopril tab 40 mg</b>                                       | 3         | •                   |                 |           |     |                      | <b>BUMEX – bumetanide tab 2 mg</b>                                         | 3         | •                   |                 |           |     |                      |
| <b>ZIAC – bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</b>          | 3         | •                   |                 |           |     |                      | <b>CHLOROTHIAZIDE – chlorothiazide tab 250 mg</b>                          | 1         |                     |                 |           |     |                      |
|                                                                             |           |                     |                 |           |     |                      | <b>chlorothiazide tab 500 mg</b>                                           | 1         |                     |                 |           |     |                      |
|                                                                             |           |                     |                 |           |     |                      | <b>chlorthalidone tab 25 mg</b>                                            | 1         |                     |                 |           |     |                      |
|                                                                             |           |                     |                 |           |     |                      | <b>chlorthalidone tab 50 mg</b>                                            | 1         |                     |                 |           |     |                      |
|                                                                             |           |                     |                 |           |     |                      | <b>DEMADEX – torsemide tab 10 mg</b>                                       | 3         | •                   |                 |           |     |                      |
|                                                                             |           |                     |                 |           |     |                      | <b>DEMADEX – torsemide tab 20 mg</b>                                       | 3         | •                   |                 |           |     |                      |



| Drug Name                                                     | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                   | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
|---------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|-----------------------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|
| DIAMOX – acetazolamide cap er 12hr 500 mg                     | 3         | •                   |                 |           |     |                      | methazolamide tab 50 mg (Neptazane)                                         | 1         |                     |                 |           |     |                      |
| DIURIL – chlorothiazide susp 250 mg/5ml                       | 3         |                     |                 |           |     |                      | METHYCLOTHIAZIDE – methyclothiazide tab 5 mg                                | 1         |                     |                 |           |     |                      |
| DYAZIDE – triamterene & hydrochlorothiazide cap 37.5-25 mg    | 3         | •                   |                 |           |     |                      | metolazone tab 2.5 mg                                                       | 1         |                     |                 |           |     |                      |
| DYRENIUM – triamterene cap 50 mg                              | 3         |                     |                 |           |     |                      | metolazone tab 5 mg                                                         | 1         |                     |                 |           |     |                      |
| DYRENIUM – triamterene cap 100 mg                             | 3         |                     |                 |           |     |                      | metolazone tab 10 mg                                                        | 1         |                     |                 |           |     |                      |
| EDECRIN – ethacrynic acid tab 25 mg                           | 3         |                     |                 |           |     |                      | MICROZIDE – hydrochlorothiazide cap 12.5 mg                                 | 3         | •                   |                 |           |     |                      |
| ethacrynic acid tab 25 mg                                     | 1         |                     |                 |           |     |                      | NEPTAZANE – methazolamide tab 25 mg                                         | 3         | •                   |                 |           |     |                      |
| FUROSEMIDE – furosemide oral soln 8 mg/ml                     | 1         |                     |                 |           |     |                      | NEPTAZANE – methazolamide tab 50 mg                                         | 3         | •                   |                 |           |     |                      |
| furosemide oral soln 10 mg/ml                                 | 1         |                     |                 |           |     |                      | spironolactone & hydrochlorothiazide tab 25-25 mg (Aldactazide)             | 1         |                     |                 |           |     |                      |
| furosemide tab 20 mg (Lasix)                                  | 1         |                     |                 |           |     |                      | spironolactone tab 25 mg (Aldactone)                                        | 1         |                     |                 |           |     |                      |
| furosemide tab 40 mg (Lasix)                                  | 1         |                     |                 |           |     |                      | spironolactone tab 50 mg (Aldactone)                                        | 1         |                     |                 |           |     |                      |
| furosemide tab 80 mg (Lasix)                                  | 1         |                     |                 |           |     |                      | spironolactone tab 100 mg (Aldactone)                                       | 1         |                     |                 |           |     |                      |
| hydrochlorothiazide cap 12.5 mg (Microzide)                   | 1         |                     |                 |           |     |                      | torsemide tab 5 mg (Demadex)                                                | 1         |                     |                 |           |     |                      |
| hydrochlorothiazide tab 12.5 mg                               | 1         |                     |                 |           |     |                      | torsemide tab 10 mg (Demadex)                                               | 1         |                     |                 |           |     |                      |
| hydrochlorothiazide tab 25 mg                                 | 1         |                     |                 |           |     |                      | torsemide tab 20 mg (Demadex)                                               | 1         |                     |                 |           |     |                      |
| hydrochlorothiazide tab 50 mg                                 | 1         |                     |                 |           |     |                      | torsemide tab 100 mg (Demadex)                                              | 1         |                     |                 |           |     |                      |
| indapamide tab 1.25 mg                                        | 1         |                     |                 |           |     |                      | triamterene & hydrochlorothiazide cap 37.5-25 mg (Dyazide)                  | 1         |                     |                 |           |     |                      |
| indapamide tab 2.5 mg                                         | 1         |                     |                 |           |     |                      | triamterene & hydrochlorothiazide tab 37.5-25 mg (Maxzide-25)               | 1         |                     |                 |           |     |                      |
| KEVEYIS – dichlorphenamide tab 50 mg                          | 3         | •                   | •               | •         |     | •                    | triamterene & hydrochlorothiazide tab 75-50 mg (Maxzide)                    | 1         |                     |                 |           |     |                      |
| LASIX – furosemide tab 20 mg                                  | 3         | •                   |                 |           |     |                      | TRIAMTERENE/ HYDROCHLOROTH – triamterene & hydrochlorothiazide cap 50-25 mg | 1         |                     |                 |           |     |                      |
| LASIX – furosemide tab 40 mg                                  | 3         | •                   |                 |           |     |                      |                                                                             |           |                     |                 |           |     |                      |
| LASIX – furosemide tab 80 mg                                  | 3         | •                   |                 |           |     |                      |                                                                             |           |                     |                 |           |     |                      |
| MAXZIDE – triamterene & hydrochlorothiazide tab 75-50 mg      | 3         | •                   |                 |           |     |                      |                                                                             |           |                     |                 |           |     |                      |
| MAXZIDE-25 – triamterene & hydrochlorothiazide tab 37.5-25 mg | 3         | •                   |                 |           |     |                      |                                                                             |           |                     |                 |           |     |                      |
| methazolamide tab 25 mg (Neptazane)                           | 1         |                     |                 |           |     |                      |                                                                             |           |                     |                 |           |     |                      |

| Drug Name                                                                   | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                            | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| <b>VASOPRESSORS</b>                                                         |           |                     |                 |           |     |                      | <b>ANTARA – fenofibrate micronized cap 90 mg</b>                     | 3         |                     |                 |           |     |                      |
| AUVI-Q – epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)         | 3         | •                   | •               |           |     |                      | atorvastatin calcium tab 10 mg (base equivalent) (Lipitor)           | 1         |                     |                 |           |     |                      |
| AUVI-Q – epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)           | 3         | •                   | •               |           |     |                      | atorvastatin calcium tab 20 mg (base equivalent) (Lipitor)           | 1         |                     |                 |           |     |                      |
| EPINEPHRINE – epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)     | 1         |                     | •               |           |     |                      | atorvastatin calcium tab 40 mg (base equivalent) (Lipitor)           | 1         |                     |                 |           |     |                      |
| EPINEPHRINE – epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)    | 1         |                     | •               |           |     |                      | atorvastatin calcium tab 80 mg (base equivalent) (Lipitor)           | 1         |                     |                 |           |     |                      |
| EPINEPHRINE – epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)      | 1         |                     | •               |           |     |                      | cholestyramine light powder packets 4 gm                             | 1         |                     |                 |           |     |                      |
| EPIPEN 2-PAK – epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)     | 3         | •                   | •               |           |     |                      | cholestyramine light powder 4 gm/dose (Questran light)               | 1         |                     |                 |           |     |                      |
| EPIPEN-JR 2-PAK – epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) | 3         | •                   | •               |           |     |                      | cholestyramine powder packets 4 gm (Questran)                        | 1         |                     |                 |           |     |                      |
| midodrine hcl tab 2.5 mg                                                    | 1         |                     |                 |           |     |                      | cholestyramine powder 4 gm/dose (Questran)                           | 1         |                     |                 |           |     |                      |
| midodrine hcl tab 5 mg                                                      | 1         |                     |                 |           |     |                      | choline fenofibrate cap dr 45 mg (fenofibric acid equiv) (Trilipix)  | 1         |                     |                 |           |     |                      |
| midodrine hcl tab 10 mg                                                     | 1         |                     |                 |           |     |                      | choline fenofibrate cap dr 135 mg (fenofibric acid equiv) (Trilipix) | 1         |                     |                 |           |     |                      |
| NORTHERA – droxidopa cap 100 mg                                             | 3         | •                   | •               | •         |     | •                    | COLESTID – colestipol hcl tab 1 gm                                   | 3         |                     |                 |           |     |                      |
| NORTHERA – droxidopa cap 200 mg                                             | 3         | •                   | •               | •         |     | •                    | COLESTID – colestipol hcl granules 5 gm                              | 3         |                     |                 |           |     |                      |
| NORTHERA – droxidopa cap 300 mg                                             | 3         | •                   | •               | •         |     | •                    | COLESTID – colestipol hcl granule packets 5 gm                       | 3         |                     |                 |           |     |                      |
| <b>ANTIHYPERLIPIDEMICS</b>                                                  |           |                     |                 |           |     |                      | COLESTID FLAVORED – colestipol hcl granules 5 gm                     | 3         |                     |                 |           |     |                      |
| ALTOPREV – lovastatin tab er 24hr 20 mg                                     | 3         | •                   |                 |           |     |                      | COLESTID FLAVORED – colestipol hcl granule packets 5 gm              | 3         |                     |                 |           |     |                      |
| ALTOPREV – lovastatin tab er 24hr 40 mg                                     | 3         | •                   |                 |           |     |                      | colestipol hcl granule packets 5 gm (Colestid flavored)              | 1         |                     |                 |           |     |                      |
| ALTOPREV – lovastatin tab er 24hr 60 mg                                     | 3         | •                   |                 |           |     |                      | colestipol hcl granules 5 gm (Colestid flavored)                     | 1         |                     |                 |           |     |                      |
| ANTARA – fenofibrate micronized cap 30 mg                                   | 3         |                     |                 |           |     |                      | colestipol hcl tab 1 gm (Colestid)                                   | 1         |                     |                 |           |     |                      |
|                                                                             |           |                     |                 |           |     |                      | CRESTOR – rosuvastatin calcium tab 5 mg                              | 3         | •                   |                 |           |     |                      |

| Drug Name                                    | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                    | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
|----------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|--------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|
| CRESTOR – rosuvastatin calcium tab 10 mg     | 3         | •                   |                 |           |     |                      | FENOGLIDE – fenofibrate tab 120 mg                           | 3         |                     |                 |           |     |                      |
| CRESTOR – rosuvastatin calcium tab 20 mg     | 3         | •                   |                 |           |     |                      | FIBRICOR – fenofibric acid tab 35 mg                         | 3         |                     |                 |           |     |                      |
| CRESTOR – rosuvastatin calcium tab 40 mg     | 3         | •                   |                 |           |     |                      | FIBRICOR – fenofibric acid tab 105 mg                        | 3         |                     |                 |           |     |                      |
| ezetimibe tab 10 mg (Zetia)                  | 1         |                     |                 |           |     |                      | FLOLIPID – simvastatin susp 20 mg/5ml (4 mg/ml)              | 3         | •                   |                 |           |     |                      |
| ezetimibe-simvastatin tab 10-10 mg (Vytorin) | 1         |                     |                 |           |     |                      | FLOLIPID – simvastatin susp 40 mg/5ml (8 mg/ml)              | 3         | •                   |                 |           |     |                      |
| ezetimibe-simvastatin tab 10-20 mg (Vytorin) | 1         |                     |                 |           |     |                      | fluvastatin sodium cap 20 mg (Lescol)                        | 1         |                     |                 |           |     |                      |
| ezetimibe-simvastatin tab 10-40 mg (Vytorin) | 1         |                     |                 |           |     |                      | fluvastatin sodium cap 40 mg (Lescol)                        | 1         |                     |                 |           |     |                      |
| ezetimibe-simvastatin tab 10-80 mg (Vytorin) | 1         |                     |                 |           |     |                      | fluvastatin sodium tab er 24 hr 80 mg (Lescol xl)            | 1         |                     |                 |           |     |                      |
| FENOFIBRATE – fenofibrate cap 50 mg          | 1         |                     |                 |           |     |                      | gemfibrozil tab 600 mg (Lopid)                               | 1         |                     |                 |           |     |                      |
| FENOFIBRATE – fenofibrate cap 150 mg         | 1         |                     |                 |           |     |                      | JUXTAPID – lomitapide mesylate cap 5 mg (base equiv)         | 2         | •                   | •               | •         |     | •                    |
| fenofibrate micronized cap 43 mg             | 1         |                     |                 |           |     |                      | JUXTAPID – lomitapide mesylate cap 10 mg (base equiv)        | 2         | •                   | •               | •         |     | •                    |
| fenofibrate micronized cap 67 mg (Lofibra)   | 1         |                     |                 |           |     |                      | JUXTAPID – lomitapide mesylate cap 20 mg (base equiv)        | 2         | •                   | •               | •         |     | •                    |
| fenofibrate micronized cap 130 mg            | 1         |                     |                 |           |     |                      | JUXTAPID – lomitapide mesylate cap 30 mg (base equiv)        | 2         | •                   | •               | •         |     | •                    |
| fenofibrate micronized cap 134 mg (Lofibra)  | 1         |                     |                 |           |     |                      | JUXTAPID – lomitapide mesylate cap 40 mg (base equiv)        | 2         | •                   | •               | •         |     | •                    |
| fenofibrate micronized cap 200 mg (Lofibra)  | 1         |                     |                 |           |     |                      | JUXTAPID – lomitapide mesylate cap 60 mg (base equiv)        | 2         | •                   | •               | •         |     | •                    |
| fenofibrate tab 40 mg (Fenoglide)            | 1         |                     |                 |           |     |                      | KYNAMRO – mipomersen sodium soln prefilled syringe 200 mg/ml | 3         | •                   | •               | •         |     | •                    |
| fenofibrate tab 48 mg (Tricor)               | 1         |                     |                 |           |     |                      | LESCOL XL – fluvastatin sodium tab er 24 hr 80 mg            | 3         | •                   |                 |           |     |                      |
| fenofibrate tab 54 mg (Lofibra)              | 1         |                     |                 |           |     |                      | LIPITOR – atorvastatin calcium tab 10 mg (base equivalent)   | 3         | •                   |                 |           |     |                      |
| fenofibrate tab 120 mg (Fenoglide)           | 1         |                     |                 |           |     |                      | LIPITOR – atorvastatin calcium tab 20 mg (base equivalent)   | 3         | •                   |                 |           |     |                      |
| fenofibrate tab 145 mg (Tricor)              | 1         |                     |                 |           |     |                      | LIPITOR – atorvastatin calcium tab 40 mg (base equivalent)   | 3         | •                   |                 |           |     |                      |
| fenofibrate tab 160 mg (Lofibra)             | 1         |                     |                 |           |     |                      | LIPITOR – atorvastatin calcium tab 80 mg (base equivalent)   | 3         | •                   |                 |           |     |                      |
| FENOFIBRIC ACID – fenofibric acid tab 35 mg  | 1         |                     |                 |           |     |                      |                                                              |           |                     |                 |           |     |                      |
| FENOFIBRIC ACID – fenofibric acid tab 105 mg | 1         |                     |                 |           |     |                      |                                                              |           |                     |                 |           |     |                      |
| FENOGLIDE – fenofibrate tab 40 mg            | 3         |                     |                 |           |     |                      |                                                              |           |                     |                 |           |     |                      |

| Drug Name                                                     | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                               | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| LIPOFEN – fenofibrate cap 50 mg                               | 3         |                     |                 |           |     |                      | PRALUENT – alirocumab subcutaneous soln pen-injector 150 mg/ml                          | 3         | •                   | •               | •         |     | •                    |
| LIPOFEN – fenofibrate cap 150 mg                              | 3         |                     |                 |           |     |                      | PRAVACHOL – pravastatin sodium tab 20 mg                                                | 3         | •                   |                 |           |     |                      |
| LIVALO – pitavastatin calcium tab 1 mg (base equiv)           | 3         | •                   |                 |           |     |                      | PRAVACHOL – pravastatin sodium tab 40 mg                                                | 3         | •                   |                 |           |     |                      |
| LIVALO – pitavastatin calcium tab 2 mg (base equiv)           | 3         | •                   |                 |           |     |                      | PRAVACHOL – pravastatin sodium tab 80 mg                                                | 3         | •                   |                 |           |     |                      |
| LIVALO – pitavastatin calcium tab 4 mg (base equiv)           | 3         | •                   |                 |           |     |                      | pravastatin sodium tab 10 mg                                                            | 1         |                     |                 |           |     |                      |
| LOFIBRA – fenofibrate tab 54 mg                               | 3         | •                   |                 |           |     |                      | pravastatin sodium tab 20 mg (Pravachol)                                                | 1         |                     |                 |           |     |                      |
| LOFIBRA – fenofibrate micronized cap 67 mg                    | 3         | •                   |                 |           |     |                      | pravastatin sodium tab 40 mg (Pravachol)                                                | 1         |                     |                 |           |     |                      |
| LOFIBRA – fenofibrate micronized cap 134 mg                   | 3         | •                   |                 |           |     |                      | pravastatin sodium tab 80 mg (Pravachol)                                                | 1         |                     |                 |           |     |                      |
| LOFIBRA – fenofibrate micronized cap 200 mg                   | 3         | •                   |                 |           |     |                      | QUESTRAN – cholestyramine powder 4 gm/dose                                              | 3         | •                   |                 |           |     |                      |
| LOPID – gemfibrozil tab 600 mg                                | 3         | •                   |                 |           |     |                      | QUESTRAN – cholestyramine powder packets 4 gm                                           | 3         | •                   |                 |           |     |                      |
| lovastatin tab 10 mg                                          | 1         |                     |                 |           |     |                      | QUESTRAN LIGHT – cholestyramine light powder 4 gm/dose                                  | 3         | •                   |                 |           |     |                      |
| lovastatin tab 20 mg                                          | 1         |                     |                 |           |     |                      | REPATHA – evolocumab subcutaneous soln prefilled syringe 140 mg/ml                      | 3         | •                   | •               | •         |     | •                    |
| lovastatin tab 40 mg (Mevacor)                                | 1         |                     |                 |           |     |                      | REPATHA PUSHTRONEX SYSTEM – evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5ml | 3         | •                   | •               |           |     |                      |
| LOVAZA – omega-3-acid ethyl esters cap 1 gm                   | 3         | •                   | •               |           |     |                      | REPATHA SURECLICK – evolocumab subcutaneous soln auto-injector 140 mg/ml                | 3         | •                   | •               | •         |     | •                    |
| niacin tab er 500 mg (antihyperlipidemic) (Niaspan)           | 1         |                     |                 |           |     |                      | rosuvastatin calcium tab 5 mg (Crestor)                                                 | 1         |                     |                 |           |     |                      |
| niacin tab er 750 mg (antihyperlipidemic) (Niaspan)           | 1         |                     |                 |           |     |                      | rosuvastatin calcium tab 10 mg (Crestor)                                                | 1         |                     |                 |           |     |                      |
| niacin tab er 1000 mg (antihyperlipidemic) (Niaspan)          | 1         |                     |                 |           |     |                      | rosuvastatin calcium tab 20 mg (Crestor)                                                | 1         |                     |                 |           |     |                      |
| NIASPAN – niacin tab er 500 mg (antihyperlipidemic)           | 3         | •                   |                 |           |     |                      | rosuvastatin calcium tab 40 mg (Crestor)                                                | 1         |                     |                 |           |     |                      |
| NIASPAN – niacin tab er 750 mg (antihyperlipidemic)           | 3         | •                   |                 |           |     |                      | simvastatin tab 5 mg (Zocor)                                                            | 1         |                     |                 |           |     |                      |
| NIASPAN – niacin tab er 1000 mg (antihyperlipidemic)          | 3         | •                   |                 |           |     |                      |                                                                                         |           |                     |                 |           |     |                      |
| omega-3-acid ethyl esters cap 1 gm (Lovaza)                   | 1         | •                   | •               |           |     |                      |                                                                                         |           |                     |                 |           |     |                      |
| PRALUENT – alirocumab subcutaneous soln pen-injector 75 mg/ml | 3         | •                   | •               | •         |     | •                    |                                                                                         |           |                     |                 |           |     |                      |

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| <b>simvastatin tab 10 mg (Zocor)</b>                                        | 1         |                     |                 |           |     |                      | <b>ADEMPAS – riociguat tab 1 mg</b>                                    | 3         | •                   | •               | •         |     | •                    |
| <b>simvastatin tab 20 mg (Zocor)</b>                                        | 1         |                     |                 |           |     |                      | <b>ADEMPAS – riociguat tab 1.5 mg</b>                                  | 3         | •                   | •               | •         |     | •                    |
| <b>simvastatin tab 40 mg (Zocor)</b>                                        | 1         |                     |                 |           |     |                      | <b>ADEMPAS – riociguat tab 2 mg</b>                                    | 3         | •                   | •               | •         |     | •                    |
| <b>simvastatin tab 80 mg (Zocor)</b>                                        | 1         |                     |                 |           |     |                      | <b>ADEMPAS – riociguat tab 2.5 mg</b>                                  | 3         | •                   | •               | •         |     | •                    |
| <b>TRICOR – fenofibrate tab 48 mg</b>                                       | 3         | •                   |                 |           |     |                      | <b>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg (Caduet)</b> | 1         |                     |                 |           |     |                      |
| <b>TRICOR – fenofibrate tab 145 mg</b>                                      | 3         | •                   |                 |           |     |                      | <b>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg (Caduet)</b> | 1         |                     |                 |           |     |                      |
| <b>TRIGLIDE – fenofibrate tab 160 mg</b>                                    | 3         | •                   |                 |           |     |                      | <b>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg (Caduet)</b> | 1         |                     |                 |           |     |                      |
| <b>TRILIPIX – choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</b>  | 3         | •                   |                 |           |     |                      | <b>amlodipine besylate-atorvastatin calcium tab 5-10 mg (Caduet)</b>   | 1         |                     |                 |           |     |                      |
| <b>TRILIPIX – choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</b> | 3         | •                   |                 |           |     |                      | <b>amlodipine besylate-atorvastatin calcium tab 5-20 mg (Caduet)</b>   | 1         |                     |                 |           |     |                      |
| <b>VASCEPA – icosapent ethyl cap 0.5 gm</b>                                 | 3         | •                   | •               |           |     |                      | <b>amlodipine besylate-atorvastatin calcium tab 5-40 mg (Caduet)</b>   | 1         |                     |                 |           |     |                      |
| <b>VASCEPA – icosapent ethyl cap 1 gm</b>                                   | 3         | •                   | •               |           |     |                      | <b>amlodipine besylate-atorvastatin calcium tab 5-80 mg (Caduet)</b>   | 1         |                     |                 |           |     |                      |
| <b>VYTORIN – ezetimibe-simvastatin tab 10-10 mg</b>                         | 3         | •                   |                 |           |     |                      | <b>amlodipine besylate-atorvastatin calcium tab 10-10 mg (Caduet)</b>  | 1         |                     |                 |           |     |                      |
| <b>VYTORIN – ezetimibe-simvastatin tab 10-20 mg</b>                         | 3         | •                   |                 |           |     |                      | <b>amlodipine besylate-atorvastatin calcium tab 10-20 mg (Caduet)</b>  | 1         |                     |                 |           |     |                      |
| <b>VYTORIN – ezetimibe-simvastatin tab 10-40 mg</b>                         | 3         | •                   |                 |           |     |                      | <b>amlodipine besylate-atorvastatin calcium tab 10-40 mg (Caduet)</b>  | 1         |                     |                 |           |     |                      |
| <b>VYTORIN – ezetimibe-simvastatin tab 10-80 mg</b>                         | 3         | •                   |                 |           |     |                      | <b>amlodipine besylate-atorvastatin calcium tab 10-80 mg (Caduet)</b>  | 1         |                     |                 |           |     |                      |
| <b>WELCHOL – colessevelam hcl tab 625 mg</b>                                | 2         |                     |                 |           |     |                      | <b>BIDIL – isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</b>     | 2         |                     |                 |           |     |                      |
| <b>WELCHOL – colessevelam hcl packet for susp 3.75 gm</b>                   | 2         |                     |                 |           |     |                      | <b>CADUET – amlodipine besylate-atorvastatin calcium tab 5-10 mg</b>   | 3         | •                   |                 |           |     |                      |
| <b>ZETIA – ezetimibe tab 10 mg</b>                                          | 3         |                     |                 |           |     |                      | <b>CADUET – amlodipine besylate-atorvastatin calcium tab 5-20 mg</b>   | 3         | •                   |                 |           |     |                      |
| <b>ZOCOR – simvastatin tab 5 mg</b>                                         | 3         | •                   |                 |           |     |                      | <b>CADUET – amlodipine besylate-atorvastatin calcium tab 5-40 mg</b>   | 3         | •                   |                 |           |     |                      |
| <b>ZOCOR – simvastatin tab 10 mg</b>                                        | 3         | •                   |                 |           |     |                      | <b>CADUET – amlodipine besylate-atorvastatin calcium tab 5-80 mg</b>   | 3         | •                   |                 |           |     |                      |
| <b>ZOCOR – simvastatin tab 20 mg</b>                                        | 3         | •                   |                 |           |     |                      |                                                                        |           |                     |                 |           |     |                      |
| <b>ZOCOR – simvastatin tab 40 mg</b>                                        | 3         | •                   |                 |           |     |                      |                                                                        |           |                     |                 |           |     |                      |
| <b>ZOCOR – simvastatin tab 80 mg</b>                                        | 3         | •                   |                 |           |     |                      |                                                                        |           |                     |                 |           |     |                      |
| <b>CARDIOVASCULAR AGENTS - MISC.</b>                                        |           |                     |                 |           |     |                      |                                                                        |           |                     |                 |           |     |                      |
| <b>ADCIRCA – tadalafil tab 20 mg (pah)</b>                                  | 2         | •                   | •               | •         |     | •                    |                                                                        |           |                     |                 |           |     |                      |
| <b>ADEMPAS – riociguat tab 0.5 mg</b>                                       | 3         | •                   | •               | •         |     | •                    |                                                                        |           |                     |                 |           |     |                      |

| Drug Name                                                       | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                         | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| CADUET – amlodipine besylate-atorvastatin calcium tab 10-10 mg  | 3         | •                   |                 |           |     |                      | REVATIO – sildenafil citrate tab 20 mg                            | 3         | •                   | •               | •         |     | •                    |
| CADUET – amlodipine besylate-atorvastatin calcium tab 10-20 mg  | 3         | •                   |                 |           |     |                      | REVATIO – sildenafil citrate for suspension 10 mg/ml              | 3         | •                   | •               | •         |     | •                    |
| CADUET – amlodipine besylate-atorvastatin calcium tab 10-40 mg  | 3         | •                   |                 |           |     |                      | sildenafil citrate tab 20 mg (Revatio)                            | 1         | •                   | •               | •         |     | •                    |
| CADUET – amlodipine besylate-atorvastatin calcium tab 10-80 mg  | 3         | •                   |                 |           |     |                      | TRACLEER – bosentan tab 62.5 mg                                   | 2         | •                   | •               | •         |     | •                    |
| CIALIS – tadalafil tab 5 mg                                     | 3         | •                   | •               |           |     |                      | TRACLEER – bosentan tab 125 mg                                    | 2         | •                   | •               | •         |     | •                    |
| CORLANOR – ivabradine hcl tab 5 mg (base equiv)                 | 3         | •                   | •               |           |     |                      | UPTRAVI – selexipag tab therapy pack 200 mcg (140) & 800 mcg (60) | 3         | •                   | •               | •         |     | •                    |
| CORLANOR – ivabradine hcl tab 7.5 mg (base equiv)               | 3         | •                   | •               |           |     |                      | UPTRAVI – selexipag tab 200 mcg                                   | 3         | •                   | •               | •         |     | •                    |
| ENTRESTO – sacubitril-valsartan tab 24-26 mg                    | 2         | •                   | •               |           |     |                      | UPTRAVI – selexipag tab 400 mcg                                   | 3         | •                   | •               | •         |     | •                    |
| ENTRESTO – sacubitril-valsartan tab 49-51 mg                    | 2         | •                   | •               |           |     |                      | UPTRAVI – selexipag tab 600 mcg                                   | 3         | •                   | •               | •         |     | •                    |
| ENTRESTO – sacubitril-valsartan tab 97-103 mg                   | 2         | •                   | •               |           |     |                      | UPTRAVI – selexipag tab 800 mcg                                   | 3         | •                   | •               | •         |     | •                    |
| LETAIRIS – ambrisentan tab 5 mg                                 | 2         | •                   | •               | •         |     | •                    | UPTRAVI – selexipag tab 1000 mcg                                  | 3         | •                   | •               | •         |     | •                    |
| LETAIRIS – ambrisentan tab 10 mg                                | 2         | •                   | •               | •         |     | •                    | UPTRAVI – selexipag tab 1200 mcg                                  | 3         | •                   | •               | •         |     | •                    |
| OPSUMIT – macitentan tab 10 mg                                  | 2         | •                   | •               | •         |     | •                    | UPTRAVI – selexipag tab 1400 mcg                                  | 3         | •                   | •               | •         |     | •                    |
| ORENITRAM – treprostinil diolamine tab er 0.125 mg (base equiv) | 3         | •                   | •               | •         |     | •                    | UPTRAVI – selexipag tab 1600 mcg                                  | 3         | •                   | •               | •         |     | •                    |
| ORENITRAM – treprostinil diolamine tab er 0.25 mg (base equiv)  | 3         | •                   | •               | •         |     | •                    | <b>RESPIRATORY AGENTS</b>                                         |           |                     |                 |           |     |                      |
| ORENITRAM – treprostinil diolamine tab er 1 mg (base equiv)     | 3         | •                   | •               | •         |     | •                    | <b>ANTI-HISTAMINES</b>                                            |           |                     |                 |           |     |                      |
| ORENITRAM – treprostinil diolamine tab er 2.5 mg (base equiv)   | 3         | •                   | •               | •         |     | •                    | carbinoxamine maleate soln 4 mg/5ml                               | 1         |                     |                 |           |     |                      |
| ORENITRAM – treprostinil diolamine tab er 5 mg (base equiv)     | 3         | •                   | •               |           |     |                      | carbinoxamine maleate tab 4 mg                                    | 1         |                     |                 |           |     |                      |
|                                                                 |           |                     |                 |           |     |                      | cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)                       | 1         |                     |                 |           |     |                      |
|                                                                 |           |                     |                 |           |     |                      | CLEMASTINE FUMARATE – clemastine fumarate tab 2.68 mg             | 1         |                     |                 |           |     |                      |
|                                                                 |           |                     |                 |           |     |                      | cyproheptadine hcl syrup 2 mg/5ml                                 | 1         |                     |                 |           |     |                      |
|                                                                 |           |                     |                 |           |     |                      | cyproheptadine hcl tab 4 mg                                       | 1         |                     |                 |           |     |                      |

| Drug Name                                                                 | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                   | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| DESLORATADINE ODT – desloratadine tab orally disintegrating 5 mg          | 1         |                     |                 |           |     |                      | fluticasone propionate nasal susp 50 mcg/act                                | 1         |                     |                 |           |     |                      |
| desloratadine tab 5 mg (Clarinet)                                         | 1         |                     |                 |           |     |                      | ipratropium bromide nasal soln 0.03% (21 mcg/spray) (Atrovent)              | 1         |                     | •               |           |     |                      |
| diphenhydramine hcl inj 50 mg/ml                                          | 1         |                     |                 |           |     |                      | ipratropium bromide nasal soln 0.06% (42 mcg/spray) (Atrovent)              | 1         |                     | •               |           |     |                      |
| KARBINAL ER – carbinoxamine maleate extended release susp 4 mg/5ml        | 3         |                     |                 |           |     |                      | mometasone furoate nasal susp 50 mcg/act (Nasonex)                          | 1         | •                   | •               |           |     |                      |
| levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml) (Xyzal)        | 1         |                     |                 |           |     |                      | NASONEX – mometasone furoate nasal susp 50 mcg/act                          | 3         | •                   | •               |           |     |                      |
| levocetirizine dihydrochloride tab 5 mg (Xyzal)                           | 1         |                     |                 |           |     |                      | olopatadine hcl nasal soln 0.6% (Patanase)                                  | 1         |                     | •               |           |     |                      |
| promethazine hcl suppos 12.5 mg                                           | 1         |                     |                 |           |     |                      | OMNARIS – ciclesonide nasal susp 50 mcg/act                                 | 3         | •                   | •               |           |     |                      |
| promethazine hcl suppos 25 mg                                             | 1         |                     |                 |           |     |                      | PATANASE – olopatadine hcl nasal soln 0.6%                                  | 3         | •                   | •               |           |     |                      |
| promethazine hcl suppos 50 mg                                             | 1         |                     |                 |           |     |                      | QNASL – beclomethasone dipropionate nasal aerosol 80 mcg/act                | 3         | •                   | •               |           |     |                      |
| promethazine hcl syrup 6.25 mg/5ml                                        | 1         |                     |                 |           |     |                      | QNASL CHILDRENS – beclomethasone dipropionate nasal aerosol 40 mcg/act      | 3         | •                   | •               |           |     |                      |
| promethazine hcl tab 12.5 mg                                              | 1         |                     |                 |           |     |                      | ZETONNA – ciclesonide nasal aerosol soln 37 mcg/act (50 mcg/valve)          | 3         | •                   | •               |           |     |                      |
| promethazine hcl tab 25 mg                                                | 1         |                     |                 |           |     |                      | <b>COUGH/COLD/ALLERGY</b>                                                   |           |                     |                 |           |     |                      |
| promethazine hcl tab 50 mg                                                | 1         |                     |                 |           |     |                      | acetylcysteine inhal soln 10%                                               | 1         |                     |                 |           |     |                      |
| <b>NASAL AGENTS - SYSTEMIC and TOPICAL</b>                                |           |                     |                 |           |     |                      | acetylcysteine inhal soln 20%                                               | 1         |                     |                 |           |     |                      |
| ALZAIR ALLERGY BLOCKER NA – hypromellose nasal powder                     | 3         |                     |                 |           |     |                      | benzonatate cap 100 mg (Tessalon perles)                                    | 1         |                     |                 |           |     |                      |
| ASTEPRO – azelastine hcl nasal spray 0.15% (205.5 mcg/spray)              | 3         | •                   | •               |           |     |                      | benzonatate cap 150 mg                                                      | 1         |                     |                 |           |     |                      |
| azelastine hcl nasal spray 0.1% (137 mcg/spray)                           | 1         |                     | •               |           |     |                      | benzonatate cap 200 mg                                                      | 1         |                     |                 |           |     |                      |
| azelastine hcl nasal spray 0.15% (205.5 mcg/spray) (Astepro)              | 1         |                     | •               |           |     |                      | CLARINEX-D 12 HOUR – desloratadine & pseudoephedrine tab er 12hr 2.5-120 mg | 3         |                     |                 |           |     |                      |
| BACTROBAN NASAL – mupirocin calcium nasal oint 2%                         | 3         |                     |                 |           |     |                      | FLOWTUSS – hydrocodone-guaifenesin soln 2.5-200 mg/5ml                      | 3         |                     |                 |           |     |                      |
| BECONASE AQ – beclomethasone dipropionate monohyd nasal susp 42 mcg/spray | 3         | •                   | •               |           |     |                      | HYCOFENIX – pseudoephedrine w/ hydrocodone-gg soln 30-2.5-200 mg/5ml        | 3         |                     |                 |           |     |                      |
| DYMISTA – azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act      | 3         | •                   | •               |           |     |                      |                                                                             |           |                     |                 |           |     |                      |
| FLUNISOLIDE – flunisolide nasal soln 25 mcg/act (0.025%)                  | 1         | •                   | •               |           |     |                      |                                                                             |           |                     |                 |           |     |                      |

| Drug Name                                                                      | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                      | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| hydrocod polst-chlorphen polst er susp 10-8 mg/5ml (Tussionex pennkineti)      | 1         |                     |                 |           |     |                      | TUZISTRA XR – codeine polist-chlorphen polst er susp 14.7-2.8 mg/5ml           | 3         |                     | •               |           |     |                      |
| hydrocodone w/ homatropine syrup 5-1.5 mg/5ml                                  | 1         |                     |                 |           |     |                      | VITUZ – hydrocodone-chlorpheniramine soln 5-4 mg/5ml                           | 3         |                     |                 |           |     |                      |
| hydrocodone w/ homatropine tab 5-1.5 mg                                        | 1         |                     |                 |           |     |                      | ZUTRIPRO – pseudoeph-chlorphen w/ hydrocodone soln 60-4-5 mg/5ml               | 3         | •                   |                 |           |     |                      |
| HYPERSAL – sodium chloride soln nebu 7%                                        | 3         |                     |                 |           |     |                      | <b>ANTIASTHMATIC and BRONCHODILATOR AGENTS</b>                                 |           |                     |                 |           |     |                      |
| OBREDON – hydrocodone-guaifenesin soln 2.5-200 mg/5ml                          | 3         |                     |                 |           |     |                      | ACCOLATE – zafirlukast tab 10 mg                                               | 3         | •                   | •               |           |     |                      |
| promethazine & phenylephrine syrup 6.25-5 mg/5ml                               | 1         |                     |                 |           |     |                      | ACCOLATE – zafirlukast tab 20 mg                                               | 3         | •                   | •               |           |     |                      |
| promethazine w/ codeine syrup 6.25-10 mg/5ml                                   | 1         |                     |                 |           |     |                      | ADVAIR DISKUS – fluticasone-salmeterol aer powder ba 100-50 mcg/dose           | 2         |                     | •               |           |     |                      |
| promethazine-dm syrup 6.25-15 mg/5ml                                           | 1         |                     |                 |           |     |                      | ADVAIR DISKUS – fluticasone-salmeterol aer powder ba 250-50 mcg/dose           | 2         |                     | •               |           |     |                      |
| promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml                      | 1         |                     |                 |           |     |                      | ADVAIR DISKUS – fluticasone-salmeterol aer powder ba 500-50 mcg/dose           | 2         |                     | •               |           |     |                      |
| pseudoeph-chlorphen w/ hydrocodone soln 60-4-5 mg/5ml (Zutripo)                | 1         |                     |                 |           |     |                      | ADVAIR HFA – fluticasone-salmeterol inhal aerosol 45-21 mcg/act                | 2         |                     | •               |           |     |                      |
| REZIRA – pseudoephedrine w/ hydrocodone soln 60-5 mg/5ml                       | 3         |                     |                 |           |     |                      | ADVAIR HFA – fluticasone-salmeterol inhal aerosol 115-21 mcg/act               | 2         |                     | •               |           |     |                      |
| SEMPREX-D – acrivastine & pseudoephedrine cap 8-60 mg                          | 3         |                     |                 |           |     |                      | ADVAIR HFA – fluticasone-salmeterol inhal aerosol 230-21 mcg/act               | 2         |                     | •               |           |     |                      |
| sodium chloride soln nebu 0.9%                                                 | 1         |                     |                 |           |     |                      | AEROSPAN – flunisolide hfa inhal aerosol 80 mcg/act                            | 3         |                     | •               |           |     |                      |
| sodium chloride soln nebu 3%                                                   | 1         |                     |                 |           |     |                      | AIRDUO RESPICLICK 113/14 – fluticasone-salmeterol aer powder ba 113-14 mcg/act | 3         | •                   | •               |           |     |                      |
| sodium chloride soln nebu 7% (Hyper-sal)                                       | 1         |                     |                 |           |     |                      | AIRDUO RESPICLICK 232/14 – fluticasone-salmeterol aer powder ba 232-14 mcg/act | 3         |                     | •               |           |     |                      |
| TESSALON PERLES – benzonatate cap 100 mg                                       | 3         | •                   |                 |           |     |                      | AIRDUO RESPICLICK 55/14 – fluticasone-salmeterol aer powder ba 55-14 mcg/act   | 3         | •                   | •               |           |     |                      |
| TUSSICAPS – hydrocod polst-chlorphen polst cap er 12hr 5-4 mg                  | 3         |                     |                 |           |     |                      |                                                                                |           |                     |                 |           |     |                      |
| TUSSICAPS – hydrocod polst-chlorphen polst cap er 12hr 10-8 mg                 | 3         |                     |                 |           |     |                      |                                                                                |           |                     |                 |           |     |                      |
| TUSSIONEX PENNKINETIC EXT – hydrocod polst-chlorphen polst er susp 10-8 mg/5ml | 3         |                     |                 |           |     |                      |                                                                                |           |                     |                 |           |     |                      |



| Drug Name                                                                     | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                                | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)                               | 1         |                     |                 |           |     |                      | ASMANEX HFA – mometasone furoate inhal aerosol suspension 100 mcg/act                    | 2         |                     | •               |           |     |                      |
| albuterol sulfate soln nebu 0.5% (5 mg/ml)                                    | 1         |                     |                 |           |     |                      | ASMANEX HFA – mometasone furoate inhal aerosol suspension 200 mcg/act                    | 2         |                     | •               |           |     |                      |
| albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)                          | 1         |                     |                 |           |     |                      | ASMANEX TWISTHALER 120 ME – mometasone furoate inhal powd 220 mcg/inh (breath activated) | 2         |                     | •               |           |     |                      |
| albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)                          | 1         |                     |                 |           |     |                      | ASMANEX TWISTHALER 30 MET – mometasone furoate inhal powd 110 mcg/inh (breath activated) | 2         |                     | •               |           |     |                      |
| albuterol sulfate syrup 2 mg/5ml                                              | 1         |                     |                 |           |     |                      | ASMANEX TWISTHALER 30 MET – mometasone furoate inhal powd 220 mcg/inh (breath activated) | 2         |                     | •               |           |     |                      |
| albuterol sulfate tab er 12hr 4 mg (Vospire er)                               | 1         |                     |                 |           |     |                      | ASMANEX TWISTHALER 60 MET – mometasone furoate inhal powd 220 mcg/inh (breath activated) | 2         |                     | •               |           |     |                      |
| albuterol sulfate tab er 12hr 8 mg (Vospire er)                               | 1         |                     |                 |           |     |                      | ATROVENT HFA – ipratropium bromide hfa inhal aerosol 17 mcg/act                          | 3         |                     | •               |           |     |                      |
| albuterol sulfate tab 2 mg                                                    | 1         |                     |                 |           |     |                      | BEVESPI AEROSPHERE – glycopyrrolate-formoterol fumarate aerosol 9-4.8 mcg/act            | 3         |                     | •               |           |     |                      |
| albuterol sulfate tab 4 mg                                                    | 1         |                     |                 |           |     |                      | BREO ELLIPTA – fluticasone furoate-vilanterol aero powd ba 100-25 mcg/inh                | 2         |                     | •               |           |     |                      |
| ALVESCO – ciclesonide inhal aerosol 80 mcg/act                                | 3         |                     | •               |           |     |                      | BREO ELLIPTA – fluticasone furoate-vilanterol aero powd ba 200-25 mcg/inh                | 2         |                     | •               |           |     |                      |
| ALVESCO – ciclesonide inhal aerosol 160 mcg/act                               | 3         |                     | •               |           |     |                      | BROVANA – arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)                        | 3         |                     | •               |           |     |                      |
| ANORO ELLIPTA – umeclidinium-vilanterol aero powd ba 62.5-25 mcg/inh          | 2         |                     | •               |           |     |                      | budesonide inhalation susp 0.25 mg/2ml (Pulmicort)                                       | 1         |                     | •               |           |     |                      |
| ARCAPTA NEOHALER – indacaterol maleate inhal powder cap 75 mcg (base equiv)   | 3         |                     | •               |           |     |                      | budesonide inhalation susp 0.5 mg/2ml (Pulmicort)                                        | 1         |                     | •               |           |     |                      |
| ARMONAIR RESPICLICK 113 – fluticasone propionate aer pow ba 113 mcg/act       | 3         |                     | •               |           |     |                      | budesonide inhalation susp 1 mg/2ml (Pulmicort)                                          | 1         |                     | •               |           |     |                      |
| ARMONAIR RESPICLICK 232 – fluticasone propionate aer pow ba 232 mcg/act       | 3         |                     | •               |           |     |                      | COMBIVENT RESPIMAT – ipratropium-albuterol inhal aerosol soln 20-100 mcg/act             | 2         |                     | •               |           |     |                      |
| ARMONAIR RESPICLICK 55 – fluticasone propionate aer pow ba 55 mcg/act         | 3         |                     | •               |           |     |                      |                                                                                          |           |                     |                 |           |     |                      |
| ARNUITY ELLIPTA – fluticasone furoate aerosol powder breath activ 100 mcg/act | 2         |                     | •               |           |     |                      |                                                                                          |           |                     |                 |           |     |                      |
| ARNUITY ELLIPTA – fluticasone furoate aerosol powder breath activ 200 mcg/act | 2         |                     | •               |           |     |                      |                                                                                          |           |                     |                 |           |     |                      |

| Drug Name                                                                       | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                               | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| CROMOLYN SODIUM – cromolyn sodium soln nebu 20 mg/2ml                           | 1         |                     | •               |           |     |                      | ipratropium bromide inhal soln 0.02%                                                    | 1         |                     | •               |           |     |                      |
| DALIRESP – roflumilast tab 500 mcg                                              | 3         |                     | •               |           |     |                      | ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml                                       | 1         |                     |                 |           |     |                      |
| DULERA – mometasone furoate-formoterol fumarate aerosol 100-5 mcg/act           | 2         |                     | •               |           |     |                      | levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv) (Xopenex concentrate)        | 1         |                     |                 |           |     |                      |
| DULERA – mometasone furoate-formoterol fumarate aerosol 200-5 mcg/act           | 2         |                     | •               |           |     |                      | levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv) (Xopenex)                           | 1         |                     |                 |           |     |                      |
| ELIXOPHYLLIN – theophylline elixir 80 mg/15ml                                   | 3         |                     |                 |           |     |                      | levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv) (Xopenex)                           | 1         |                     |                 |           |     |                      |
| FLOVENT DISKUS – fluticasone propionate aer pow ba 50 mcg/blister               | 2         |                     | •               |           |     |                      | levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv) (Xopenex)                           | 1         |                     |                 |           |     |                      |
| FLOVENT DISKUS – fluticasone propionate aer pow ba 100 mcg/blister              | 2         |                     | •               |           |     |                      | LEVALBUTEROL TARTRATE HFA – levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv) | 3         |                     | •               |           |     |                      |
| FLOVENT DISKUS – fluticasone propionate aer pow ba 250 mcg/blister              | 2         |                     | •               |           |     |                      | METAPROTERENOL SULFATE – metaproterenol sulfate syrup 10 mg/5ml                         | 1         |                     |                 |           |     |                      |
| FLOVENT HFA – fluticasone propionate hfa inhal aero 44 mcg/act (50/valve)       | 2         |                     | •               |           |     |                      | METAPROTERENOL SULFATE – metaproterenol sulfate tab 10 mg                               | 1         |                     |                 |           |     |                      |
| FLOVENT HFA – fluticasone propionate hfa inhal aer 110 mcg/act (125/valve)      | 2         |                     | •               |           |     |                      | METAPROTERENOL SULFATE – metaproterenol sulfate tab 20 mg                               | 1         |                     |                 |           |     |                      |
| FLOVENT HFA – fluticasone propionate hfa inhal aer 220 mcg/act (250/valve)      | 2         |                     | •               |           |     |                      | montelukast sodium chew tab 4 mg (base equiv) (Singulair)                               | 1         |                     | •               |           |     |                      |
| FLUTICASONE PROPIONATE/SA – fluticasone-salmeterol aer powder ba 55-14 mcg/act  | 1         |                     | •               |           |     |                      | montelukast sodium chew tab 5 mg (base equiv) (Singulair)                               | 1         |                     | •               |           |     |                      |
| FLUTICASONE PROPIONATE/SA – fluticasone-salmeterol aer powder ba 113-14 mcg/act | 1         |                     | •               |           |     |                      | montelukast sodium oral granules packet 4 mg (base equiv) (Singulair)                   | 1         |                     | •               |           |     |                      |
| FLUTICASONE PROPIONATE/SA – fluticasone-salmeterol aer powder ba 232-14 mcg/act | 1         |                     | •               |           |     |                      | montelukast sodium tab 10 mg (base equiv) (Singulair)                                   | 1         |                     | •               |           |     |                      |
| INCRUSE ELLIPTA – umecclidinium br aero powd breath act 62.5 mcg/inh (base eq)  | 2         |                     | •               |           |     |                      | PERFOROMIST – formoterol fumarate soln nebu 20 mcg/2ml                                  | 3         |                     | •               |           |     |                      |
|                                                                                 |           |                     |                 |           |     |                      | PROAIR HFA – albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)                | 2         |                     | •               |           |     |                      |

| Drug Name                                                                         | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                       | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| PROAIR RESPICLICK – albuterol sulfate aer pow ba 108 mcg/act (90 mcg base equiv)  | 2         |                     | •               |           |     |                      | SPIRIVA RESPIMAT – tiotropium bromide monohydrate inhal aerosol 2.5 mcg/act     | 2         |                     | •               |           |     |                      |
| PROVENTIL HFA – albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)       | 3         |                     | •               |           |     |                      | STIOLTO RESPIMAT – tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act     | 2         |                     | •               |           |     |                      |
| PULMICORT – budesonide inhalation susp 0.25 mg/2ml                                | 3         | •                   | •               |           |     |                      | STRIVERDI RESPIMAT – olodaterol hcl inhal aerosol soln 2.5 mcg/act (base equiv) | 3         |                     | •               |           |     |                      |
| PULMICORT – budesonide inhalation susp 0.5 mg/2ml                                 | 3         | •                   | •               |           |     |                      | SYMBICORT – budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act         | 2         |                     | •               |           |     |                      |
| PULMICORT – budesonide inhalation susp 1 mg/2ml                                   | 3         |                     | •               |           |     |                      | SYMBICORT – budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act        | 2         |                     | •               |           |     |                      |
| PULMICORT FLEXHALER – budesonide inhal aero powd 90 mcg/act (breath activated)    | 3         |                     | •               |           |     |                      | terbutaline sulfate tab 2.5 mg                                                  | 1         |                     |                 |           |     |                      |
| PULMICORT FLEXHALER – budesonide inhal aero powd 180 mcg/act (breath activated)   | 3         |                     | •               |           |     |                      | terbutaline sulfate tab 5 mg                                                    | 1         |                     |                 |           |     |                      |
| QVAR – beclomethasone diprop inhal aero soln 40 mcg/act (50/ valve)               | 2         |                     | •               |           |     |                      | THEO-24 – theophylline cap er 24hr 100 mg                                       | 2         |                     |                 |           |     |                      |
| QVAR – beclomethasone diprop inhal aero soln 80 mcg/act (100/ valve)              | 2         |                     | •               |           |     |                      | THEO-24 – theophylline cap er 24hr 200 mg                                       | 2         |                     |                 |           |     |                      |
| SEREVENT DISKUS – salmeterol xinafoate aer pow ba 50 mcg/ dose (base equiv)       | 2         |                     | •               |           |     |                      | THEO-24 – theophylline cap er 24hr 300 mg                                       | 2         |                     |                 |           |     |                      |
| SINGULAIR – montelukast sodium tab 10 mg (base equiv)                             | 3         | •                   | •               |           |     |                      | THEO-24 – theophylline cap er 24hr 400 mg                                       | 2         |                     |                 |           |     |                      |
| SINGULAIR – montelukast sodium oral granules packet 4 mg (base equiv)             | 3         |                     | •               |           |     |                      | theophylline soln 80 mg/15ml                                                    | 1         |                     |                 |           |     |                      |
| SINGULAIR – montelukast sodium chew tab 4 mg (base equiv)                         | 3         | •                   | •               |           |     |                      | theophylline tab er 12hr 100 mg                                                 | 1         |                     |                 |           |     |                      |
| SINGULAIR – montelukast sodium chew tab 5 mg (base equiv)                         | 3         | •                   | •               |           |     |                      | theophylline tab er 12hr 200 mg                                                 | 1         |                     |                 |           |     |                      |
| SPIRIVA HANDIHALER – tiotropium bromide monohydrate inhal cap 18 mcg (base equiv) | 2         |                     | •               |           |     |                      | theophylline tab er 12hr 300 mg                                                 | 1         |                     |                 |           |     |                      |
| SPIRIVA RESPIMAT – tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act      | 2         |                     | •               |           |     |                      | theophylline tab er 12hr 450 mg                                                 | 1         |                     |                 |           |     |                      |
|                                                                                   |           |                     |                 |           |     |                      | theophylline tab er 24hr 400 mg                                                 | 1         |                     |                 |           |     |                      |
|                                                                                   |           |                     |                 |           |     |                      | theophylline tab er 24hr 600 mg                                                 | 1         |                     |                 |           |     |                      |
|                                                                                   |           |                     |                 |           |     |                      | TUDORZA PRESSAIR – aclidinium bromide aerosol powd breath activated 400 mcg/act | 3         |                     | •               |           |     |                      |
|                                                                                   |           |                     |                 |           |     |                      | VENTOLIN HFA – albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)      | 2         |                     | •               |           |     |                      |
|                                                                                   |           |                     |                 |           |     |                      | VOSPIRE ER – albuterol sulfate tab er 12hr 4 mg                                 | 3         |                     |                 |           |     |                      |

| Drug Name                                                                        | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                    | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| VOSPIRE ER – albuterol sulfate tab er 12hr 8 mg                                  | 3         |                     |                 |           |     |                      | PULMOZYME – dornase alfa inhal soln 1 mg/ml                                  | 2         |                     | •               | •         |     | •                    |
| XOPENEX – levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)                    | 3         | •                   |                 |           |     |                      | <b>GASTROINTESTINAL AGENTS</b>                                               |           |                     |                 |           |     |                      |
| XOPENEX – levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)                    | 3         | •                   |                 |           |     |                      | <b>LAXATIVES</b>                                                             |           |                     |                 |           |     |                      |
| XOPENEX – levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)                    | 3         | •                   |                 |           |     |                      | bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit                    | 1         |                     |                 |           |     |                      |
| XOPENEX CONCENTRATE – levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv) | 3         |                     |                 |           |     |                      | COLYTE-FLAVOR PACKS – peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm | 3         |                     |                 |           |     |                      |
| XOPENEX HFA – levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)        | 3         | •                   |                 |           |     |                      | GIALAX – polyethylene glycol 3350 - kit                                      | 3         |                     |                 |           |     |                      |
| zafirlukast tab 10 mg (Accolate)                                                 | 1         | •                   |                 |           |     |                      | GOLYTELY – peg 3350-kcl-na bicarb-nacl-na sulfate packet 227.1 gm            | 3         |                     |                 |           |     |                      |
| zafirlukast tab 20 mg (Accolate)                                                 | 1         | •                   |                 |           |     |                      | GOLYTELY – peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm            | 3         |                     |                 |           |     |                      |
| zileuton tab er 12hr 600 mg (Zyflo cr)                                           | 1         | •                   |                 |           |     |                      | KRISTALOSE – lactulose oral crystal packet 10 gm                             | 3         |                     |                 |           |     |                      |
| ZYFLO – zileuton tab 600 mg                                                      | 3         | •                   |                 |           |     |                      | KRISTALOSE – lactulose oral crystal packet 20 gm                             | 3         |                     |                 |           |     |                      |
| ZYFLO CR – zileuton tab er 12hr 600 mg                                           | 3         | •                   |                 |           |     |                      | lactulose solution 10 gm/15ml                                                | 1         |                     |                 |           |     |                      |
| <b>RESPIRATORY AGENTS - MISC.</b>                                                |           |                     |                 |           |     |                      | MOVIPREP – peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm       | 3         |                     |                 |           |     |                      |
| ESBRIET – pirfenidone cap 267 mg                                                 | 3         | •                   | •               | •         |     | •                    | NULYTELY/FLAVOR PACKS – peg 3350-kcl-sod bicarb-nacl for soln 420 gm         | 3         |                     |                 |           |     |                      |
| ESBRIET – pirfenidone tab 267 mg                                                 | 3         | •                   | •               |           |     |                      | OSMOPREP – sod phos mono-sod phos di tabs 1.102-0.398 gm(1.5gm na phos)      | 2         |                     |                 |           |     |                      |
| ESBRIET – pirfenidone tab 801 mg                                                 | 3         | •                   | •               |           |     |                      | peg 3350-kcl-sod bicarb-nacl for soln 420 gm (Nulytely/flavor pack)          | 1         |                     |                 |           |     |                      |
| KALYDECO – ivacaftor tab 150 mg                                                  | 2         | •                   | •               | •         |     | •                    | peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Golytely)            | 1         |                     |                 |           |     |                      |
| KALYDECO – ivacaftor packet 50 mg                                                | 2         | •                   | •               | •         |     | •                    | peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm (Colyte-flavor packs) | 1         |                     |                 |           |     |                      |
| KALYDECO – ivacaftor packet 75 mg                                                | 2         | •                   | •               | •         |     | •                    |                                                                              |           |                     |                 |           |     |                      |
| OFEV – nintedanib esylate cap 100 mg (base equivalent)                           | 3         | •                   | •               | •         |     | •                    |                                                                              |           |                     |                 |           |     |                      |
| OFEV – nintedanib esylate cap 150 mg (base equivalent)                           | 3         | •                   | •               | •         |     | •                    |                                                                              |           |                     |                 |           |     |                      |
| ORKAMBI – lumacaftor-ivacaftor tab 100-125 mg                                    | 2         | •                   | •               |           |     |                      |                                                                              |           |                     |                 |           |     |                      |
| ORKAMBI – lumacaftor-ivacaftor tab 200-125 mg                                    | 2         | •                   | •               | •         |     | •                    |                                                                              |           |                     |                 |           |     |                      |

| Drug Name                                                                            | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                  | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| PREPOPIK – sod picosulfate-mg oxide-citric acid pack 10 mg-3.5 gm-12 gm              | 3         |                     |                 |           |     |                      | BELLADONNA & OPIUM – belladonna alkaloids & opium suppos 16.2-30 mg        | 1         |                     |                 |           |     |                      |
| SUPREP BOWEL PREP KIT – sodium sulfate-potassium sulfate-magnesium sulfate oral soln | 2         |                     |                 |           |     |                      | BELLADONNA ALKALOIDS & OP – belladonna alkaloids & opium suppos 16.2-60 mg | 1         |                     |                 |           |     |                      |
| <b>ANTIDIARRHEALS</b>                                                                |           |                     |                 |           |     |                      | BENTYL – dicyclomine hcl cap 10 mg                                         | 3         | •                   |                 |           |     |                      |
| diphenoxylate w/ atropine tab 2.5-0.025 mg (Lomotil)                                 | 1         |                     |                 |           |     |                      | CARAFATE – sucralfate tab 1 gm                                             | 3         | •                   |                 |           |     |                      |
| DIPHENOXYLATE/ATROPINE – diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml              | 1         |                     |                 |           |     |                      | CARAFATE – sucralfate susp 1 gm/10ml                                       | 2         |                     |                 |           |     |                      |
| LOMOTIL – diphenoxylate w/ atropine tab 2.5-0.025 mg                                 | 3         | •                   |                 |           |     |                      | chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg (Librax)               | 1         |                     |                 |           |     |                      |
| MOTOFEN – difenoxin w/ atropine tab 1-0.025 mg                                       | 3         |                     |                 |           |     |                      | cimetidine hcl soln 300 mg/5ml                                             | 1         |                     |                 |           |     |                      |
| MYTESI – crofelemer tab delayed release 125 mg                                       | 3         |                     | •               |           |     |                      | cimetidine tab 200 mg                                                      | 1         |                     |                 |           |     |                      |
| opium tincture 1% (10 mg/ml) (morphine equiv)                                        | 1         |                     |                 |           |     |                      | cimetidine tab 300 mg                                                      | 1         |                     |                 |           |     |                      |
| RESTORA RX – lactobacillus casei-folic acid cap 60-1.25 mg                           | 3         |                     |                 |           |     |                      | cimetidine tab 400 mg                                                      | 1         |                     |                 |           |     |                      |
| RESTORA SPRINKLES – lactobacillus casei-folic acid packet 15-0.25 mg                 | 3         |                     |                 |           |     |                      | cimetidine tab 800 mg                                                      | 1         |                     |                 |           |     |                      |
| <b>ULCER DRUGS</b>                                                                   |           |                     |                 |           |     |                      | CUVPOSA – glycopyrrolate oral soln 1 mg/5ml                                | 2         |                     |                 |           |     |                      |
| ACIPHEX – rabeprazole sodium ec tab 20 mg                                            | 3         |                     | •               |           |     |                      | CYTOTEC – misoprostol tab 100 mcg                                          | 3         | •                   |                 |           |     |                      |
| ACIPHEX SPRINKLE – rabeprazole sodium capsule sprinkle dr 5 mg                       | 3         |                     | •               |           |     |                      | CYTOTEC – misoprostol tab 200 mcg                                          | 3         | •                   |                 |           |     |                      |
| ACIPHEX SPRINKLE – rabeprazole sodium capsule sprinkle dr 10 mg                      | 3         |                     | •               |           |     |                      | DEXILANT – dexlansoprazole cap delayed release 30 mg                       | 3         |                     | •               |           |     |                      |
| amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack (Prevpac)                | 1         |                     | •               |           |     |                      | DEXILANT – dexlansoprazole cap delayed release 60 mg                       | 3         |                     | •               |           |     |                      |
| ANASPAZ – hyoscyamine sulfate tab disint 0.125 mg                                    | 3         | •                   |                 |           |     |                      | dicyclomine hcl cap 10 mg (Bentyl)                                         | 1         |                     |                 |           |     |                      |
|                                                                                      |           |                     |                 |           |     |                      | dicyclomine hcl oral soln 10 mg/5ml                                        | 1         |                     |                 |           |     |                      |
|                                                                                      |           |                     |                 |           |     |                      | dicyclomine hcl tab 20 mg (Bentyl)                                         | 1         |                     |                 |           |     |                      |
|                                                                                      |           |                     |                 |           |     |                      | DONNATAL – pb-hyoscy-atrop-scopol tab 16.2-0.1037-0.0194-0.0065 mg         | 3         |                     |                 |           |     |                      |
|                                                                                      |           |                     |                 |           |     |                      | DONNATAL – pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194-0.0065 mg/5ml    | 3         |                     |                 |           |     |                      |

| Drug Name                                                                           | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                           | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| <b>esomeprazole magnesium cap delayed release 40 mg (base eq) (Nexium)</b>          | 1         |                     | •               |           |     |                      | <b>methscopolamine bromide tab 2.5 mg (Pamine)</b>                                  | 1         |                     |                 |           |     |                      |
| <b>ESOMEPRAZOLE STRONTIUM – esomeprazole strontium cap delayed release 24.65 mg</b> | 3         |                     | •               |           |     |                      | <b>methscopolamine bromide tab 5 mg (Pamine forte)</b>                              | 1         |                     |                 |           |     |                      |
| <b>ESOMEPRAZOLE STRONTIUM – esomeprazole strontium cap delayed release 49.3 mg</b>  | 1         |                     | •               |           |     |                      | <b>misoprostol tab 100 mcg (Cytotec)</b>                                            | 1         |                     |                 |           |     |                      |
| <b>famotidine for susp 40 mg/5ml (Pepcid)</b>                                       | 1         |                     |                 |           |     |                      | <b>misoprostol tab 200 mcg (Cytotec)</b>                                            | 1         |                     |                 |           |     |                      |
| <b>famotidine tab 20 mg (Pepcid)</b>                                                | 1         |                     |                 |           |     |                      | <b>NEXIUM – esomeprazole magnesium cap delayed release 40 mg (base eq)</b>          | 3         |                     | •               |           |     |                      |
| <b>famotidine tab 40 mg (Pepcid)</b>                                                | 1         |                     |                 |           |     |                      | <b>NEXIUM – esomeprazole magnesium for delayed release susp pack 2.5 mg</b>         | 3         |                     | •               |           |     |                      |
| <b>FIRST-OMEPRAZOLE – omeprazole susp 2 mg/ml (compound kit)</b>                    | 3         |                     | •               |           |     |                      | <b>NEXIUM – esomeprazole magnesium for delayed release susp packet 5 mg</b>         | 3         |                     | •               |           |     |                      |
| <b>glycopyrrolate tab 1 mg (Robinul)</b>                                            | 1         |                     |                 |           |     |                      | <b>NEXIUM – esomeprazole magnesium for delayed release susp packet 10 mg</b>        | 3         |                     | •               |           |     |                      |
| <b>glycopyrrolate tab 2 mg (Robinul forte)</b>                                      | 1         |                     |                 |           |     |                      | <b>NEXIUM – esomeprazole magnesium for delayed release susp packet 20 mg</b>        | 3         |                     | •               |           |     |                      |
| <b>hyoscyamine sulfate elixir 0.125 mg/5ml</b>                                      | 1         |                     |                 |           |     |                      | <b>NEXIUM – esomeprazole magnesium for delayed release susp packet 40 mg</b>        | 3         |                     | •               |           |     |                      |
| <b>hyoscyamine sulfate soln 0.125 mg/ml</b>                                         | 1         |                     |                 |           |     |                      | <b>NIZATIDINE – nizatidine oral soln 15 mg/ml</b>                                   | 1         |                     |                 |           |     |                      |
| <b>hyoscyamine sulfate tab disint 0.125 mg (Anaspaz)</b>                            | 1         |                     |                 |           |     |                      | <b>nizatidine cap 150 mg</b>                                                        | 1         |                     |                 |           |     |                      |
| <b>hyoscyamine sulfate tab er 12hr 0.375 mg (Levbid)</b>                            | 1         |                     |                 |           |     |                      | <b>nizatidine cap 300 mg (Axid)</b>                                                 | 1         |                     |                 |           |     |                      |
| <b>hyoscyamine sulfate tab sl 0.125 mg (Levsin/sl)</b>                              | 1         |                     |                 |           |     |                      | <b>OMECLAMOX-PAK – amoxicillin cap-clarithro tab w/ omepraz cap dr therapy pack</b> | 3         |                     |                 |           |     |                      |
| <b>hyoscyamine sulfate tab 0.125 mg (Levsin)</b>                                    | 1         |                     |                 |           |     |                      | <b>omeprazole cap delayed release 10 mg (Prilosec)</b>                              | 1         |                     | •               |           |     |                      |
| <b>lansoprazole cap delayed release 30 mg (Prevacid)</b>                            | 1         |                     | •               |           |     |                      | <b>omeprazole cap delayed release 40 mg (Prilosec)</b>                              | 1         |                     | •               |           |     |                      |
| <b>LEVBIID – hyoscyamine sulfate tab er 12hr 0.375 mg</b>                           | 3         | •                   |                 |           |     |                      | <b>omeprazole-sodium bicarbonate cap 40-1100 mg (Zegerid)</b>                       | 1         | •                   | •               |           |     |                      |
| <b>LEVSIN – hyoscyamine sulfate tab 0.125 mg</b>                                    | 3         | •                   |                 |           |     |                      | <b>omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg (Zegerid)</b>        | 1         | •                   | •               |           |     |                      |
| <b>LEVSIN/SL – hyoscyamine sulfate tab sl 0.125 mg</b>                              | 3         | •                   |                 |           |     |                      |                                                                                     |           |                     |                 |           |     |                      |
| <b>LIBRAX – chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg</b>                 | 3         | •                   |                 |           |     |                      |                                                                                     |           |                     |                 |           |     |                      |

| Drug Name                                                                       | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                   | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg (Zegerid)           | 1         | •                   | •               |           |     |                      | PROTONIX – pantoprazole sodium ec tab 20 mg (base equiv)                    | 3         |                     | •               |           |     |                      |
| PAMINE – methscopolamine bromide tab 2.5 mg                                     | 3         | •                   |                 |           |     |                      | PROTONIX – pantoprazole sodium ec tab 40 mg (base equiv)                    | 3         |                     | •               |           |     |                      |
| PAMINE FORTE – methscopolamine bromide tab 5 mg                                 | 3         | •                   |                 |           |     |                      | PYLERA – bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg       | 3         |                     | •               |           |     |                      |
| pantoprazole sodium ec tab 20 mg (base equiv) (Protonix)                        | 1         |                     | •               |           |     |                      | rabeprazole sodium ec tab 20 mg (Aciphex)                                   | 1         |                     | •               |           |     |                      |
| pantoprazole sodium ec tab 40 mg (base equiv) (Protonix)                        | 1         |                     | •               |           |     |                      | ranitidine hcl cap 150 mg                                                   | 1         |                     |                 |           |     |                      |
| pb-hyoscy-atrop-scopol tab 16.2-0.1037-0.0194-0.0065 mg (Donnatal)              | 1         |                     |                 |           |     |                      | ranitidine hcl cap 300 mg                                                   | 1         |                     |                 |           |     |                      |
| PEPCID – famotidine tab 40 mg                                                   | 3         | •                   |                 |           |     |                      | ranitidine hcl syrup 15 mg/ml (75 mg/5ml)                                   | 1         |                     |                 |           |     |                      |
| PEPCID – famotidine for susp 40 mg/5ml                                          | 3         | •                   |                 |           |     |                      | ranitidine hcl tab 150 mg (Zantac)                                          | 1         |                     |                 |           |     |                      |
| PREVACID – lansoprazole cap delayed release 30 mg                               | 3         |                     | •               |           |     |                      | ranitidine hcl tab 300 mg (Zantac)                                          | 1         |                     |                 |           |     |                      |
| PREVACID SOLUTAB – lansoprazole tab delayed release orally disintegrating 15 mg | 3         |                     | •               |           |     |                      | ROBINUL – glycopyrrolate tab 1 mg                                           | 3         | •                   |                 |           |     |                      |
| PREVACID SOLUTAB – lansoprazole tab delayed release orally disintegrating 30 mg | 3         |                     | •               |           |     |                      | ROBINUL FORTE – glycopyrrolate tab 2 mg                                     | 3         | •                   |                 |           |     |                      |
| PREVPAC – amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack           | 3         |                     | •               |           |     |                      | sucralfate tab 1 gm (Carafate)                                              | 1         |                     |                 |           |     |                      |
| PRILOSEC – omeprazole magnesium for delayed release susp packet 2.5 mg          | 3         |                     | •               |           |     |                      | SYMAX DUOTAB – hyoscyamine sulfate tab er 0.375 mg (0.125 mg ir/0.25 mg er) | 3         |                     |                 |           |     |                      |
| PRILOSEC – omeprazole magnesium for delayed release susp packet 10 mg           | 3         |                     | •               |           |     |                      | ZANTAC – ranitidine hcl tab 300 mg                                          | 3         | •                   |                 |           |     |                      |
| PROPANTHELINE BROMIDE – propantheline bromide tab 15 mg                         | 1         |                     |                 |           |     |                      | ZEGERID – omeprazole-sodium bicarbonate cap 40-1100 mg                      | 3         | •                   | •               |           |     |                      |
| PROTONIX – pantoprazole sodium for delayed release susp packet 40 mg            | 3         |                     | •               |           |     |                      | ZEGERID – omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg       | 3         | •                   | •               |           |     |                      |
|                                                                                 |           |                     |                 |           |     |                      | ZEGERID – omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg       | 3         | •                   | •               |           |     |                      |
|                                                                                 |           |                     |                 |           |     |                      | <b>ANTIEMETICS</b>                                                          |           |                     |                 |           |     |                      |
|                                                                                 |           |                     |                 |           |     |                      | AKYNZEO – netupitant-palonosetron cap 300-0.5 mg                            | 3         |                     | •               |           |     |                      |
|                                                                                 |           |                     |                 |           |     |                      | ANZEMET – dolasetron mesylate tab 50 mg                                     | 3         |                     | •               |           |     |                      |

| Drug Name                                                     | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                           | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| ANZEMET – dolasetron mesylate tab 100 mg                      | 3         |                     | •               |           |     |                      | scopolamine td patch 72hr 1 mg/3days (Transderm-scop)               | 1         |                     | •               |           |     |                      |
| aprepitant capsule therapy pack 80 & 125 mg (Emend)           | 1         |                     | •               |           |     |                      | SUSTOL – granisetron extended release inj prefilled syr 10 mg/0.4ml | 3         |                     |                 |           |     |                      |
| aprepitant capsule 80 mg (Emend)                              | 1         |                     | •               |           |     |                      | SYNDROS – dronabinol soln 5 mg/ml                                   | 3         |                     |                 |           |     |                      |
| CESAMET – nabilone cap 1 mg                                   | 3         |                     | •               |           |     |                      | TIGAN – trimethobenzamide hcl cap 300 mg                            | 3         |                     |                 |           |     |                      |
| DICLEGIS – doxylamine-pyridoxine tab delayed release 10-10 mg | 3         | •                   | •               |           |     |                      | TRANSDERM-SCOP – scopolamine td patch 72hr 1 mg/3days               | 3         |                     | •               |           |     |                      |
| dronabinol cap 2.5 mg (Marinol)                               | 1         |                     |                 |           |     |                      | trimethobenzamide hcl cap 300 mg (Tigan)                            | 1         |                     |                 |           |     |                      |
| dronabinol cap 5 mg (Marinol)                                 | 1         |                     |                 |           |     |                      | VARUBI – rolapitant hcl tab 90 mg (base equiv)                      | 3         |                     | •               |           |     | •                    |
| dronabinol cap 10 mg (Marinol)                                | 1         |                     |                 |           |     |                      | ZOFRAN – ondansetron hcl oral soln 4 mg/5ml                         | 3         | •                   | •               |           |     |                      |
| EMEND – aprepitant for oral susp 125 mg (125 mg/5ml)          | 2         |                     | •               |           |     |                      | ZOFRAN – ondansetron hcl tab 4 mg                                   | 3         | •                   | •               |           |     |                      |
| EMEND – aprepitant capsule 40 mg                              | 2         |                     | •               |           |     |                      | ZOFRAN – ondansetron hcl tab 8 mg                                   | 3         | •                   | •               |           |     |                      |
| EMEND – aprepitant capsule 80 mg                              | 3         |                     | •               |           |     |                      | ZOFRAN ODT – ondansetron orally disintegrating tab 8 mg             | 3         | •                   | •               |           |     |                      |
| EMEND – aprepitant capsule 125 mg                             | 2         |                     | •               |           |     |                      | ZUPLENZ – ondansetron oral soluble film 4 mg                        | 3         |                     | •               |           |     |                      |
| EMEND TRIPACK – aprepitant capsule therapy pack 80 & 125 mg   | 3         |                     | •               |           |     |                      | ZUPLENZ – ondansetron oral soluble film 8 mg                        | 3         |                     | •               |           |     |                      |
| granisetron hcl tab 1 mg                                      | 1         |                     | •               |           |     |                      | <b>DIGESTIVE AIDS</b>                                               |           |                     |                 |           |     |                      |
| MARINOL – dronabinol cap 2.5 mg                               | 3         | •                   |                 |           |     |                      | CREON – pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit    | 2         |                     |                 |           |     |                      |
| MARINOL – dronabinol cap 5 mg                                 | 3         | •                   |                 |           |     |                      | CREON – pancrelipase (lip-prot-amyl) dr cap 6000-19000-30000 unit   | 2         |                     |                 |           |     |                      |
| MARINOL – dronabinol cap 10 mg                                | 3         | •                   |                 |           |     |                      | CREON – pancrelipase (lip-prot-amyl) dr cap 12000-38000-60000 unit  | 2         |                     |                 |           |     |                      |
| meclizine hcl tab 25 mg                                       | 1         |                     |                 |           |     |                      | CREON – pancrelipase (lip-prot-amyl) dr cap 24000-76000-120000 unit | 2         |                     |                 |           |     |                      |
| ondansetron hcl oral soln 4 mg/5ml (Zofran)                   | 1         |                     | •               |           |     |                      |                                                                     |           |                     |                 |           |     |                      |
| ondansetron hcl tab 4 mg (Zofran)                             | 1         |                     | •               |           |     |                      |                                                                     |           |                     |                 |           |     |                      |
| ondansetron hcl tab 8 mg (Zofran)                             | 1         |                     | •               |           |     |                      |                                                                     |           |                     |                 |           |     |                      |
| ondansetron hcl tab 24 mg                                     | 1         |                     | •               |           |     |                      |                                                                     |           |                     |                 |           |     |                      |
| ondansetron orally disintegrating tab 4 mg (Zofran odt)       | 1         |                     | •               |           |     |                      |                                                                     |           |                     |                 |           |     |                      |
| ondansetron orally disintegrating tab 8 mg (Zofran odt)       | 1         |                     | •               |           |     |                      |                                                                     |           |                     |                 |           |     |                      |
| SANCUSO – granisetron td patch 3.1 mg/24hr (contains 34.3 mg) | 2         |                     | •               |           |     |                      |                                                                     |           |                     |                 |           |     |                      |



| Drug Name                                                              | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                             | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| CREON – pancrelipase (lip-prot-amyl) dr cap 36000-114000-180000 unit   | 2         |                     |                 |           |     |                      | ZENPEP – pancrelipase (lip-prot-amyl) dr cap 5000-17000-27000 unit    | 2         |                     |                 |           |     |                      |
| PANCREAZE – pancrelipase (lip-prot-amyl) dr cap 2600-6200-10850 unit   | 3         |                     |                 |           |     |                      | ZENPEP – pancrelipase (lip-prot-amyl) dr cap 10000-34000-55000 unit   | 2         |                     |                 |           |     |                      |
| PANCREAZE – pancrelipase (lip-prot-amyl) dr cap 4200-14200-24600 unit  | 3         |                     |                 |           |     |                      | ZENPEP – pancrelipase (lip-prot-amyl) dr cap 15000-51000-82000 unit   | 2         |                     |                 |           |     |                      |
| PANCREAZE – pancrelipase (lip-prot-amyl) dr cap 10500-35500-61500 unit | 3         |                     |                 |           |     |                      | ZENPEP – pancrelipase (lip-prot-amyl) dr cap 20000-68000-109000 unit  | 2         |                     |                 |           |     |                      |
| PANCREAZE – pancrelipase (lip-prot-amyl) dr cap 16800-56800-98400 unit | 3         |                     |                 |           |     |                      | ZENPEP – pancrelipase (lip-prot-amyl) dr cap 25000-85000-136000 unit  | 2         |                     |                 |           |     |                      |
| PANCREAZE – pancrelipase (lip-prot-amyl) dr cap 21000-54700-83900 unit | 3         |                     |                 |           |     |                      | ZENPEP – pancrelipase (lip-prot-amyl) dr cap 40000-136000-218000 unit | 2         |                     |                 |           |     |                      |
| PERTZYE – pancrelipase (lip-prot-amyl) dr cap 4000-14375-15125 unit    | 3         |                     |                 |           |     |                      | GASTROINTESTINAL AGENTS- MISC.                                        |           |                     |                 |           |     |                      |
| PERTZYE – pancrelipase (lip-prot-amyl) dr cap 8000-28750-30250 unit    | 3         |                     |                 |           |     |                      | ACTIGALL – ursodiol cap 300 mg                                        | 3         | •                   |                 |           |     |                      |
| PERTZYE – pancrelipase (lip-prot-amyl) dr cap 16000-57500-60500 unit   | 3         |                     |                 |           |     |                      | alosetron hcl tab 0.5 mg (base equiv) (Lotronex)                      | 1         | •                   | •               |           |     |                      |
| PERTZYE – pancrelipase (lip-prot-amyl) dr cap 24000-86250-90750 unit   | 3         |                     |                 |           |     |                      | alosetron hcl tab 1 mg (base equiv) (Lotronex)                        | 1         | •                   | •               |           |     |                      |
| SUCRAID – sacrosidase soln 8500 unit/ml                                | 3         | •                   | •               | •         |     | •                    | AMITIZA – lubiprostone cap 8 mcg                                      | 3         |                     | •               |           |     |                      |
| VIOKACE – pancrelipase (lip-prot-amyl) tab 10440-39150-39150 unit      | 3         |                     |                 |           |     |                      | AMITIZA – lubiprostone cap 24 mcg                                     | 3         |                     | •               |           |     |                      |
| VIOKACE – pancrelipase (lip-prot-amyl) tab 20880-78300-78300 unit      | 3         |                     |                 |           |     |                      | APRISO – mesalamine cap er 24hr 0.375 gm                              | 3         |                     |                 |           |     |                      |
| ZENPEP – pancrelipase (lip-prot-amyl) dr cap 3000-10000-16000 unit     | 2         |                     |                 |           |     |                      | ASACOL HD – mesalamine tab delayed release 800 mg                     | 2         |                     |                 |           |     |                      |
|                                                                        |           |                     |                 |           |     |                      | AURYXIA – ferric citrate tab 1 gm (210 mg ferric iron)                | 3         |                     |                 |           |     |                      |
|                                                                        |           |                     |                 |           |     |                      | AZULFIDINE – sulfasalazine tab 500 mg                                 | 3         |                     |                 |           |     |                      |
|                                                                        |           |                     |                 |           |     |                      | AZULFIDINE EN-TABS – sulfasalazine tab delayed release 500 mg         | 3         | •                   |                 |           |     |                      |
|                                                                        |           |                     |                 |           |     |                      | balsalazide disodium cap 750 mg (Colazal)                             | 1         |                     |                 |           |     |                      |

| Drug Name                                                          | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                               | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| calcium acetate (phosphate binder) cap 667 mg (169 mg ca) (Phoslo) | 1         |                     |                 |           |     |                      | FOSRENOL – lanthanum carbonate oral powder pack 1000 mg (elemental)     | 2         |                     |                 |           |     |                      |
| calcium acetate (phosphate binder) tab 667 mg (Eliphos)            | 1         |                     |                 |           |     |                      | GASTROCROM – cromolyn sodium oral conc 100 mg/5ml                       | 3         |                     |                 |           |     |                      |
| CANASA – mesalamine suppos 1000 mg                                 | 2         |                     |                 |           |     |                      | GATTEX – teduglutide (rdna) for inj kit 5 mg                            | 3         | •                   | •               |           |     | •                    |
| CHENODAL – chenodiol tab 250 mg                                    | 3         | •                   |                 | •         |     | •                    | GIAZO – balsalazide disodium tab 1.1 gm                                 | 3         |                     |                 |           |     |                      |
| CHOLBAM – cholic acid cap 50 mg                                    | 2         |                     |                 | •         |     | •                    | lactulose (encephalopathy) solution 10 gm/15ml                          | 1         |                     |                 |           |     |                      |
| CHOLBAM – cholic acid cap 250 mg                                   | 2         |                     |                 | •         |     | •                    | LIALDA – mesalamine tab delayed release 1.2 gm                          | 2         |                     |                 |           |     |                      |
| CIMZIA – certolizumab pegol inj kit 2 x 200 mg/ml                  | 3         | •                   | •               | •         |     | •                    | LINZESS – linacotide cap 72 mcg                                         | 2         |                     | •               |           |     |                      |
| CIMZIA STARTER KIT – certolizumab pegol inj kit 6 x 200 mg/ml      | 3         | •                   | •               | •         |     | •                    | LINZESS – linacotide cap 145 mcg                                        | 2         |                     | •               |           |     |                      |
| COLAZAL – balsalazide disodium cap 750 mg                          | 3         | •                   |                 |           |     |                      | LINZESS – linacotide cap 290 mcg                                        | 2         |                     | •               |           |     |                      |
| cromolyn sodium oral conc 100 mg/5ml (Gastrocrom)                  | 1         |                     |                 |           |     |                      | LOTRONEX – alosetron hcl tab 0.5 mg (base equiv)                        | 3         | •                   | •               |           |     |                      |
| DELZICOL – mesalamine cap dr 400 mg                                | 2         |                     |                 |           |     |                      | LOTRONEX – alosetron hcl tab 1 mg (base equiv)                          | 3         | •                   | •               |           |     |                      |
| DIPENTUM – olsalazine sodium cap 250 mg                            | 3         |                     |                 |           |     |                      | MESALAMINE DR – mesalamine tab delayed release 800 mg                   | 3         |                     |                 |           |     |                      |
| ELIPHOS – calcium acetate (phosphate binder) tab 667 mg            | 3         |                     |                 |           |     |                      | mesalamine enema 4 gm                                                   | 1         |                     |                 |           |     |                      |
| FOSRENOL – lanthanum carbonate chew tab 500 mg (elemental)         | 2         |                     |                 |           |     |                      | mesalamine tab delayed release 1.2 gm (Lialda)                          | 1         |                     |                 |           |     |                      |
| FOSRENOL – lanthanum carbonate chew tab 750 mg (elemental)         | 2         |                     |                 |           |     |                      | metoclopramide hcl soln 5 mg/5ml (10 mg/10ml)                           | 1         |                     |                 |           |     |                      |
| FOSRENOL – lanthanum carbonate chew tab 1000 mg (elemental)        | 2         |                     |                 |           |     |                      | metoclopramide hcl tab 5 mg (Reglan)                                    | 1         |                     |                 |           |     |                      |
| FOSRENOL – lanthanum carbonate oral powder pack 750 mg (elemental) | 2         |                     |                 |           |     |                      | metoclopramide hcl tab 10 mg (Reglan)                                   | 1         |                     |                 |           |     |                      |
|                                                                    |           |                     |                 |           |     |                      | METOCLOPRAMIDE ODT – metoclopramide hcl orally disintegrating tab 5 mg  | 1         |                     |                 |           |     |                      |
|                                                                    |           |                     |                 |           |     |                      | METOCLOPRAMIDE ODT – metoclopramide hcl orally disintegrating tab 10 mg | 3         |                     |                 |           |     |                      |
|                                                                    |           |                     |                 |           |     |                      | MOVANTIK – naloxegol oxalate tab 12.5 mg (base equivalent)              | 3         | •                   | •               |           |     |                      |

| Drug Name                                                          | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                           | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| MOVANTIK – naloxegol oxalate tab 25 mg (base equivalent)           | 3         | •                   | •               |           |     |                      | SFROWASA – mesalamine sulfite-free (sf) enema 4 gm/60ml             | 3         |                     |                 |           |     |                      |
| OICALIVA – obeticholic acid tab 5 mg                               | 3         | •                   | •               | •         |     | •                    | sulfasalazine tab delayed release 500 mg (Azulfidine en-tabs)       | 1         |                     |                 |           |     |                      |
| OICALIVA – obeticholic acid tab 10 mg                              | 3         | •                   | •               | •         |     | •                    | sulfasalazine tab 500 mg (Azulfidine)                               | 1         |                     |                 |           |     |                      |
| PENTASA – mesalamine cap er 250 mg                                 | 2         |                     |                 |           |     |                      | TRULANCE – plecanatide tab 3 mg                                     | 3         |                     | •               |           |     |                      |
| PENTASA – mesalamine cap er 500 mg                                 | 2         |                     |                 |           |     |                      | URSO FORTE – ursodiol tab 500 mg                                    | 3         | •                   |                 |           |     |                      |
| PHOSLYRA – calcium acetate (phosphate binder) oral soln 667 mg/5ml | 2         |                     |                 |           |     |                      | URSO 250 – ursodiol tab 250 mg                                      | 3         | •                   |                 |           |     |                      |
| REGLAN – metoclopramide hcl tab 5 mg                               | 3         | •                   |                 |           |     |                      | ursodiol cap 300 mg (Actigall)                                      | 1         |                     |                 |           |     |                      |
| REGLAN – metoclopramide hcl tab 10 mg                              | 3         | •                   |                 |           |     |                      | ursodiol tab 250 mg (Urso 250)                                      | 1         |                     |                 |           |     |                      |
| RELISTOR – methylalnaltrexone bromide tab 150 mg                   | 3         | •                   | •               |           |     |                      | ursodiol tab 500 mg (Urso forte)                                    | 1         |                     |                 |           |     |                      |
| RELISTOR – methylalnaltrexone bromide inj 8 mg/0.4ml (20 mg/ml)    | 2         | •                   | •               |           |     |                      | VELPHORO – sucroferic oxyhydroxide chew tab 500 mg                  | 2         |                     |                 |           |     |                      |
| RELISTOR – methylalnaltrexone bromide inj 12 mg/0.6ml (20 mg/ml)   | 2         | •                   | •               |           |     |                      | VIBERZI – eluxadolone tab 75 mg                                     | 3         | •                   | •               |           |     |                      |
| RENAGEL – sevelamer hcl tab 400 mg                                 | 3         |                     |                 |           |     |                      | VIBERZI – eluxadolone tab 100 mg                                    | 3         | •                   | •               |           |     |                      |
| RENAGEL – sevelamer hcl tab 800 mg                                 | 3         |                     |                 |           |     |                      | XERMELO – telotristat etiprate tab 250 mg (telotristat ethyl equiv) | 3         | •                   | •               |           |     |                      |
| RENVELA – sevelamer carbonate tab 800 mg                           | 3         |                     |                 |           |     |                      | GENITOURINARY AGENTS                                                |           |                     |                 |           |     |                      |
| RENVELA – sevelamer carbonate packet 0.8 gm                        | 3         |                     |                 |           |     |                      | URINARY ANTI-INFECTIVES                                             |           |                     |                 |           |     |                      |
| RENVELA – sevelamer carbonate packet 2.4 gm                        | 3         |                     |                 |           |     |                      | FURADANTIN – nitrofurantoin susp 25 mg/5ml                          | 3         | •                   |                 |           |     |                      |
| sevelamer carbonate packet 0.8 gm (Renvela)                        | 1         |                     |                 |           |     |                      | HIPREX – methenamine hippurate tab 1 gm                             | 3         |                     |                 |           |     |                      |
| sevelamer carbonate packet 2.4 gm (Renvela)                        | 1         |                     |                 |           |     |                      | MACROBID – nitrofurantoin monohydrate macrocrystalline cap 100 mg   | 3         | •                   |                 |           |     |                      |
| sevelamer carbonate tab 800 mg (Renvela)                           | 1         |                     |                 |           |     |                      | MACRODANTIN – nitrofurantoin macrocrystalline cap 25 mg             | 3         | •                   |                 |           |     |                      |
|                                                                    |           |                     |                 |           |     |                      | MACRODANTIN – nitrofurantoin macrocrystalline cap 50 mg             | 3         | •                   |                 |           |     |                      |
|                                                                    |           |                     |                 |           |     |                      | MACRODANTIN – nitrofurantoin macrocrystalline cap 100 mg            | 3         | •                   |                 |           |     |                      |
|                                                                    |           |                     |                 |           |     |                      | methenamine hippurate tab 1 gm (Hiprex)                             | 1         |                     |                 |           |     |                      |
|                                                                    |           |                     |                 |           |     |                      | METHENAMINE MANDELATE – methenamine mandelate tab 0.5 gm            | 1         |                     |                 |           |     |                      |

| Drug Name                                                                      | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                 | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| <b>methenamine mandelate tab 1 gm</b>                                          | 1         |                     |                 |           |     |                      | <b>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</b> (Enblex)   | 1         |                     | •               |           |     |                      |
| <b>methenamine-hyosc-meth blue-benz acid-phenyl sal tab 81.6mg</b> (Prosed/ds) | 1         |                     |                 |           |     |                      | <b>DETROL – tolterodine tartrate tab 1 mg</b>                             | 3         | •                   | •               |           |     |                      |
| <b>methenamine-hyosc-meth blue-sod phos-phen sal cap 118 mg</b>                | 1         |                     |                 |           |     |                      | <b>DETROL – tolterodine tartrate tab 2 mg</b>                             | 3         | •                   | •               |           |     |                      |
| <b>methenamine-hyosc-meth blue-sod phos-phen sal tab 81 mg</b>                 | 1         |                     |                 |           |     |                      | <b>DETROL LA – tolterodine tartrate cap er 24hr 2 mg</b>                  | 3         | •                   | •               |           |     |                      |
| <b>methenamine-hyoscamine-meth blue-sod phos tab 81.6 mg</b> (Urogesic-blue)   | 1         |                     |                 |           |     |                      | <b>DETROL LA – tolterodine tartrate cap er 24hr 4 mg</b>                  | 3         | •                   | •               |           |     |                      |
| <b>MONUROL – fosfomycin tromethamine powd pack 3 gm</b> (base equivalent)      | 3         |                     |                 |           |     |                      | <b>DITROPAN XL – oxybutynin chloride tab er 24hr 5 mg</b>                 | 3         | •                   | •               |           |     |                      |
| <b>nitrofurantoin macrocrystalline cap 25 mg</b> (Macrochantin)                | 1         |                     |                 |           |     |                      | <b>DITROPAN XL – oxybutynin chloride tab er 24hr 10 mg</b>                | 3         | •                   | •               |           |     |                      |
| <b>nitrofurantoin macrocrystalline cap 50 mg</b> (Macrochantin)                | 1         |                     |                 |           |     |                      | <b>DITROPAN XL – oxybutynin chloride tab er 24hr 15 mg</b>                | 3         | •                   | •               |           |     |                      |
| <b>nitrofurantoin macrocrystalline cap 100 mg</b> (Macrochantin)               | 1         |                     |                 |           |     |                      | <b>ENABLEX – darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</b> | 3         | •                   | •               |           |     |                      |
| <b>nitrofurantoin monohydrate macrocrystalline cap 100 mg</b> (Macrobid)       | 1         |                     |                 |           |     |                      | <b>ENABLEX – darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</b>  | 3         | •                   | •               |           |     |                      |
| <b>nitrofurantoin susp 25 mg/5ml</b> (Furadantin)                              | 1         |                     |                 |           |     |                      | <b>flavoxate hcl tab 100 mg</b>                                           | 1         |                     | •               |           |     |                      |
| <b>UROGESIC-BLUE – methenamine-hyoscamine-meth blue-sod phos tab 81.6 mg</b>   | 3         |                     |                 |           |     |                      | <b>GELNIQUE – oxybutynin chloride td gel 10%</b>                          | 3         | •                   | •               |           |     |                      |
| <b>URINARY ANTISPASMODICS</b>                                                  |           |                     |                 |           |     |                      | <b>GELNIQUE PUMP – oxybutynin chloride td gel 10%</b>                     | 3         | •                   | •               |           |     |                      |
| <b>bethanechol chloride tab 5 mg</b> (Urecholine)                              | 1         |                     |                 |           |     |                      | <b>MYRBETRIQ – mirabegron tab er 24 hr 25 mg</b>                          | 3         | •                   | •               |           |     |                      |
| <b>bethanechol chloride tab 10 mg</b> (Urecholine)                             | 1         |                     |                 |           |     |                      | <b>MYRBETRIQ – mirabegron tab er 24 hr 50 mg</b>                          | 3         | •                   | •               |           |     |                      |
| <b>bethanechol chloride tab 25 mg</b> (Urecholine)                             | 1         |                     |                 |           |     |                      | <b>oxybutynin chloride syrup 5 mg/5ml</b>                                 | 1         |                     | •               |           |     |                      |
| <b>bethanechol chloride tab 50 mg</b> (Urecholine)                             | 1         |                     |                 |           |     |                      | <b>oxybutynin chloride tab er 24hr 5 mg</b> (Ditropan xl)                 | 1         |                     | •               |           |     |                      |
| <b>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</b> (Enblex)       | 1         |                     | •               |           |     |                      | <b>oxybutynin chloride tab er 24hr 10 mg</b> (Ditropan xl)                | 1         |                     | •               |           |     |                      |
|                                                                                |           |                     |                 |           |     |                      | <b>oxybutynin chloride tab er 24hr 15 mg</b> (Ditropan xl)                | 1         |                     | •               |           |     |                      |
|                                                                                |           |                     |                 |           |     |                      | <b>oxybutynin chloride tab 5 mg</b>                                       | 1         |                     | •               |           |     |                      |

| Drug Name                                                            | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                            | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| <b>tolterodine tartrate cap er 24hr 2 mg</b> (Detrol la)             | 1         |                     | •               |           |     |                      | <b>CRINONE – progesterone vaginal gel 4%</b>                         | 3         |                     |                 |           |     |                      |
| <b>tolterodine tartrate cap er 24hr 4 mg</b> (Detrol la)             | 1         |                     | •               |           |     |                      | <b>CRINONE – progesterone vaginal gel 8%</b>                         | 3         |                     |                 |           |     |                      |
| <b>tolterodine tartrate tab 1 mg</b> (Detrol)                        | 1         |                     | •               |           |     |                      | <b>ENCARE – nonoxynol-9 vaginal suppos 100 mg</b>                    | A         |                     |                 |           | •   |                      |
| <b>tolterodine tartrate tab 2 mg</b> (Detrol)                        | 1         |                     | •               |           |     |                      | <b>ENDOMETRIN – progesterone vaginal insert 100 mg</b>               | 2         |                     |                 |           |     |                      |
| <b>TOVIAZ – fesoterodine fumarate tab er 24hr 4 mg</b>               | 3         | •                   | •               |           |     |                      | <b>ESTRACE – estradiol vaginal cream 0.1 mg/gm</b>                   | 3         |                     |                 |           |     |                      |
| <b>TOVIAZ – fesoterodine fumarate tab er 24hr 8 mg</b>               | 3         | •                   | •               |           |     |                      | <b>estradiol vaginal tab 10 mcg</b> (Vagifem)                        | 1         |                     |                 |           |     |                      |
| <b>tropium chloride cap er 24hr 60 mg</b>                            | 1         |                     | •               |           |     |                      | <b>ESTRING – estradiol vaginal ring 2 mg (7.5 mcg/24hrs)</b>         | 2         |                     | •               |           |     |                      |
| <b>tropium chloride tab 20 mg</b>                                    | 1         |                     | •               |           |     |                      | <b>FEM PH – acetic acid-oxyquinoline vaginal gel 0.9-0.025%</b>      | 3         |                     |                 |           |     |                      |
| <b>URECHOLINE – bethanechol chloride tab 5 mg</b>                    | 3         | •                   |                 |           |     |                      | <b>FEMRING – estradiol acetate vaginal ring 0.05 mg/24hr</b>         | 3         |                     | •               |           |     |                      |
| <b>URECHOLINE – bethanechol chloride tab 10 mg</b>                   | 3         | •                   |                 |           |     |                      | <b>FEMRING – estradiol acetate vaginal ring 0.1 mg/24hr</b>          | 3         |                     | •               |           |     |                      |
| <b>URECHOLINE – bethanechol chloride tab 25 mg</b>                   | 3         | •                   |                 |           |     |                      | <b>GYNAZOLE-1 – butoconazole nitrate (one dose) vaginal cream 2%</b> | 3         |                     |                 |           |     |                      |
| <b>URECHOLINE – bethanechol chloride tab 50 mg</b>                   | 3         | •                   |                 |           |     |                      | <b>INTRAROSA – prasterone vaginal insert 6.5 mg</b>                  | 3         |                     |                 |           |     |                      |
| <b>VESICARE – solifenacin succinate tab 5 mg</b>                     | 2         | •                   | •               |           |     |                      | <b>METROGEL-VAGINAL – metronidazole vaginal gel 0.75%</b>            | 3         |                     |                 |           |     |                      |
| <b>VESICARE – solifenacin succinate tab 10 mg</b>                    | 2         | •                   | •               |           |     |                      | <b>metronidazole vaginal gel 0.75%</b> (Metrogel-vaginal)            | 1         |                     |                 |           |     |                      |
| <b>VAGINAL PRODUCTS</b>                                              |           |                     |                 |           |     |                      | <b>MICONAZOLE 3 – miconazole nitrate vaginal suppos 200 mg</b>       | 3         |                     |                 |           |     |                      |
| <b>AVC – sulfanilamide vaginal cream 15%</b>                         | 2         |                     |                 |           |     |                      | <b>nonoxynol-9 gel 4%</b>                                            | 1         |                     |                 |           | •   |                      |
| <b>CLEOCIN – clindamycin phosphate vaginal cream 2%</b>              | 3         |                     |                 |           |     |                      | <b>NUVESSA – metronidazole vaginal gel 1.3%</b>                      | 3         |                     |                 |           |     |                      |
| <b>CLEOCIN – clindamycin phosphate vaginal suppos 100 mg</b>         | 3         |                     |                 |           |     |                      | <b>OPTIONS CONCEPTROL VAGINA – nonoxynol-9 gel 4%</b>                | A         |                     |                 |           | •   |                      |
| <b>clindamycin phosphate vaginal cream 2%</b> (Cleocin)              | 1         |                     |                 |           |     |                      | <b>OPTIONS GYNOL II VAGINAL – nonoxynol-9 gel 3%</b>                 | A         |                     |                 |           | •   |                      |
| <b>CLINDESSE – clindamycin phosphate (one dose) vaginal cream 2%</b> | 3         |                     |                 |           |     |                      |                                                                      |           |                     |                 |           |     |                      |

| Drug Name                                                      | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                               | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| PREMARIN – estrogens, conjugated vaginal cream 0.625 mg/gm     | 2         |                     |                 |           |     |                      | dutasteride-tamsulosin hcl cap 0.5-0.4 mg (Jalyn)                       | 1         |                     | •               |           |     |                      |
| RELAGARD – acetic acid-oxyquinoline vaginal gel 0.9-0.025%     | 3         |                     |                 |           |     |                      | ELMIRON – pentosan polysulfate sodium caps 100 mg                       | 2         |                     |                 |           |     |                      |
| SHUR-SEAL – nonoxynol-9 gel 2%                                 | A         |                     |                 |           | •   |                      | finasteride tab 5 mg (Proscar)                                          | 1         |                     | •               |           |     |                      |
| TERAZOL 7 – terconazole vaginal cream 0.4%                     | 3         | •                   |                 |           |     |                      | FLOMAX – tamsulosin hcl cap 0.4 mg                                      | 3         | •                   | •               |           |     |                      |
| terconazole vaginal cream 0.4% (Terazol 7)                     | 1         |                     |                 |           |     |                      | glycine irrigation soln 1.5%                                            | 1         |                     |                 |           |     |                      |
| terconazole vaginal cream 0.8% (Terazol 3)                     | 1         |                     |                 |           |     |                      | JALYN – dutasteride-tamsulosin hcl cap 0.5-0.4 mg                       | 3         | •                   | •               |           |     |                      |
| terconazole vaginal suppos 80 mg                               | 1         |                     |                 |           |     |                      | K-PHOS NO 2 – potassium & sodium acid phosphates tab 305-700 mg         | 3         |                     |                 |           |     |                      |
| TODAY SPONGE – nonoxynol-9 vaginal sponge 1000 mg              | A         |                     |                 |           | •   |                      | LITHOSTAT – acetohydroxamic acid tab 250 mg                             | 3         |                     |                 |           |     |                      |
| VAGIFEM – estradiol vaginal tab 10 mcg                         | 3         |                     |                 |           |     |                      | neomycin-polymyxin b gu irrigation soln (Neosporin gu irrigan)          | 1         |                     |                 |           |     |                      |
| VCF VAGINAL CONTRACEPTIVE – nonoxynol-9 foam 12.5%             | A         |                     |                 |           | •   |                      | NEOSPORIN GU IRRIGANT – neomycin-polymyxin b gu irrigation soln         | 3         |                     |                 |           |     |                      |
| VCF VAGINAL CONTRACEPTIVE – nonoxynol-9 film 28%               | A         |                     |                 |           | •   |                      | phenazopyridine hcl tab 100 mg (Pyridium)                               | 1         |                     |                 |           |     |                      |
| <b>GENITOURINARY AGENTS - MISC.</b>                            |           |                     |                 |           |     |                      | phenazopyridine hcl tab 200 mg (Pyridium)                               | 1         |                     |                 |           |     |                      |
| acetic acid irrigation soln 0.25%                              | 1         |                     |                 |           |     |                      | pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml                    | 1         |                     |                 |           |     |                      |
| alfuzosin hcl tab er 24hr 10 mg (Uroxatral)                    | 1         |                     | •               |           |     |                      | potassium citrate & citric acid powder pack 3300-1002 mg                | 1         |                     |                 |           |     |                      |
| AVODART – dutasteride cap 0.5 mg                               | 3         | •                   | •               |           |     |                      | potassium citrate & citric acid soln 1100-334 mg/5ml                    | 1         |                     |                 |           |     |                      |
| CARDURA XL – doxazosin mesylate tab er 24 hr 4 mg (base equiv) | 3         | •                   | •               |           |     |                      | potassium citrate tab er 5 meq (540 mg) (Urocit-k 5)                    | 1         |                     |                 |           |     |                      |
| CARDURA XL – doxazosin mesylate tab er 24 hr 8 mg (base equiv) | 3         | •                   | •               |           |     |                      | potassium citrate tab er 10 meq (1080 mg) (Urocit-k 10)                 | 1         |                     |                 |           |     |                      |
| CYSTAGON – cysteamine bitartrate cap 50 mg                     | 3         | •                   |                 | •         |     | •                    | potassium citrate tab er 15 meq (1620 mg) (Urocit-k 15)                 | 1         |                     |                 |           |     |                      |
| CYSTAGON – cysteamine bitartrate cap 150 mg                    | 3         | •                   |                 | •         |     | •                    | PROCYSBI – cysteamine bitartrate cap delayed release 25 mg (base equiv) | 3         | •                   |                 | •         |     | •                    |
| dutasteride cap 0.5 mg (Avodart)                               | 1         |                     | •               |           |     |                      |                                                                         |           |                     |                 |           |     |                      |

| Drug Name                                                               | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                              | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
|-------------------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|--------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|
| PROCYSBI – cysteamine bitartrate cap delayed release 75 mg (base equiv) | 3         | •                   |                 | •         |     | •                    | alprazolam orally disintegrating tab 0.25 mg (Niravam) | 1         |                     |                 |           |     |                      |
| PROSCAR – finasteride tab 5 mg                                          | 3         | •                   | •               |           |     |                      | alprazolam orally disintegrating tab 0.5 mg            | 1         |                     |                 |           |     |                      |
| PYRIDIUM – phenazopyridine hcl tab 100 mg                               | 3         |                     |                 |           |     |                      | alprazolam orally disintegrating tab 1 mg              | 1         |                     |                 |           |     |                      |
| PYRIDIUM – phenazopyridine hcl tab 200 mg                               | 3         |                     |                 |           |     |                      | alprazolam orally disintegrating tab 2 mg              | 1         |                     |                 |           |     |                      |
| RAPAFLO – silodosin cap 4 mg                                            | 3         | •                   | •               |           |     |                      | alprazolam tab er 24hr 0.5 mg (Xanax xr)               | 1         |                     |                 |           |     |                      |
| RAPAFLO – silodosin cap 8 mg                                            | 3         | •                   | •               |           |     |                      | alprazolam tab er 24hr 1 mg (Xanax xr)                 | 1         |                     |                 |           |     |                      |
| RENACIDIN – citric acid-gluconolactone-magnesium carbonate soln         | 3         |                     |                 |           |     |                      | alprazolam tab er 24hr 2 mg (Xanax xr)                 | 1         |                     |                 |           |     |                      |
| sodium chloride irrigation soln 0.9%                                    | 1         |                     |                 |           |     |                      | alprazolam tab er 24hr 3 mg (Xanax xr)                 | 1         |                     |                 |           |     |                      |
| sodium citrate & citric acid soln 500-334 mg/5ml (Shohls solution modi) | 1         |                     |                 |           |     |                      | alprazolam tab 0.25 mg (Xanax)                         | 1         |                     |                 |           |     |                      |
| SORBITOL – sorbitol irrigation soln 3%                                  | 1         |                     |                 |           |     |                      | alprazolam tab 0.5 mg (Xanax)                          | 1         |                     |                 |           |     |                      |
| SORBITOL – sorbitol irrigation soln 3.3%                                | 1         |                     |                 |           |     |                      | alprazolam tab 1 mg (Xanax)                            | 1         |                     |                 |           |     |                      |
| SORBITOL-MANNITOL – sorbitol-mannitol irrigation soln 2.7-0.54 gm/100ml | 1         |                     |                 |           |     |                      | alprazolam tab 2 mg (Xanax)                            | 1         |                     |                 |           |     |                      |
| tamsulosin hcl cap 0.4 mg (Flomax)                                      | 1         |                     | •               |           |     |                      | ATIVAN – lorazepam tab 0.5 mg                          | 3         | •                   |                 |           |     |                      |
| THIOLA – tiopronin tab 100 mg                                           | 3         |                     |                 |           |     | •                    | ATIVAN – lorazepam tab 1 mg                            | 3         | •                   |                 |           |     |                      |
| UROCIT-K 10 – potassium citrate tab er 10 meq (1080 mg)                 | 3         | •                   |                 |           |     |                      | ATIVAN – lorazepam tab 2 mg                            | 3         | •                   |                 |           |     |                      |
| UROCIT-K 15 – potassium citrate tab er 15 meq (1620 mg)                 | 3         |                     |                 |           |     |                      | buspirone hcl tab 5 mg                                 | 1         |                     |                 |           |     |                      |
| UROCIT-K 5 – potassium citrate tab er 5 meq (540 mg)                    | 3         | •                   |                 |           |     |                      | buspirone hcl tab 7.5 mg                               | 1         |                     |                 |           |     |                      |
| UROXATRAL – alfuzosin hcl tab er 24hr 10 mg                             | 3         | •                   | •               |           |     |                      | buspirone hcl tab 10 mg                                | 1         |                     |                 |           |     |                      |
| <b>CENTRAL NERVOUS SYSTEM DRUGS</b>                                     |           |                     |                 |           |     |                      | buspirone hcl tab 15 mg                                | 1         |                     |                 |           |     |                      |
| <b>ANTI-ANXIETY AGENTS</b>                                              |           |                     |                 |           |     |                      | buspirone hcl tab 30 mg                                | 1         |                     |                 |           |     |                      |
| ALPRAZOLAM INTENSOL – alprazolam conc 1 mg/ml                           | 2         |                     |                 |           |     |                      | chlordiazepoxide hcl cap 5 mg                          | 1         |                     |                 |           |     |                      |
|                                                                         |           |                     |                 |           |     |                      | chlordiazepoxide hcl cap 10 mg                         | 1         |                     |                 |           |     |                      |
|                                                                         |           |                     |                 |           |     |                      | chlordiazepoxide hcl cap 25 mg                         | 1         |                     |                 |           |     |                      |
|                                                                         |           |                     |                 |           |     |                      | clorazepate dipotassium tab 3.75 mg (Tranxene t)       | 1         |                     |                 |           |     |                      |
|                                                                         |           |                     |                 |           |     |                      | clorazepate dipotassium tab 7.5 mg (Tranxene t)        | 1         |                     |                 |           |     |                      |
|                                                                         |           |                     |                 |           |     |                      | clorazepate dipotassium tab 15 mg (Tranxene t)         | 1         |                     |                 |           |     |                      |
|                                                                         |           |                     |                 |           |     |                      | DIAZEPAM – diazepam oral soln 1 mg/ml                  | 1         |                     |                 |           |     |                      |

| Drug Name                                            | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                        | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
|------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|--------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|
| diazepam conc 5 mg/ml                                | 1         |                     |                 |           |     |                      | XANAX XR – alprazolam tab er 24hr 0.5 mg         | 3         | •                   |                 |           |     |                      |
| diazepam tab 2 mg (Valium)                           | 1         |                     |                 |           |     |                      | XANAX XR – alprazolam tab er 24hr 1 mg           | 3         | •                   |                 |           |     |                      |
| diazepam tab 5 mg (Valium)                           | 1         |                     |                 |           |     |                      | XANAX XR – alprazolam tab er 24hr 2 mg           | 3         | •                   |                 |           |     |                      |
| diazepam tab 10 mg (Valium)                          | 1         |                     |                 |           |     |                      | XANAX XR – alprazolam tab er 24hr 3 mg           | 3         | •                   |                 |           |     |                      |
| hydroxyzine hcl syrup 10 mg/5ml                      | 1         |                     |                 |           |     |                      | <b>ANTIDEPRESSANTS</b>                           |           |                     |                 |           |     |                      |
| hydroxyzine hcl tab 10 mg                            | 1         |                     |                 |           |     |                      | amitriptyline hcl tab 10 mg                      | 1         |                     |                 |           |     |                      |
| hydroxyzine hcl tab 25 mg                            | 1         |                     |                 |           |     |                      | amitriptyline hcl tab 25 mg                      | 1         |                     |                 |           |     |                      |
| hydroxyzine hcl tab 50 mg                            | 1         |                     |                 |           |     |                      | amitriptyline hcl tab 50 mg                      | 1         |                     |                 |           |     |                      |
| HYDROXYZINE PAMOATE – hydroxyzine pamoate cap 100 mg | 1         |                     |                 |           |     |                      | amitriptyline hcl tab 75 mg                      | 1         |                     |                 |           |     |                      |
| hydroxyzine pamoate cap 25 mg (Vistaril)             | 1         |                     |                 |           |     |                      | amitriptyline hcl tab 100 mg                     | 1         |                     |                 |           |     |                      |
| hydroxyzine pamoate cap 50 mg (Vistaril)             | 1         |                     |                 |           |     |                      | amitriptyline hcl tab 150 mg                     | 1         |                     |                 |           |     |                      |
| lorazepam conc 2 mg/ml (Lorazepam intensol)          | 1         |                     |                 |           |     |                      | AMOXAPINE – amoxapine tab 25 mg                  | 1         |                     |                 |           |     |                      |
| lorazepam tab 0.5 mg (Ativan)                        | 1         |                     |                 |           |     |                      | AMOXAPINE – amoxapine tab 50 mg                  | 1         |                     |                 |           |     |                      |
| lorazepam tab 1 mg (Ativan)                          | 1         |                     |                 |           |     |                      | AMOXAPINE – amoxapine tab 100 mg                 | 1         |                     |                 |           |     |                      |
| lorazepam tab 2 mg (Ativan)                          | 1         |                     |                 |           |     |                      | AMOXAPINE – amoxapine tab 150 mg                 | 1         |                     |                 |           |     |                      |
| meprobamate tab 200 mg                               | 1         |                     |                 |           |     |                      | ANAFRANIL – clomipramine hcl cap 25 mg           | 3         | •                   |                 |           |     |                      |
| meprobamate tab 400 mg                               | 1         |                     |                 |           |     |                      | ANAFRANIL – clomipramine hcl cap 50 mg           | 3         | •                   |                 |           |     |                      |
| oxazepam cap 10 mg                                   | 1         |                     |                 |           |     |                      | ANAFRANIL – clomipramine hcl cap 75 mg           | 3         | •                   |                 |           |     |                      |
| oxazepam cap 15 mg                                   | 1         |                     |                 |           |     |                      | APLENZIN – bupropion hbr tab er 24hr 174 mg      | 3         | •                   |                 |           |     |                      |
| oxazepam cap 30 mg                                   | 1         |                     |                 |           |     |                      | APLENZIN – bupropion hbr tab er 24hr 348 mg      | 3         | •                   |                 |           |     |                      |
| TRANXENE T – clorazepate dipotassium tab 7.5 mg      | 3         | •                   |                 |           |     |                      | APLENZIN – bupropion hbr tab er 24hr 522 mg      | 3         | •                   |                 |           |     |                      |
| VALIUM – diazepam tab 2 mg                           | 3         | •                   |                 |           |     |                      | bupropion hcl tab er 12hr 100 mg (Wellbutrin sr) | 1         |                     |                 |           |     |                      |
| VALIUM – diazepam tab 5 mg                           | 3         | •                   |                 |           |     |                      | bupropion hcl tab er 12hr 150 mg (Wellbutrin sr) | 1         |                     |                 |           |     |                      |
| VALIUM – diazepam tab 10 mg                          | 3         | •                   |                 |           |     |                      |                                                  |           |                     |                 |           |     |                      |
| VISTARIL – hydroxyzine pamoate cap 25 mg             | 3         | •                   |                 |           |     |                      |                                                  |           |                     |                 |           |     |                      |
| VISTARIL – hydroxyzine pamoate cap 50 mg             | 3         | •                   |                 |           |     |                      |                                                  |           |                     |                 |           |     |                      |
| XANAX – alprazolam tab 0.25 mg                       | 3         | •                   |                 |           |     |                      |                                                  |           |                     |                 |           |     |                      |
| XANAX – alprazolam tab 0.5 mg                        | 3         | •                   |                 |           |     |                      |                                                  |           |                     |                 |           |     |                      |
| XANAX – alprazolam tab 1 mg                          | 3         | •                   |                 |           |     |                      |                                                  |           |                     |                 |           |     |                      |
| XANAX – alprazolam tab 2 mg                          | 3         | •                   |                 |           |     |                      |                                                  |           |                     |                 |           |     |                      |



| Drug Name                                                         | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                 | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| <b>bupropion hcl tab er 12hr 200 mg</b><br>(Wellbutrin sr)        | 1         |                     |                 |           |     |                      | <b>desipramine hcl tab 10 mg</b><br>(Norpramin)                           | 1         |                     |                 |           |     |                      |
| <b>bupropion hcl tab er 24hr 150 mg</b><br>(Wellbutrin xl)        | 1         |                     |                 |           |     |                      | <b>desipramine hcl tab 25 mg</b><br>(Norpramin)                           | 1         |                     |                 |           |     |                      |
| <b>bupropion hcl tab er 24hr 300 mg</b><br>(Wellbutrin xl)        | 1         |                     |                 |           |     |                      | <b>desipramine hcl tab 50 mg</b><br>(Norpramin)                           | 1         |                     |                 |           |     |                      |
| <b>bupropion hcl tab 75 mg</b><br>(Wellbutrin)                    | 1         |                     |                 |           |     |                      | <b>desipramine hcl tab 75 mg</b><br>(Norpramin)                           | 1         |                     |                 |           |     |                      |
| <b>bupropion hcl tab 100 mg</b><br>(Wellbutrin)                   | 1         |                     |                 |           |     |                      | <b>desipramine hcl tab 100 mg</b><br>(Norpramin)                          | 1         |                     |                 |           |     |                      |
| <b>CELEXA – citalopram hydrobromide tab 10 mg (base equiv)</b>    | 3         | •                   |                 |           |     |                      | <b>desipramine hcl tab 150 mg</b><br>(Norpramin)                          | 1         |                     |                 |           |     |                      |
| <b>CELEXA – citalopram hydrobromide tab 20 mg (base equiv)</b>    | 3         | •                   |                 |           |     |                      | <b>DESVENLAFAXINE ER – desvenlafaxine tab er 24hr 50 mg</b>               | 1         | •                   | •               |           |     |                      |
| <b>CELEXA – citalopram hydrobromide tab 40 mg (base equiv)</b>    | 3         | •                   |                 |           |     |                      | <b>DESVENLAFAXINE ER – desvenlafaxine tab er 24hr 100 mg</b>              | 1         | •                   | •               |           |     |                      |
| <b>citalopram hydrobromide oral soln 10 mg/5ml</b>                | 1         |                     |                 |           |     |                      | <b>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</b> (Pristiq)  | 1         |                     | •               |           |     |                      |
| <b>citalopram hydrobromide tab 10 mg (base equiv)</b> (Celexa)    | 1         |                     |                 |           |     |                      | <b>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</b> (Pristiq)  | 1         |                     | •               |           |     |                      |
| <b>citalopram hydrobromide tab 20 mg (base equiv)</b> (Celexa)    | 1         |                     |                 |           |     |                      | <b>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</b> (Pristiq) | 1         |                     | •               |           |     |                      |
| <b>citalopram hydrobromide tab 40 mg (base equiv)</b> (Celexa)    | 1         |                     |                 |           |     |                      | <b>DOXEPIN HCL – doxepin hcl cap 75 mg</b>                                | 1         |                     |                 |           |     |                      |
| <b>clomipramine hcl cap 25 mg</b><br>(Anafranil)                  | 1         |                     |                 |           |     |                      | <b>doxepin hcl cap 10 mg</b>                                              | 1         |                     |                 |           |     |                      |
| <b>clomipramine hcl cap 50 mg</b><br>(Anafranil)                  | 1         |                     |                 |           |     |                      | <b>doxepin hcl cap 25 mg</b>                                              | 1         |                     |                 |           |     |                      |
| <b>clomipramine hcl cap 75 mg</b><br>(Anafranil)                  | 1         |                     |                 |           |     |                      | <b>doxepin hcl cap 50 mg</b>                                              | 1         |                     |                 |           |     |                      |
| <b>CYMBALTA – duloxetine hcl enteric coated pellets cap 20 mg</b> | 3         | •                   | •               |           |     |                      | <b>doxepin hcl cap 100 mg</b>                                             | 1         |                     |                 |           |     |                      |
| <b>CYMBALTA – duloxetine hcl enteric coated pellets cap 30 mg</b> | 3         | •                   | •               |           |     |                      | <b>doxepin hcl cap 150 mg</b>                                             | 1         |                     |                 |           |     |                      |
| <b>CYMBALTA – duloxetine hcl enteric coated pellets cap 60 mg</b> | 3         | •                   | •               |           |     |                      | <b>doxepin hcl conc 10 mg/ml</b>                                          | 1         |                     |                 |           |     |                      |
|                                                                   |           |                     |                 |           |     |                      | <b>DULOXETINE HCL – duloxetine hcl enteric coated pellets cap 40 mg</b>   | 1         |                     | •               |           |     |                      |
|                                                                   |           |                     |                 |           |     |                      | <b>duloxetine hcl enteric coated pellets cap 20 mg</b> (Cymbalta)         | 1         |                     | •               |           |     |                      |
|                                                                   |           |                     |                 |           |     |                      | <b>duloxetine hcl enteric coated pellets cap 30 mg</b> (Cymbalta)         | 1         |                     | •               |           |     |                      |

| Drug Name                                                                                   | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                       | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
|---------------------------------------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|-----------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|
| <b>duloxetine hcl enteric coated pellets cap 60 mg (Cymbalta)</b>                           | 1         |                     | •               |           |     |                      | <b>FLUOXETINE DR – fluoxetine hcl cap delayed release 90 mg</b> | 1         |                     | •               |           |     |                      |
| <b>EFFEXOR XR – venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</b>                   | 3         | •                   | •               |           |     |                      | <b>fluoxetine hcl cap 10 mg (Prozac)</b>                        | 1         |                     |                 |           |     |                      |
| <b>EFFEXOR XR – venlafaxine hcl cap er 24hr 75 mg (base equivalent)</b>                     | 3         | •                   | •               |           |     |                      | <b>fluoxetine hcl cap 20 mg (Prozac)</b>                        | 1         |                     |                 |           |     |                      |
| <b>EFFEXOR XR – venlafaxine hcl cap er 24hr 150 mg (base equivalent)</b>                    | 3         | •                   | •               |           |     |                      | <b>fluoxetine hcl cap 40 mg (Prozac)</b>                        | 1         |                     |                 |           |     |                      |
| <b>ELAVIL – amitriptyline hcl tab 25 mg</b>                                                 | 3         |                     |                 |           |     |                      | <b>fluoxetine hcl solution 20 mg/5ml</b>                        | 1         |                     |                 |           |     |                      |
| <b>EMSAM – selegiline td patch 24hr 6 mg/24hr</b>                                           | 3         |                     |                 |           |     |                      | <b>fluoxetine hcl tab 10 mg</b>                                 | 1         |                     |                 |           |     |                      |
| <b>EMSAM – selegiline td patch 24hr 9 mg/24hr</b>                                           | 3         |                     |                 |           |     |                      | <b>fluoxetine hcl tab 20 mg</b>                                 | 1         |                     |                 |           |     |                      |
| <b>EMSAM – selegiline td patch 24hr 12 mg/24hr</b>                                          | 3         |                     |                 |           |     |                      | <b>fluvoxamine maleate cap er 24hr 100 mg</b>                   | 1         |                     |                 |           |     |                      |
| <b>escitalopram oxalate soln 5 mg/5ml (base equiv) (Lexapro)</b>                            | 1         |                     |                 |           |     |                      | <b>fluvoxamine maleate cap er 24hr 150 mg</b>                   | 1         |                     |                 |           |     |                      |
| <b>escitalopram oxalate tab 5 mg (base equiv) (Lexapro)</b>                                 | 1         |                     |                 |           |     |                      | <b>fluvoxamine maleate tab 25 mg</b>                            | 1         |                     |                 |           |     |                      |
| <b>escitalopram oxalate tab 10 mg (base equiv) (Lexapro)</b>                                | 1         |                     |                 |           |     |                      | <b>fluvoxamine maleate tab 50 mg</b>                            | 1         |                     |                 |           |     |                      |
| <b>escitalopram oxalate tab 20 mg (base equiv) (Lexapro)</b>                                | 1         |                     |                 |           |     |                      | <b>fluvoxamine maleate tab 100 mg</b>                           | 1         |                     |                 |           |     |                      |
| <b>FETZIMA – levomilnacipran hcl cap er 24hr 20 mg (base equivalent)</b>                    | 3         | •                   | •               |           |     |                      | <b>FORFIVO XL – bupropion hcl tab er 24hr 450 mg</b>            | 3         | •                   |                 |           |     |                      |
| <b>FETZIMA – levomilnacipran hcl cap er 24hr 40 mg (base equivalent)</b>                    | 3         | •                   | •               |           |     |                      | <b>imipramine hcl tab 10 mg (Tofranil)</b>                      | 1         |                     |                 |           |     |                      |
| <b>FETZIMA – levomilnacipran hcl cap er 24hr 80 mg (base equivalent)</b>                    | 3         | •                   | •               |           |     |                      | <b>imipramine hcl tab 25 mg (Tofranil)</b>                      | 1         |                     |                 |           |     |                      |
| <b>FETZIMA – levomilnacipran hcl cap er 24hr 120 mg (base equivalent)</b>                   | 3         | •                   | •               |           |     |                      | <b>imipramine hcl tab 50 mg (Tofranil)</b>                      | 1         |                     |                 |           |     |                      |
| <b>FETZIMA TITRATION PACK – levomilnacipran hcl cap er 24hr 20 &amp; 40 mg therapy pack</b> | 3         | •                   | •               |           |     |                      | <b>imipramine pamoate cap 75 mg (Tofranil-pm)</b>               | 1         |                     |                 |           |     |                      |
|                                                                                             |           |                     |                 |           |     |                      | <b>imipramine pamoate cap 100 mg (Tofranil-pm)</b>              | 1         |                     |                 |           |     |                      |
|                                                                                             |           |                     |                 |           |     |                      | <b>imipramine pamoate cap 125 mg (Tofranil-pm)</b>              | 1         |                     |                 |           |     |                      |
|                                                                                             |           |                     |                 |           |     |                      | <b>imipramine pamoate cap 150 mg (Tofranil-pm)</b>              | 1         |                     |                 |           |     |                      |
|                                                                                             |           |                     |                 |           |     |                      | <b>KHEDEZLA – desvenlafaxine tab er 24hr 50 mg</b>              | 3         | •                   | •               |           |     |                      |
|                                                                                             |           |                     |                 |           |     |                      | <b>KHEDEZLA – desvenlafaxine tab er 24hr 100 mg</b>             | 3         | •                   | •               |           |     |                      |
|                                                                                             |           |                     |                 |           |     |                      | <b>LEXAPRO – escitalopram oxalate tab 5 mg (base equiv)</b>     | 3         | •                   |                 |           |     |                      |
|                                                                                             |           |                     |                 |           |     |                      | <b>LEXAPRO – escitalopram oxalate tab 10 mg (base equiv)</b>    | 3         | •                   |                 |           |     |                      |
|                                                                                             |           |                     |                 |           |     |                      | <b>LEXAPRO – escitalopram oxalate tab 20 mg (base equiv)</b>    | 3         | •                   |                 |           |     |                      |

| Drug Name                                                    | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                               | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
|--------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|---------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|
| MAPROTILINE HCL – maprotiline hcl tab 25 mg                  | 1         | •                   |                 |           |     |                      | nortriptyline hcl cap 75 mg (Pamelor)                   | 1         |                     |                 |           |     |                      |
| MAPROTILINE HCL – maprotiline hcl tab 50 mg                  | 1         | •                   |                 |           |     |                      | PAMELOR – nortriptyline hcl cap 10 mg                   | 3         | •                   |                 |           |     |                      |
| MAPROTILINE HCL – maprotiline hcl tab 75 mg                  | 1         | •                   |                 |           |     |                      | PAMELOR – nortriptyline hcl cap 25 mg                   | 3         | •                   |                 |           |     |                      |
| MARPLAN – isocarboxazid tab 10 mg                            | 3         |                     |                 |           |     |                      | PAMELOR – nortriptyline hcl cap 50 mg                   | 3         | •                   |                 |           |     |                      |
| mirtazapine orally disintegrating tab 15 mg (Remeron soltab) | 1         |                     |                 |           |     |                      | PAMELOR – nortriptyline hcl cap 75 mg                   | 3         | •                   |                 |           |     |                      |
| mirtazapine orally disintegrating tab 30 mg (Remeron soltab) | 1         |                     |                 |           |     |                      | PARNATE – tranylcypromine sulfate tab 10 mg             | 3         | •                   |                 |           |     |                      |
| mirtazapine orally disintegrating tab 45 mg (Remeron soltab) | 1         |                     |                 |           |     |                      | paroxetine hcl tab er 24hr 12.5 mg (Paxil cr)           | 1         |                     |                 |           |     |                      |
| mirtazapine tab 7.5 mg                                       | 1         |                     |                 |           |     |                      | paroxetine hcl tab er 24hr 25 mg (Paxil cr)             | 1         |                     |                 |           |     |                      |
| mirtazapine tab 15 mg (Remeron)                              | 1         |                     |                 |           |     |                      | paroxetine hcl tab er 24hr 37.5 mg (Paxil cr)           | 1         |                     |                 |           |     |                      |
| mirtazapine tab 30 mg (Remeron)                              | 1         |                     |                 |           |     |                      | paroxetine hcl tab 10 mg (Paxil)                        | 1         |                     |                 |           |     |                      |
| mirtazapine tab 45 mg (Remeron)                              | 1         |                     |                 |           |     |                      | paroxetine hcl tab 20 mg (Paxil)                        | 1         |                     |                 |           |     |                      |
| NARDIL – phenelzine sulfate tab 15 mg                        | 2         |                     |                 |           |     |                      | paroxetine hcl tab 30 mg (Paxil)                        | 1         |                     |                 |           |     |                      |
| NEFAZODONE HCL – nefazodone hcl tab 100 mg                   | 1         |                     |                 |           |     |                      | paroxetine hcl tab 40 mg (Paxil)                        | 1         |                     |                 |           |     |                      |
| NEFAZODONE HCL – nefazodone hcl tab 150 mg                   | 1         |                     |                 |           |     |                      | PAXIL – paroxetine hcl oral susp 10 mg/5ml (base equiv) | 3         |                     |                 |           |     |                      |
| NEFAZODONE HCL – nefazodone hcl tab 200 mg                   | 1         |                     |                 |           |     |                      | PAXIL – paroxetine hcl tab 10 mg                        | 3         | •                   |                 |           |     |                      |
| nefazodone hcl tab 50 mg                                     | 1         |                     |                 |           |     |                      | PAXIL – paroxetine hcl tab 20 mg                        | 3         | •                   |                 |           |     |                      |
| nefazodone hcl tab 250 mg                                    | 1         |                     |                 |           |     |                      | PAXIL – paroxetine hcl tab 30 mg                        | 3         | •                   |                 |           |     |                      |
| NORPRAMIN – desipramine hcl tab 10 mg                        | 3         | •                   |                 |           |     |                      | PAXIL – paroxetine hcl tab 40 mg                        | 3         | •                   |                 |           |     |                      |
| NORPRAMIN – desipramine hcl tab 25 mg                        | 3         | •                   |                 |           |     |                      | PAXIL CR – paroxetine hcl tab er 24hr 12.5 mg           | 3         | •                   |                 |           |     |                      |
| NORTRIPTYLINE HCL – nortriptyline hcl soln 10 mg/5ml         | 1         |                     |                 |           |     |                      | PAXIL CR – paroxetine hcl tab er 24hr 25 mg             | 3         | •                   |                 |           |     |                      |
| nortriptyline hcl cap 10 mg (Pamelor)                        | 1         |                     |                 |           |     |                      | PAXIL CR – paroxetine hcl tab er 24hr 37.5 mg           | 3         | •                   |                 |           |     |                      |
| nortriptyline hcl cap 25 mg (Pamelor)                        | 1         |                     |                 |           |     |                      | PEXEVA – paroxetine mesylate tab 10 mg (base equiv)     | 3         | •                   |                 |           |     |                      |
| nortriptyline hcl cap 50 mg (Pamelor)                        | 1         |                     |                 |           |     |                      | PEXEVA – paroxetine mesylate tab 20 mg (base equiv)     | 3         | •                   |                 |           |     |                      |
|                                                              |           |                     |                 |           |     |                      | PEXEVA – paroxetine mesylate tab 30 mg (base equiv)     | 3         | •                   |                 |           |     |                      |

| Drug Name                                                          | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                  | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| PEXEVA – paroxetine mesylate tab 40 mg (base equiv)                | 3         | •                   |                 |           |     |                      | SURMONTIL – trimipramine maleate cap 50 mg                                 | 3         | •                   |                 |           |     |                      |
| phenelzine sulfate tab 15 mg (Nardil)                              | 1         |                     |                 |           |     |                      | SURMONTIL – trimipramine maleate cap 100 mg                                | 3         | •                   |                 |           |     |                      |
| PRISTIQ – desvenlafaxine succinate tab er 24hr 25 mg (base equiv)  | 3         | •                   | •               |           |     |                      | TOFRANIL – imipramine hcl tab 10 mg                                        | 3         | •                   |                 |           |     |                      |
| PRISTIQ – desvenlafaxine succinate tab er 24hr 50 mg (base equiv)  | 3         | •                   | •               |           |     |                      | TOFRANIL – imipramine hcl tab 25 mg                                        | 3         | •                   |                 |           |     |                      |
| PRISTIQ – desvenlafaxine succinate tab er 24hr 100 mg (base equiv) | 3         | •                   | •               |           |     |                      | TOFRANIL – imipramine hcl tab 50 mg                                        | 3         | •                   |                 |           |     |                      |
| protriptyline hcl tab 5 mg                                         | 1         |                     |                 |           |     |                      | tranylcypromine sulfate tab 10 mg (Parnate)                                | 1         |                     |                 |           |     |                      |
| protriptyline hcl tab 10 mg                                        | 1         |                     |                 |           |     |                      | trazodone hcl tab 50 mg                                                    | 1         |                     |                 |           |     |                      |
| PROZAC – fluoxetine hcl cap 10 mg                                  | 3         | •                   |                 |           |     |                      | trazodone hcl tab 100 mg                                                   | 1         |                     |                 |           |     |                      |
| PROZAC – fluoxetine hcl cap 20 mg                                  | 3         | •                   |                 |           |     |                      | trazodone hcl tab 150 mg                                                   | 1         |                     |                 |           |     |                      |
| PROZAC – fluoxetine hcl cap 40 mg                                  | 3         | •                   |                 |           |     |                      | trazodone hcl tab 300 mg                                                   | 1         |                     |                 |           |     |                      |
| REMERON – mirtazapine tab 15 mg                                    | 3         | •                   |                 |           |     |                      | trimipramine maleate cap 25 mg (Surmontil)                                 | 1         |                     |                 |           |     |                      |
| REMERON – mirtazapine tab 30 mg                                    | 3         | •                   |                 |           |     |                      | trimipramine maleate cap 50 mg (Surmontil)                                 | 1         |                     |                 |           |     |                      |
| REMERON – mirtazapine tab 45 mg                                    | 3         | •                   |                 |           |     |                      | trimipramine maleate cap 100 mg (Surmontil)                                | 1         |                     |                 |           |     |                      |
| REMERON SOLTAB – mirtazapine orally disintegrating tab 15 mg       | 3         | •                   |                 |           |     |                      | TRINTELLIX – vortioxetine hbr tab 5 mg (base equiv)                        | 3         | •                   | •               |           |     |                      |
| REMERON SOLTAB – mirtazapine orally disintegrating tab 30 mg       | 3         | •                   |                 |           |     |                      | TRINTELLIX – vortioxetine hbr tab 10 mg (base equiv)                       | 3         | •                   | •               |           |     |                      |
| REMERON SOLTAB – mirtazapine orally disintegrating tab 45 mg       | 3         | •                   |                 |           |     |                      | TRINTELLIX – vortioxetine hbr tab 20 mg (base equiv)                       | 3         | •                   | •               |           |     |                      |
| sertraline hcl oral conc 20 mg/ml (Zoloft)                         | 1         |                     |                 |           |     |                      | venlafaxine hcl cap er 24hr 37.5 mg (base equivalent) (Effexor xr)         | 1         |                     | •               |           |     |                      |
| sertraline hcl tab 25 mg (Zoloft)                                  | 1         |                     |                 |           |     |                      | venlafaxine hcl cap er 24hr 75 mg (base equivalent) (Effexor xr)           | 1         |                     | •               |           |     |                      |
| sertraline hcl tab 50 mg (Zoloft)                                  | 1         |                     |                 |           |     |                      | venlafaxine hcl cap er 24hr 150 mg (base equivalent) (Effexor xr)          | 1         |                     | •               |           |     |                      |
| sertraline hcl tab 100 mg (Zoloft)                                 | 1         |                     |                 |           |     |                      | VENLAFAXINE HCL ER – venlafaxine hcl tab er 24hr 37.5 mg (base equivalent) | 1         |                     | •               |           |     |                      |
| SURMONTIL – trimipramine maleate cap 25 mg                         | 3         | •                   |                 |           |     |                      |                                                                            |           |                     |                 |           |     |                      |

| Drug Name                                                                        | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                    | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| VENLAFAXINE HCL ER –<br>venlafaxine hcl tab er 24hr 75<br>mg (base equivalent)   | 1         | •                   | •               |           |     |                      | ZOLOFT – sertraline hcl oral conc<br>20 mg/ml                                | 3         | •                   |                 |           |     |                      |
| VENLAFAXINE HCL ER –<br>venlafaxine hcl tab er 24hr 150<br>mg (base equivalent)  | 1         |                     | •               |           |     |                      | ZOLOFT – sertraline hcl tab 25 mg                                            | 3         | •                   |                 |           |     |                      |
|                                                                                  |           |                     |                 |           |     |                      | ZOLOFT – sertraline hcl tab 50 mg                                            | 3         | •                   |                 |           |     |                      |
|                                                                                  |           |                     |                 |           |     |                      | ZOLOFT – sertraline hcl tab 100<br>mg                                        | 3         | •                   |                 |           |     |                      |
| venlafaxine hcl tab er 24hr<br>37.5 mg (base equivalent)<br>(Venlafaxine hcl er) | 1         |                     | •               |           |     |                      | ANTIPSYCHOTICS                                                               |           |                     |                 |           |     |                      |
| venlafaxine hcl tab er 24hr 75 mg<br>(base equivalent) (Venlafaxine<br>hcl er)   | 1         |                     | •               |           |     |                      | ABILIFY – aripiprazole tab 2 mg                                              | 3         | •                   | •               |           |     |                      |
|                                                                                  |           |                     |                 |           |     |                      | ABILIFY – aripiprazole tab 5 mg                                              | 3         | •                   | •               |           |     |                      |
|                                                                                  |           |                     |                 |           |     |                      | ABILIFY – aripiprazole tab 10 mg                                             | 3         | •                   | •               |           |     |                      |
|                                                                                  |           |                     |                 |           |     |                      | ABILIFY – aripiprazole tab 15 mg                                             | 3         | •                   | •               |           |     |                      |
| venlafaxine hcl tab er 24hr<br>150 mg (base equivalent)<br>(Venlafaxine hcl er)  | 1         |                     | •               |           |     |                      | ABILIFY – aripiprazole tab 20 mg                                             | 3         | •                   | •               |           |     |                      |
|                                                                                  |           |                     |                 |           |     |                      | ABILIFY – aripiprazole tab 30 mg                                             | 3         | •                   | •               |           |     |                      |
| venlafaxine hcl tab er 24hr<br>225 mg (base equivalent)                          | 1         |                     | •               |           |     |                      | ABILIFY MAINTENA – aripiprazole<br>im for extended release susp<br>300 mg    | 3         | •                   | •               |           |     |                      |
| venlafaxine hcl tab 25 mg                                                        | 1         |                     | •               |           |     |                      |                                                                              |           |                     |                 |           |     |                      |
| venlafaxine hcl tab 37.5 mg                                                      | 1         |                     | •               |           |     |                      | ABILIFY MAINTENA – aripiprazole<br>im for extended release susp<br>400 mg    | 3         | •                   | •               |           |     |                      |
| venlafaxine hcl tab 50 mg                                                        | 1         |                     | •               |           |     |                      |                                                                              |           |                     |                 |           |     |                      |
| venlafaxine hcl tab 75 mg                                                        | 1         |                     | •               |           |     |                      | aripiprazole oral solution 1 mg/ml                                           | 1         |                     | •               |           |     |                      |
| venlafaxine hcl tab 100 mg                                                       | 1         |                     | •               |           |     |                      | aripiprazole orally disintegrating<br>tab 10 mg                              | 1         |                     | •               |           |     |                      |
| VIIBRYD – vilazodone hcl tab 10<br>mg                                            | 3         | •                   |                 |           |     |                      | aripiprazole orally disintegrating<br>tab 15 mg                              | 1         |                     | •               |           |     |                      |
| VIIBRYD – vilazodone hcl tab 20<br>mg                                            | 3         | •                   |                 |           |     |                      | aripiprazole tab 2 mg (Abilify)                                              | 1         |                     | •               |           |     |                      |
| VIIBRYD – vilazodone hcl tab 40<br>mg                                            | 3         | •                   |                 |           |     |                      | aripiprazole tab 5 mg (Abilify)                                              | 1         |                     | •               |           |     |                      |
|                                                                                  |           |                     |                 |           |     |                      | aripiprazole tab 10 mg (Abilify)                                             | 1         |                     | •               |           |     |                      |
| VIIBRYD STARTER PACK –<br>vilazodone hcl tab starter kit 10<br>(7) & 20 (23) mg  | 3         | •                   |                 |           |     |                      | aripiprazole tab 15 mg (Abilify)                                             | 1         |                     | •               |           |     |                      |
|                                                                                  |           |                     |                 |           |     |                      | aripiprazole tab 20 mg (Abilify)                                             | 1         |                     | •               |           |     |                      |
| WELLBUTRIN SR – bupropion hcl<br>tab er 12hr 100 mg                              | 3         | •                   |                 |           |     |                      | aripiprazole tab 30 mg (Abilify)                                             | 1         |                     | •               |           |     |                      |
| WELLBUTRIN SR – bupropion hcl<br>tab er 12hr 150 mg                              | 3         | •                   |                 |           |     |                      | ARISTADA – aripiprazole lauroxil<br>im er susp prefilled syr 441<br>mg/1.6ml | 3         | •                   | •               |           |     |                      |
| WELLBUTRIN SR – bupropion hcl<br>tab er 12hr 200 mg                              | 3         | •                   |                 |           |     |                      |                                                                              |           |                     |                 |           |     |                      |
| WELLBUTRIN XL – bupropion hcl<br>tab er 24hr 150 mg                              | 3         | •                   |                 |           |     |                      | ARISTADA – aripiprazole lauroxil<br>im er susp prefilled syr 662<br>mg/2.4ml | 3         | •                   | •               |           |     |                      |
| WELLBUTRIN XL – bupropion hcl<br>tab er 24hr 300 mg                              | 3         | •                   |                 |           |     |                      | ARISTADA – aripiprazole lauroxil<br>im er susp prefilled syr 882<br>mg/3.2ml | 3         | •                   | •               |           |     |                      |

| Drug Name                                                                     | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                             | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| ARISTADA – aripiprazole lauroxil<br>im er susp prefilled syr 1064<br>mg/3.9ml | 3         | •                   | •               |           |     |                      | FANAPT – iloperidone tab 4 mg                                                         | 3         | •                   | •               |           |     |                      |
| CHLORPROMAZINE HCL –<br>chlorpromazine hcl inj 25 mg/ml                       | 1         |                     |                 |           |     |                      | FANAPT – iloperidone tab 6 mg                                                         | 3         | •                   | •               |           |     |                      |
| CHLORPROMAZINE HCL –<br>chlorpromazine hcl inj 50<br>mg/2ml                   | 1         |                     |                 |           |     |                      | FANAPT – iloperidone tab 8 mg                                                         | 3         | •                   | •               |           |     |                      |
| chlorpromazine hcl tab 10 mg                                                  | 1         |                     |                 |           |     |                      | FANAPT – iloperidone tab 10 mg                                                        | 3         | •                   | •               |           |     |                      |
| chlorpromazine hcl tab 25 mg                                                  | 1         |                     |                 |           |     |                      | FANAPT – iloperidone tab 12 mg                                                        | 3         | •                   | •               |           |     |                      |
| chlorpromazine hcl tab 50 mg                                                  | 1         |                     |                 |           |     |                      | FANAPT TITRATION PACK –<br>iloperidone tab 1 mg & 2 mg & 4<br>mg & 6 mg titration pak | 3         | •                   | •               |           |     |                      |
| chlorpromazine hcl tab 100 mg                                                 | 1         |                     |                 |           |     |                      | FAZACLO – clozapine orally<br>disintegrating tab 12.5 mg                              | 3         | •                   | •               |           |     |                      |
| chlorpromazine hcl tab 200 mg                                                 | 1         |                     |                 |           |     |                      | FAZACLO – clozapine orally<br>disintegrating tab 25 mg                                | 3         | •                   | •               |           |     |                      |
| CLOZAPINE ODT – clozapine<br>orally disintegrating tab 12.5 mg                | 1         | •                   | •               |           |     |                      | FAZACLO – clozapine orally<br>disintegrating tab 100 mg                               | 3         | •                   | •               |           |     |                      |
| CLOZAPINE ODT – clozapine<br>orally disintegrating tab 150 mg                 | 1         | •                   | •               |           |     |                      | FAZACLO – clozapine orally<br>disintegrating tab 150 mg                               | 3         | •                   | •               |           |     |                      |
| CLOZAPINE ODT – clozapine<br>orally disintegrating tab 200 mg                 | 1         | •                   | •               |           |     |                      | FAZACLO – clozapine orally<br>disintegrating tab 200 mg                               | 3         | •                   | •               |           |     |                      |
| clozapine orally disintegrating tab<br>25 mg (Fazaclo)                        | 1         |                     | •               |           |     |                      | fluphenazine decanoate inj 25 mg/<br>ml                                               | 1         |                     |                 |           |     |                      |
| clozapine orally disintegrating tab<br>100 mg (Fazaclo)                       | 1         |                     | •               |           |     |                      | FLUPHENAZINE HCL –<br>fluphenazine hcl elixir 2.5<br>mg/5ml                           | 1         |                     |                 |           |     |                      |
| clozapine tab 25 mg (Clozaril)                                                | 1         |                     | •               |           |     |                      | FLUPHENAZINE HCL –<br>fluphenazine hcl oral conc 5<br>mg/ml                           | 1         |                     |                 |           |     |                      |
| clozapine tab 50 mg                                                           | 1         |                     | •               |           |     |                      | FLUPHENAZINE HCL –<br>fluphenazine hcl inj 2.5 mg/ml                                  | 1         |                     |                 |           |     |                      |
| clozapine tab 100 mg (Clozaril)                                               | 1         |                     | •               |           |     |                      | fluphenazine hcl tab 1 mg                                                             | 1         |                     |                 |           |     |                      |
| clozapine tab 200 mg                                                          | 1         |                     | •               |           |     |                      | fluphenazine hcl tab 2.5 mg                                                           | 1         |                     |                 |           |     |                      |
| CLOZARIL – clozapine tab 25 mg                                                | 3         | •                   | •               |           |     |                      | fluphenazine hcl tab 5 mg                                                             | 1         |                     |                 |           |     |                      |
| CLOZARIL – clozapine tab 100 mg                                               | 3         | •                   | •               |           |     |                      | fluphenazine hcl tab 10 mg                                                            | 1         |                     |                 |           |     |                      |
| EQUETRO – carbamazepine<br>(antipsychotic) cap er 12hr 100<br>mg              | 3         |                     |                 |           |     |                      | GEODON – ziprasidone mesylate<br>for inj 20 mg (base equivalent)                      | 3         | •                   | •               |           |     |                      |
| EQUETRO – carbamazepine<br>(antipsychotic) cap er 12hr 200<br>mg              | 3         |                     |                 |           |     |                      | GEODON – ziprasidone hcl cap 20<br>mg                                                 | 3         | •                   | •               |           |     |                      |
| EQUETRO – carbamazepine<br>(antipsychotic) cap er 12hr 300<br>mg              | 3         |                     |                 |           |     |                      | GEODON – ziprasidone hcl cap 40<br>mg                                                 | 3         | •                   | •               |           |     |                      |
| FANAPT – iloperidone tab 1 mg                                                 | 3         | •                   | •               |           |     |                      | GEODON – ziprasidone hcl cap 60<br>mg                                                 | 3         | •                   | •               |           |     |                      |
| FANAPT – iloperidone tab 2 mg                                                 | 3         | •                   | •               |           |     |                      |                                                                                       |           |                     |                 |           |     |                      |

| Drug Name                                                                      | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                      | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| GEODON – ziprasidone hcl cap 80 mg                                             | 3         | •                   | •               |           |     |                      | INVEGA SUSTENNA – paliperidone palmitate im extend-release susp 117 mg/0.75ml  | 3         | •                   | •               |           |     |                      |
| HALDOL – haloperidol lactate inj 5 mg/ml                                       | 3         | •                   |                 |           |     |                      | INVEGA SUSTENNA – paliperidone palmitate im extended-release susp 156 mg/ml    | 3         | •                   | •               |           |     |                      |
| HALDOL DECANOATE 100 – haloperidol decanoate im soln 100 mg/ml                 | 3         | •                   |                 |           |     |                      | INVEGA SUSTENNA – paliperidone palmitate im extended-release susp 234 mg/1.5ml | 3         | •                   | •               |           |     |                      |
| HALDOL DECANOATE 50 – haloperidol decanoate im soln 50 mg/ml                   | 3         | •                   |                 |           |     |                      | INVEGA TRINZA – paliperidone palmitate im extend-release susp 273 mg/0.875ml   | 3         | •                   | •               |           |     |                      |
| haloperidol decanoate im soln 50 mg/ml (Haldol decanoate 50)                   | 1         |                     |                 |           |     |                      | INVEGA TRINZA – paliperidone palmitate im extend-release susp 410 mg/1.315ml   | 3         | •                   | •               |           |     |                      |
| haloperidol decanoate im soln 100 mg/ml (Haldol decanoate 100)                 | 1         |                     |                 |           |     |                      | INVEGA TRINZA – paliperidone palmitate im extend-release susp 546 mg/1.75ml    | 3         | •                   | •               |           |     |                      |
| haloperidol lactate inj 5 mg/ml (Haldol)                                       | 1         |                     |                 |           |     |                      | INVEGA TRINZA – paliperidone palmitate im extend-release susp 819 mg/2.625ml   | 3         | •                   | •               |           |     |                      |
| haloperidol lactate oral conc 2 mg/ml                                          | 1         |                     |                 |           |     |                      | LATUDA – lurasidone hcl tab 20 mg                                              | 3         | •                   | •               |           |     |                      |
| haloperidol tab 0.5 mg                                                         | 1         |                     |                 |           |     |                      | LATUDA – lurasidone hcl tab 40 mg                                              | 3         | •                   | •               |           |     |                      |
| haloperidol tab 1 mg                                                           | 1         |                     |                 |           |     |                      | LATUDA – lurasidone hcl tab 60 mg                                              | 3         | •                   | •               |           |     |                      |
| haloperidol tab 2 mg                                                           | 1         |                     |                 |           |     |                      | LATUDA – lurasidone hcl tab 80 mg                                              | 3         | •                   | •               |           |     |                      |
| haloperidol tab 5 mg                                                           | 1         |                     |                 |           |     |                      | LATUDA – lurasidone hcl tab 120 mg                                             | 3         | •                   | •               |           |     |                      |
| haloperidol tab 10 mg                                                          | 1         |                     |                 |           |     |                      | LITHIUM – lithium oral solution 8 meq/5ml                                      | 1         |                     |                 |           |     |                      |
| haloperidol tab 20 mg                                                          | 1         |                     |                 |           |     |                      | LITHIUM CARBONATE – lithium carbonate cap 150 mg                               | 1         | •                   |                 |           |     |                      |
| INVEGA – paliperidone tab er 24hr 1.5 mg                                       | 3         | •                   | •               |           |     |                      | LITHIUM CARBONATE – lithium carbonate cap 600 mg                               | 1         | •                   |                 |           |     |                      |
| INVEGA – paliperidone tab er 24hr 3 mg                                         | 3         | •                   | •               |           |     |                      | lithium carbonate cap 150 mg (Lithium carbonate)                               | 1         |                     |                 |           |     |                      |
| INVEGA – paliperidone tab er 24hr 6 mg                                         | 3         | •                   | •               |           |     |                      |                                                                                |           |                     |                 |           |     |                      |
| INVEGA – paliperidone tab er 24hr 9 mg                                         | 3         | •                   | •               |           |     |                      |                                                                                |           |                     |                 |           |     |                      |
| INVEGA SUSTENNA – paliperidone palmitate im extended-release susp 39 mg/0.25ml | 3         | •                   | •               |           |     |                      |                                                                                |           |                     |                 |           |     |                      |
| INVEGA SUSTENNA – paliperidone palmitate im extended-release susp 78 mg/0.5ml  | 3         | •                   | •               |           |     |                      |                                                                                |           |                     |                 |           |     |                      |

| Drug Name                                                               | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                       | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
|-------------------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|---------------------------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|
| <b>lithium carbonate cap 300 mg</b>                                     | 1         |                     |                 |           |     |                      | <b>perphenazine tab 2 mg</b>                                                    | 1         |                     |                 |           |     |                      |
| <b>lithium carbonate cap 600 mg</b><br>(Lithium carbonate)              | 1         |                     |                 |           |     |                      | <b>perphenazine tab 4 mg</b>                                                    | 1         |                     |                 |           |     |                      |
| <b>lithium carbonate tab er 300 mg</b><br>(Lithobid)                    | 1         |                     |                 |           |     |                      | <b>perphenazine tab 8 mg</b>                                                    | 1         |                     |                 |           |     |                      |
| <b>lithium carbonate tab er 450 mg</b>                                  | 1         |                     |                 |           |     |                      | <b>perphenazine tab 16 mg</b>                                                   | 1         |                     |                 |           |     |                      |
| <b>lithium carbonate tab 300 mg</b>                                     | 1         |                     |                 |           |     |                      | <b>prochlorperazine edisylate inj<br/>5 mg/ml</b>                               | 1         |                     |                 |           |     |                      |
| <b>LITHOBID – lithium carbonate tab<br/>er 300 mg</b>                   | 3         | •                   |                 |           |     |                      | <b>prochlorperazine maleate<br/>tab 5 mg (base equivalent)<br/>(Compazine)</b>  | 1         |                     |                 |           |     |                      |
| <b>loxapine succinate cap 5 mg</b>                                      | 1         |                     |                 |           |     |                      | <b>prochlorperazine maleate tab<br/>10 mg (base equivalent)<br/>(Compazine)</b> | 1         |                     |                 |           |     |                      |
| <b>loxapine succinate cap 10 mg</b>                                     | 1         |                     |                 |           |     |                      | <b>prochlorperazine suppos 25 mg</b>                                            | 1         |                     |                 |           |     |                      |
| <b>loxapine succinate cap 25 mg</b>                                     | 1         |                     |                 |           |     |                      | <b>quetiapine fumarate tab er 24hr<br/>50 mg (Seroquel xr)</b>                  | 1         |                     | •               |           |     |                      |
| <b>loxapine succinate cap 50 mg</b>                                     | 1         |                     |                 |           |     |                      | <b>quetiapine fumarate tab er 24hr<br/>150 mg (Seroquel xr)</b>                 | 1         |                     | •               |           |     |                      |
| <b>NUPLAZID – pimavanserin tartrate<br/>tab 17 mg (base equivalent)</b> | 3         | •                   | •               |           |     | •                    | <b>quetiapine fumarate tab er 24hr<br/>200 mg (Seroquel xr)</b>                 | 1         |                     | •               |           |     |                      |
| <b>olanzapine for im inj 10 mg</b><br>(Zyprexa)                         | 1         |                     | •               |           |     |                      | <b>quetiapine fumarate tab er 24hr<br/>300 mg (Seroquel xr)</b>                 | 1         |                     | •               |           |     |                      |
| <b>olanzapine orally disintegrating<br/>tab 5 mg (Zyprexa zydis)</b>    | 1         |                     | •               |           |     |                      | <b>quetiapine fumarate tab er 24hr<br/>400 mg (Seroquel xr)</b>                 | 1         |                     | •               |           |     |                      |
| <b>olanzapine orally disintegrating<br/>tab 10 mg (Zyprexa zydis)</b>   | 1         |                     | •               |           |     |                      | <b>quetiapine fumarate tab 25 mg<br/>(Seroquel)</b>                             | 1         |                     | •               |           |     |                      |
| <b>olanzapine orally disintegrating<br/>tab 15 mg (Zyprexa zydis)</b>   | 1         |                     | •               |           |     |                      | <b>quetiapine fumarate tab 50 mg<br/>(Seroquel)</b>                             | 1         |                     | •               |           |     |                      |
| <b>olanzapine orally disintegrating<br/>tab 20 mg (Zyprexa zydis)</b>   | 1         |                     | •               |           |     |                      | <b>quetiapine fumarate tab 100 mg<br/>(Seroquel)</b>                            | 1         |                     | •               |           |     |                      |
| <b>olanzapine tab 2.5 mg (Zyprexa)</b>                                  | 1         |                     | •               |           |     |                      | <b>quetiapine fumarate tab 200 mg<br/>(Seroquel)</b>                            | 1         |                     | •               |           |     |                      |
| <b>olanzapine tab 5 mg (Zyprexa)</b>                                    | 1         |                     | •               |           |     |                      | <b>quetiapine fumarate tab 300 mg<br/>(Seroquel)</b>                            | 1         |                     | •               |           |     |                      |
| <b>olanzapine tab 7.5 mg (Zyprexa)</b>                                  | 1         |                     | •               |           |     |                      | <b>quetiapine fumarate tab 400 mg<br/>(Seroquel)</b>                            | 1         |                     | •               |           |     |                      |
| <b>olanzapine tab 10 mg (Zyprexa)</b>                                   | 1         |                     | •               |           |     |                      | <b>quetiapine fumarate tab 0.25<br/>mg</b>                                      | 3         | •                   | •               |           |     |                      |
| <b>olanzapine tab 15 mg (Zyprexa)</b>                                   | 1         |                     | •               |           |     |                      | <b>quetiapine fumarate tab 0.5<br/>mg</b>                                       | 3         | •                   | •               |           |     |                      |
| <b>olanzapine tab 20 mg (Zyprexa)</b>                                   | 1         |                     | •               |           |     |                      | <b>quetiapine fumarate tab 1 mg</b>                                             | 3         | •                   | •               |           |     |                      |
| <b>paliperidone tab er 24hr 1.5 mg</b><br>(Invega)                      | 1         |                     | •               |           |     |                      |                                                                                 |           |                     |                 |           |     |                      |
| <b>paliperidone tab er 24hr 3 mg</b><br>(Invega)                        | 1         |                     | •               |           |     |                      |                                                                                 |           |                     |                 |           |     |                      |
| <b>paliperidone tab er 24hr 6 mg</b><br>(Invega)                        | 1         |                     | •               |           |     |                      |                                                                                 |           |                     |                 |           |     |                      |
| <b>paliperidone tab er 24hr 9 mg</b><br>(Invega)                        | 1         |                     | •               |           |     |                      |                                                                                 |           |                     |                 |           |     |                      |



| Drug Name                                                      | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                      | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
|----------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|----------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|
| REXULTI – brexpiprazole tab 2 mg                               | 3         | •                   | •               |           |     |                      | risperidone orally disintegrating tab 0.5 mg (Risperdal m-tab) | 1         |                     | •               |           |     |                      |
| REXULTI – brexpiprazole tab 3 mg                               | 3         | •                   | •               |           |     |                      | risperidone orally disintegrating tab 1 mg (Risperdal m-tab)   | 1         |                     | •               |           |     |                      |
| REXULTI – brexpiprazole tab 4 mg                               | 3         | •                   | •               |           |     |                      | risperidone orally disintegrating tab 2 mg (Risperdal m-tab)   | 1         |                     | •               |           |     |                      |
| RISPERDAL – risperidone soln 1 mg/ml                           | 3         | •                   | •               |           |     |                      | risperidone orally disintegrating tab 3 mg (Risperdal m-tab)   | 1         |                     | •               |           |     |                      |
| RISPERDAL – risperidone tab 0.25 mg                            | 3         | •                   | •               |           |     |                      | risperidone orally disintegrating tab 4 mg (Risperdal m-tab)   | 1         |                     | •               |           |     |                      |
| RISPERDAL – risperidone tab 0.5 mg                             | 3         | •                   | •               |           |     |                      | risperidone soln 1 mg/ml (Risperdal)                           | 1         |                     | •               |           |     |                      |
| RISPERDAL – risperidone tab 1 mg                               | 3         | •                   | •               |           |     |                      | risperidone tab 0.25 mg (Risperdal)                            | 1         |                     | •               |           |     |                      |
| RISPERDAL – risperidone tab 2 mg                               | 3         | •                   | •               |           |     |                      | risperidone tab 0.5 mg (Risperdal)                             | 1         |                     | •               |           |     |                      |
| RISPERDAL – risperidone tab 3 mg                               | 3         | •                   | •               |           |     |                      | risperidone tab 1 mg (Risperdal)                               | 1         |                     | •               |           |     |                      |
| RISPERDAL – risperidone tab 4 mg                               | 3         | •                   | •               |           |     |                      | risperidone tab 2 mg (Risperdal)                               | 1         |                     | •               |           |     |                      |
| RISPERDAL CONSTA – risperidone microspheres for inj 12.5 mg    | 3         | •                   | •               |           |     |                      | risperidone tab 3 mg (Risperdal)                               | 1         |                     | •               |           |     |                      |
| RISPERDAL CONSTA – risperidone microspheres for inj 25 mg      | 3         | •                   | •               |           |     |                      | risperidone tab 4 mg (Risperdal)                               | 1         |                     | •               |           |     |                      |
| RISPERDAL CONSTA – risperidone microspheres for inj 37.5 mg    | 3         | •                   | •               |           |     |                      | SAPHRIS – asenapine maleate sl tab 2.5 mg (base equiv)         | 3         | •                   | •               |           |     |                      |
| RISPERDAL CONSTA – risperidone microspheres for inj 50 mg      | 3         | •                   | •               |           |     |                      | SAPHRIS – asenapine maleate sl tab 5 mg (base equiv)           | 3         | •                   | •               |           |     |                      |
| RISPERDAL M-TAB – risperidone orally disintegrating tab 0.5 mg | 3         | •                   | •               |           |     |                      | SAPHRIS – asenapine maleate sl tab 10 mg (base equiv)          | 3         | •                   | •               |           |     |                      |
| RISPERDAL M-TAB – risperidone orally disintegrating tab 1 mg   | 3         | •                   | •               |           |     |                      | SEROQUEL – quetiapine fumarate tab 25 mg                       | 3         | •                   | •               |           |     |                      |
| RISPERDAL M-TAB – risperidone orally disintegrating tab 2 mg   | 3         | •                   | •               |           |     |                      | SEROQUEL – quetiapine fumarate tab 50 mg                       | 3         | •                   | •               |           |     |                      |
| RISPERDAL M-TAB – risperidone orally disintegrating tab 3 mg   | 3         | •                   | •               |           |     |                      | SEROQUEL – quetiapine fumarate tab 100 mg                      | 3         | •                   | •               |           |     |                      |
| RISPERDAL M-TAB – risperidone orally disintegrating tab 4 mg   | 3         | •                   | •               |           |     |                      | SEROQUEL – quetiapine fumarate tab 200 mg                      | 3         | •                   | •               |           |     |                      |
| risperidone orally disintegrating tab 0.25 mg                  | 1         |                     | •               |           |     |                      | SEROQUEL – quetiapine fumarate tab 300 mg                      | 3         | •                   | •               |           |     |                      |
|                                                                |           |                     |                 |           |     |                      | SEROQUEL – quetiapine fumarate tab 400 mg                      | 3         | •                   | •               |           |     |                      |
|                                                                |           |                     |                 |           |     |                      | SEROQUEL XR – quetiapine fumarate tab er 24hr 50 mg            | 3         | •                   | •               |           |     |                      |

| Drug Name                                                        | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                       | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| SEROQUEL XR – quetiapine fumarate tab er 24hr 150 mg             | 3         | •                   | •               |           |     |                      | ziprasidone hcl cap 80 mg (Geodon)                                              | 1         |                     | •               |           |     |                      |
| SEROQUEL XR – quetiapine fumarate tab er 24hr 200 mg             | 3         | •                   | •               |           |     |                      | ZYPREXA – olanzapine for im inj 10 mg                                           | 3         | •                   | •               |           |     |                      |
| SEROQUEL XR – quetiapine fumarate tab er 24hr 300 mg             | 3         | •                   | •               |           |     |                      | ZYPREXA – olanzapine tab 2.5 mg                                                 | 3         | •                   | •               |           |     |                      |
| SEROQUEL XR – quetiapine fumarate tab er 24hr 400 mg             | 3         | •                   | •               |           |     |                      | ZYPREXA – olanzapine tab 5 mg                                                   | 3         | •                   | •               |           |     |                      |
| thioridazine hcl tab 10 mg                                       | 1         |                     |                 |           |     |                      | ZYPREXA – olanzapine tab 7.5 mg                                                 | 3         | •                   | •               |           |     |                      |
| thioridazine hcl tab 25 mg                                       | 1         |                     |                 |           |     |                      | ZYPREXA – olanzapine tab 10 mg                                                  | 3         | •                   | •               |           |     |                      |
| thioridazine hcl tab 50 mg                                       | 1         |                     |                 |           |     |                      | ZYPREXA – olanzapine tab 15 mg                                                  | 3         | •                   | •               |           |     |                      |
| thioridazine hcl tab 100 mg                                      | 1         |                     |                 |           |     |                      | ZYPREXA – olanzapine tab 20 mg                                                  | 3         | •                   | •               |           |     |                      |
| thiothixene cap 1 mg                                             | 1         |                     |                 |           |     |                      | ZYPREXA RELPREVV – olanzapine pamoate for extended rel im susp 210 mg (base eq) | 3         | •                   | •               |           |     |                      |
| thiothixene cap 2 mg                                             | 1         |                     |                 |           |     |                      | ZYPREXA RELPREVV – olanzapine pamoate for extended rel im susp 300 mg (base eq) | 3         | •                   | •               |           |     |                      |
| thiothixene cap 5 mg                                             | 1         |                     |                 |           |     |                      | ZYPREXA RELPREVV – olanzapine pamoate for extended rel im susp 405 mg (base eq) | 3         | •                   | •               |           |     |                      |
| thiothixene cap 10 mg                                            | 1         |                     |                 |           |     |                      | ZYPREXA ZYDIS – olanzapine orally disintegrating tab 5 mg                       | 3         | •                   | •               |           |     |                      |
| trifluoperazine hcl tab 1 mg                                     | 1         |                     |                 |           |     |                      | ZYPREXA ZYDIS – olanzapine orally disintegrating tab 10 mg                      | 3         | •                   | •               |           |     |                      |
| trifluoperazine hcl tab 2 mg                                     | 1         |                     |                 |           |     |                      | ZYPREXA ZYDIS – olanzapine orally disintegrating tab 15 mg                      | 3         | •                   | •               |           |     |                      |
| trifluoperazine hcl tab 5 mg                                     | 1         |                     |                 |           |     |                      | ZYPREXA ZYDIS – olanzapine orally disintegrating tab 20 mg                      | 3         | •                   | •               |           |     |                      |
| trifluoperazine hcl tab 10 mg                                    | 1         |                     |                 |           |     |                      | <b>HYPNOTICS</b>                                                                |           |                     |                 |           |     |                      |
| VERSACLOZ – clozapine susp 50 mg/ml                              | 3         | •                   | •               |           |     |                      | AMBIEN – zolpidem tartrate tab 5 mg                                             | 3         | •                   | •               |           |     |                      |
| VRAYLAR – cariprazine hcl cap therapy pack 1.5 mg (1) & 3 mg (6) | 3         | •                   | •               |           |     |                      | AMBIEN – zolpidem tartrate tab 10 mg                                            | 3         | •                   | •               |           |     |                      |
| VRAYLAR – cariprazine hcl cap 1.5 mg (base equivalent)           | 3         | •                   | •               |           |     |                      | AMBIEN CR – zolpidem tartrate tab er 6.25 mg                                    | 3         | •                   | •               |           |     |                      |
| VRAYLAR – cariprazine hcl cap 3 mg (base equivalent)             | 3         | •                   | •               |           |     |                      | AMBIEN CR – zolpidem tartrate tab er 12.5 mg                                    | 3         | •                   | •               |           |     |                      |
| VRAYLAR – cariprazine hcl cap 4.5 mg (base equivalent)           | 3         | •                   | •               |           |     |                      | BELSOMRA – suvorexant tab 5 mg                                                  | 3         | •                   | •               |           |     |                      |
| VRAYLAR – cariprazine hcl cap 6 mg (base equivalent)             | 3         | •                   | •               |           |     |                      |                                                                                 |           |                     |                 |           |     |                      |
| ziprasidone hcl cap 20 mg (Geodon)                               | 1         |                     | •               |           |     |                      |                                                                                 |           |                     |                 |           |     |                      |
| ziprasidone hcl cap 40 mg (Geodon)                               | 1         |                     | •               |           |     |                      |                                                                                 |           |                     |                 |           |     |                      |
| ziprasidone hcl cap 60 mg (Geodon)                               | 1         |                     | •               |           |     |                      |                                                                                 |           |                     |                 |           |     |                      |

| Drug Name                                      | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                           | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| BELSOMRA – suvorexant tab 10 mg                | 3         | •                   | •               |           |     |                      | phenobarbital elixir 20 mg/5ml                      | 1         |                     |                 |           |     |                      |
| BELSOMRA – suvorexant tab 15 mg                | 3         | •                   | •               |           |     |                      | phenobarbital tab 16.2 mg                           | 1         |                     |                 |           |     |                      |
| BELSOMRA – suvorexant tab 20 mg                | 3         | •                   | •               |           |     |                      | phenobarbital tab 32.4 mg                           | 1         |                     |                 |           |     |                      |
| BUTISOL SODIUM – butabarbital sodium tab 30 mg | 3         |                     |                 |           |     |                      | phenobarbital tab 64.8 mg                           | 1         |                     |                 |           |     |                      |
| DORAL – quazepam tab 15 mg                     | 3         |                     |                 |           |     |                      | phenobarbital tab 97.2 mg                           | 1         |                     |                 |           |     |                      |
| EDLUAR – zolpidem tartrate sl tab 5 mg         | 3         | •                   | •               |           |     |                      | QUAZEPAM – quazepam tab 15 mg                       | 1         |                     |                 |           |     |                      |
| EDLUAR – zolpidem tartrate sl tab 10 mg        | 3         | •                   | •               |           |     |                      | RESTORIL – temazepam cap 7.5 mg                     | 3         | •                   |                 |           |     |                      |
| estazolam tab 1 mg                             | 1         |                     |                 |           |     |                      | RESTORIL – temazepam cap 15 mg                      | 3         | •                   |                 |           |     |                      |
| estazolam tab 2 mg                             | 1         |                     |                 |           |     |                      | RESTORIL – temazepam cap 22.5 mg                    | 3         | •                   |                 |           |     |                      |
| eszopiclone tab 1 mg (Lunesta)                 | 1         |                     | •               |           |     |                      | RESTORIL – temazepam cap 30 mg                      | 3         | •                   |                 |           |     |                      |
| eszopiclone tab 2 mg (Lunesta)                 | 1         |                     | •               |           |     |                      | ROZEREM – ramelteon tab 8 mg                        | 3         | •                   | •               |           |     |                      |
| eszopiclone tab 3 mg (Lunesta)                 | 1         |                     | •               |           |     |                      | SECONAL SODIUM – secobarbital sodium cap 100 mg     | 3         |                     |                 |           |     |                      |
| FLURAZEPAM HCL – flurazepam hcl cap 15 mg      | 1         |                     |                 |           |     |                      | SILENOR – doxepin hcl (sleep) tab 3 mg (base equiv) | 3         | •                   | •               |           |     |                      |
| FLURAZEPAM HCL – flurazepam hcl cap 30 mg      | 1         |                     |                 |           |     |                      | SILENOR – doxepin hcl (sleep) tab 6 mg (base equiv) | 3         | •                   | •               |           |     |                      |
| HALCION – triazolam tab 0.25 mg                | 3         | •                   |                 |           |     |                      | SONATA – zaleplon cap 5 mg                          | 3         | •                   | •               |           |     |                      |
| HETLIOZ – tasimelteon capsule 20 mg            | 3         | •                   | •               |           |     | •                    | SONATA – zaleplon cap 10 mg                         | 3         | •                   | •               |           |     |                      |
| INTERMEZZO – zolpidem tartrate sl tab 1.75 mg  | 3         | •                   | •               |           |     |                      | temazepam cap 7.5 mg (Restoril)                     | 1         |                     |                 |           |     |                      |
| INTERMEZZO – zolpidem tartrate sl tab 3.5 mg   | 3         | •                   | •               |           |     |                      | temazepam cap 15 mg (Restoril)                      | 1         |                     |                 |           |     |                      |
| LUNESTA – eszopiclone tab 1 mg                 | 3         | •                   | •               |           |     |                      | temazepam cap 22.5 mg (Restoril)                    | 1         |                     |                 |           |     |                      |
| LUNESTA – eszopiclone tab 2 mg                 | 3         | •                   | •               |           |     |                      | temazepam cap 30 mg (Restoril)                      | 1         |                     |                 |           |     |                      |
| LUNESTA – eszopiclone tab 3 mg                 | 3         | •                   | •               |           |     |                      | TRIAZOLAM – triazolam tab 0.125 mg                  | 1         |                     |                 |           |     |                      |
| PHENOBARBITAL – phenobarbital tab 15 mg        | 1         |                     |                 |           |     |                      | triazolam tab 0.25 mg (Halcion)                     | 1         |                     |                 |           |     |                      |
| PHENOBARBITAL – phenobarbital tab 30 mg        | 1         |                     |                 |           |     |                      | zaleplon cap 5 mg (Sonata)                          | 1         |                     | •               |           |     |                      |
| PHENOBARBITAL – phenobarbital tab 60 mg        | 1         |                     |                 |           |     |                      | zaleplon cap 10 mg (Sonata)                         | 1         |                     | •               |           |     |                      |
| PHENOBARBITAL – phenobarbital tab 100 mg       | 1         |                     |                 |           |     |                      | zolpidem tartrate sl tab 1.75 mg (Intermezzo)       | 1         |                     | •               |           |     |                      |
|                                                |           |                     |                 |           |     |                      | zolpidem tartrate sl tab 3.5 mg (Intermezzo)        | 1         |                     | •               |           |     |                      |
|                                                |           |                     |                 |           |     |                      | zolpidem tartrate tab er 6.25 mg (Ambien cr)        | 1         |                     | •               |           |     |                      |

| Drug Name                                                                     | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                               | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| <b>zolpidem tartrate tab er 12.5 mg</b><br>(Ambien cr)                        | 1         |                     | •               |           |     |                      | <b>ADZENYS XR-ODT –<br/>amphetamine tab extended<br/>release disintegrating 3.1 mg</b>  | 3         | •                   | •               |           |     |                      |
| <b>zolpidem tartrate tab 5 mg</b><br>(Ambien)                                 | 1         |                     | •               |           |     |                      | <b>ADZENYS XR-ODT –<br/>amphetamine tab extended<br/>release disintegrating 6.3 mg</b>  | 3         | •                   | •               |           |     |                      |
| <b>zolpidem tartrate tab 10 mg</b><br>(Ambien)                                | 1         |                     | •               |           |     |                      | <b>ADZENYS XR-ODT –<br/>amphetamine tab extended<br/>release disintegrating 9.4 mg</b>  | 3         | •                   | •               |           |     |                      |
| <b>ZOLPIMIST – zolpidem tartrate<br/>oral spray 5 mg/act</b>                  | 3         | •                   | •               |           |     |                      | <b>ADZENYS XR-ODT –<br/>amphetamine tab extended<br/>release disintegrating 12.5 mg</b> | 3         | •                   | •               |           |     |                      |
| <b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/<br/>ANOREXIANTS</b>                     |           |                     |                 |           |     |                      | <b>ADZENYS XR-ODT –<br/>amphetamine tab extended<br/>release disintegrating 15.7 mg</b> | 3         | •                   | •               |           |     |                      |
| <b>ADDERALL – amphetamine-<br/>dextroamphetamine tab 5 mg</b>                 | 3         | •                   | •               |           |     |                      | <b>ADZENYS XR-ODT –<br/>amphetamine tab extended<br/>release disintegrating 18.8 mg</b> | 3         | •                   | •               |           |     |                      |
| <b>ADDERALL – amphetamine-<br/>dextroamphetamine tab 7.5 mg</b>               | 3         | •                   | •               |           |     |                      | <b>amphetamine-<br/>dextroamphetamine cap er 24hr<br/>5 mg (Adderall xr)</b>            | 1         |                     | •               |           |     |                      |
| <b>ADDERALL – amphetamine-<br/>dextroamphetamine tab 10 mg</b>                | 3         | •                   | •               |           |     |                      | <b>amphetamine-<br/>dextroamphetamine cap er 24hr<br/>10 mg (Adderall xr)</b>           | 1         |                     | •               |           |     |                      |
| <b>ADDERALL – amphetamine-<br/>dextroamphetamine tab 12.5 mg</b>              | 3         | •                   | •               |           |     |                      | <b>amphetamine-<br/>dextroamphetamine cap er 24hr<br/>15 mg (Adderall xr)</b>           | 1         |                     | •               |           |     |                      |
| <b>ADDERALL – amphetamine-<br/>dextroamphetamine tab 15 mg</b>                | 3         | •                   | •               |           |     |                      | <b>amphetamine-<br/>dextroamphetamine cap er 24hr<br/>20 mg (Adderall xr)</b>           | 1         |                     | •               |           |     |                      |
| <b>ADDERALL – amphetamine-<br/>dextroamphetamine tab 20 mg</b>                | 3         | •                   | •               |           |     |                      | <b>amphetamine-<br/>dextroamphetamine cap er 24hr<br/>25 mg (Adderall xr)</b>           | 1         |                     | •               |           |     |                      |
| <b>ADDERALL – amphetamine-<br/>dextroamphetamine tab 30 mg</b>                | 3         | •                   | •               |           |     |                      | <b>amphetamine-<br/>dextroamphetamine cap er 24hr<br/>30 mg (Adderall xr)</b>           | 1         |                     | •               |           |     |                      |
| <b>ADDERALL XR – amphetamine-<br/>dextroamphetamine cap er 24hr<br/>5 mg</b>  | 3         | •                   | •               |           |     |                      | <b>amphetamine-<br/>dextroamphetamine tab 5 mg<br/>(Adderall)</b>                       | 1         |                     | •               |           |     |                      |
| <b>ADDERALL XR – amphetamine-<br/>dextroamphetamine cap er 24hr<br/>10 mg</b> | 3         | •                   | •               |           |     |                      | <b>amphetamine-<br/>dextroamphetamine tab 7.5 mg<br/>(Adderall)</b>                     | 1         |                     | •               |           |     |                      |
| <b>ADDERALL XR – amphetamine-<br/>dextroamphetamine cap er 24hr<br/>15 mg</b> | 3         | •                   | •               |           |     |                      |                                                                                         |           |                     |                 |           |     |                      |
| <b>ADDERALL XR – amphetamine-<br/>dextroamphetamine cap er 24hr<br/>20 mg</b> | 3         | •                   | •               |           |     |                      |                                                                                         |           |                     |                 |           |     |                      |
| <b>ADDERALL XR – amphetamine-<br/>dextroamphetamine cap er 24hr<br/>25 mg</b> | 3         | •                   | •               |           |     |                      |                                                                                         |           |                     |                 |           |     |                      |
| <b>ADDERALL XR – amphetamine-<br/>dextroamphetamine cap er 24hr<br/>30 mg</b> | 3         | •                   | •               |           |     |                      |                                                                                         |           |                     |                 |           |     |                      |

| Drug Name                                                       | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                            | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
|-----------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|--------------------------------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|
| <b>amphetamine-dextroamphetamine tab 10 mg</b> (Adderall)       | 1         |                     | •               |           |     |                      | <b>atomoxetine hcl cap 60 mg (base equiv)</b> (Strattera)                            | 1         |                     | •               |           |     |                      |
| <b>amphetamine-dextroamphetamine tab 12.5 mg</b> (Adderall)     | 1         |                     | •               |           |     |                      | <b>atomoxetine hcl cap 80 mg (base equiv)</b> (Strattera)                            | 1         |                     | •               |           |     |                      |
| <b>amphetamine-dextroamphetamine tab 15 mg</b> (Adderall)       | 1         |                     | •               |           |     |                      | <b>atomoxetine hcl cap 100 mg (base equiv)</b> (Strattera)                           | 1         |                     | •               |           |     |                      |
| <b>amphetamine-dextroamphetamine tab 20 mg</b> (Adderall)       | 1         |                     | •               |           |     |                      | <b>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</b>                    | 1         |                     |                 |           |     |                      |
| <b>amphetamine-dextroamphetamine tab 30 mg</b> (Adderall)       | 1         |                     | •               |           |     |                      | <b>clonidine hcl tab er 12hr 0.1 mg</b> (Kapvay)                                     | 1         |                     | •               |           |     |                      |
| <b>APTENSIO XR – methylphenidate hcl cap er 24hr 10 mg (xr)</b> | 3         | •                   | •               |           |     |                      | <b>CONCERTA – methylphenidate hcl tab er osmotic release (osm) 18 mg</b>             | 3         | •                   | •               |           |     |                      |
| <b>APTENSIO XR – methylphenidate hcl cap er 24hr 15 mg (xr)</b> | 3         | •                   | •               |           |     |                      | <b>CONCERTA – methylphenidate hcl tab er osmotic release (osm) 27 mg</b>             | 3         | •                   | •               |           |     |                      |
| <b>APTENSIO XR – methylphenidate hcl cap er 24hr 20 mg (xr)</b> | 3         | •                   | •               |           |     |                      | <b>CONCERTA – methylphenidate hcl tab er osmotic release (osm) 36 mg</b>             | 3         | •                   | •               |           |     |                      |
| <b>APTENSIO XR – methylphenidate hcl cap er 24hr 30 mg (xr)</b> | 3         | •                   | •               |           |     |                      | <b>CONCERTA – methylphenidate hcl tab er osmotic release (osm) 54 mg</b>             | 3         | •                   | •               |           |     |                      |
| <b>APTENSIO XR – methylphenidate hcl cap er 24hr 40 mg (xr)</b> | 3         | •                   | •               |           |     |                      | <b>COTEMPLA XR-ODT – methylphenidate tab extended release disintegrating 8.6 mg</b>  | 3         | •                   | •               |           |     |                      |
| <b>APTENSIO XR – methylphenidate hcl cap er 24hr 50 mg (xr)</b> | 3         | •                   | •               |           |     |                      | <b>COTEMPLA XR-ODT – methylphenidate tab extended release disintegrating 17.3 mg</b> | 3         | •                   | •               |           |     |                      |
| <b>APTENSIO XR – methylphenidate hcl cap er 24hr 60 mg (xr)</b> | 3         | •                   | •               |           |     |                      | <b>COTEMPLA XR-ODT – methylphenidate tab extended release disintegrating 25.9 mg</b> | 3         | •                   | •               |           |     |                      |
| <b>armodafinil tab 50 mg</b> (Nuvigil)                          | 1         | •                   | •               |           |     |                      | <b>DAYTRANA – methylphenidate td patch 10 mg/9hr</b>                                 | 3         | •                   | •               |           |     |                      |
| <b>armodafinil tab 150 mg</b> (Nuvigil)                         | 1         | •                   | •               |           |     |                      | <b>DAYTRANA – methylphenidate td patch 15 mg/9hr</b>                                 | 3         | •                   | •               |           |     |                      |
| <b>armodafinil tab 200 mg</b> (Nuvigil)                         | 1         | •                   | •               |           |     |                      | <b>DAYTRANA – methylphenidate td patch 20 mg/9hr</b>                                 | 3         | •                   | •               |           |     |                      |
| <b>armodafinil tab 250 mg</b> (Nuvigil)                         | 1         | •                   | •               |           |     |                      | <b>DAYTRANA – methylphenidate td patch 30 mg/9hr</b>                                 | 3         | •                   | •               |           |     |                      |
| <b>atomoxetine hcl cap 10 mg (base equiv)</b> (Strattera)       | 1         |                     | •               |           |     |                      | <b>DESOXYN – methamphetamine hcl tab 5 mg</b>                                        | 3         | •                   | •               |           |     |                      |
| <b>atomoxetine hcl cap 18 mg (base equiv)</b> (Strattera)       | 1         |                     | •               |           |     |                      |                                                                                      |           |                     |                 |           |     |                      |
| <b>atomoxetine hcl cap 25 mg (base equiv)</b> (Strattera)       | 1         |                     | •               |           |     |                      |                                                                                      |           |                     |                 |           |     |                      |
| <b>atomoxetine hcl cap 40 mg (base equiv)</b> (Strattera)       | 1         |                     | •               |           |     |                      |                                                                                      |           |                     |                 |           |     |                      |

| Drug Name                                                    | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                 | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
|--------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|-----------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|
| DEXEDRINE – dextroamphetamine sulfate cap er 24hr 5 mg       | 3         | •                   | •               |           |     |                      | dextroamphetamine sulfate tab 10 mg                       | 1         |                     | •               |           |     |                      |
| DEXEDRINE – dextroamphetamine sulfate cap er 24hr 10 mg      | 3         | •                   | •               |           |     |                      | DYANAVEL XR – amphetamine extended release susp 2.5 mg/ml | 3         | •                   | •               |           |     |                      |
| DEXEDRINE – dextroamphetamine sulfate cap er 24hr 15 mg      | 3         | •                   | •               |           |     |                      | EVEKEO – amphetamine sulfate tab 5 mg                     | 3         | •                   | •               |           |     |                      |
| dexmethylphenidate hcl cap er 24 hr 5 mg (Focalin xr)        | 1         |                     | •               |           |     |                      | EVEKEO – amphetamine sulfate tab 10 mg                    | 3         | •                   | •               |           |     |                      |
| dexmethylphenidate hcl cap er 24 hr 10 mg (Focalin xr)       | 1         |                     | •               |           |     |                      | FOCALIN – dexmethylphenidate hcl tab 2.5 mg               | 3         | •                   | •               |           |     |                      |
| dexmethylphenidate hcl cap er 24 hr 15 mg (Focalin xr)       | 1         |                     | •               |           |     |                      | FOCALIN – dexmethylphenidate hcl tab 5 mg                 | 3         | •                   | •               |           |     |                      |
| dexmethylphenidate hcl cap er 24 hr 20 mg (Focalin xr)       | 1         |                     | •               |           |     |                      | FOCALIN – dexmethylphenidate hcl tab 10 mg                | 3         | •                   | •               |           |     |                      |
| dexmethylphenidate hcl cap er 24 hr 25 mg (Focalin xr)       | 1         |                     | •               |           |     |                      | FOCALIN XR – dexmethylphenidate hcl cap er 24 hr 5 mg     | 3         | •                   | •               |           |     |                      |
| dexmethylphenidate hcl cap er 24 hr 30 mg (Focalin xr)       | 1         |                     | •               |           |     |                      | FOCALIN XR – dexmethylphenidate hcl cap er 24 hr 10 mg    | 3         | •                   | •               |           |     |                      |
| dexmethylphenidate hcl cap er 24 hr 35 mg (Focalin xr)       | 1         |                     | •               |           |     |                      | FOCALIN XR – dexmethylphenidate hcl cap er 24 hr 15 mg    | 3         | •                   | •               |           |     |                      |
| dexmethylphenidate hcl cap er 24 hr 40 mg (Focalin xr)       | 1         |                     | •               |           |     |                      | FOCALIN XR – dexmethylphenidate hcl cap er 24 hr 20 mg    | 3         | •                   | •               |           |     |                      |
| dexmethylphenidate hcl tab 2.5 mg (Focalin)                  | 1         |                     | •               |           |     |                      | FOCALIN XR – dexmethylphenidate hcl cap er 24 hr 25 mg    | 3         | •                   | •               |           |     |                      |
| dexmethylphenidate hcl tab 5 mg (Focalin)                    | 1         |                     | •               |           |     |                      | FOCALIN XR – dexmethylphenidate hcl cap er 24 hr 30 mg    | 3         | •                   | •               |           |     |                      |
| dexmethylphenidate hcl tab 10 mg (Focalin)                   | 1         |                     | •               |           |     |                      | FOCALIN XR – dexmethylphenidate hcl cap er 24 hr 35 mg    | 3         | •                   | •               |           |     |                      |
| dextroamphetamine sulfate cap er 24hr 5 mg (Dexedrine)       | 1         |                     | •               |           |     |                      | FOCALIN XR – dexmethylphenidate hcl cap er 24 hr 40 mg    | 3         | •                   | •               |           |     |                      |
| dextroamphetamine sulfate cap er 24hr 10 mg (Dexedrine)      | 1         |                     | •               |           |     |                      | guanfacine hcl tab er 24hr 1 mg (base equiv) (Intuniv)    | 1         |                     | •               |           |     |                      |
| dextroamphetamine sulfate cap er 24hr 15 mg (Dexedrine)      | 1         |                     | •               |           |     |                      |                                                           |           |                     |                 |           |     |                      |
| dextroamphetamine sulfate oral solution 5 mg/5ml (Procentra) | 1         |                     | •               |           |     |                      |                                                           |           |                     |                 |           |     |                      |
| dextroamphetamine sulfate tab 5 mg                           | 1         |                     | •               |           |     |                      |                                                           |           |                     |                 |           |     |                      |

| Drug Name                                                        | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                     | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
|------------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|-------------------------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|
| <b>guanfacine hcl tab er 24hr 2 mg (base equiv)</b> (Intuniv)    | 1         |                     | •               |           |     |                      | <b>methylphenidate hcl cap er 60 mg (cd)</b>                                  | 1         |                     | •               |           |     |                      |
| <b>guanfacine hcl tab er 24hr 3 mg (base equiv)</b> (Intuniv)    | 1         |                     | •               |           |     |                      | <b>methylphenidate hcl cap er 24hr 20 mg (la)</b> (Ritalin la)                | 1         |                     | •               |           |     |                      |
| <b>guanfacine hcl tab er 24hr 4 mg (base equiv)</b> (Intuniv)    | 1         |                     | •               |           |     |                      | <b>methylphenidate hcl cap er 24hr 30 mg (la)</b> (Ritalin la)                | 1         |                     | •               |           |     |                      |
| <b>INTUNIV – guanfacine hcl tab er 24hr 1 mg (base equiv)</b>    | 3         | •                   | •               |           |     |                      | <b>methylphenidate hcl cap er 24hr 40 mg (la)</b> (Ritalin la)                | 1         |                     | •               |           |     |                      |
| <b>INTUNIV – guanfacine hcl tab er 24hr 2 mg (base equiv)</b>    | 3         | •                   | •               |           |     |                      | <b>METHYLPHENIDATE HCL ER – methylphenidate hcl tab er 24hr 18 mg</b>         | 1         | •                   | •               |           |     |                      |
| <b>INTUNIV – guanfacine hcl tab er 24hr 3 mg (base equiv)</b>    | 3         | •                   | •               |           |     |                      | <b>METHYLPHENIDATE HCL ER – methylphenidate hcl tab er 24hr 27 mg</b>         | 1         | •                   | •               |           |     |                      |
| <b>INTUNIV – guanfacine hcl tab er 24hr 4 mg (base equiv)</b>    | 3         | •                   | •               |           |     |                      | <b>METHYLPHENIDATE HCL ER – methylphenidate hcl tab er 24hr 36 mg</b>         | 1         | •                   | •               |           |     |                      |
| <b>KAPVAY – clonidine hcl tab er 12hr 0.1 mg</b>                 | 3         | •                   | •               |           |     |                      | <b>METHYLPHENIDATE HCL ER – methylphenidate hcl tab er 24hr 54 mg</b>         | 1         | •                   | •               |           |     |                      |
| <b>methamphetamine hcl tab 5 mg (Desoxyn)</b>                    | 1         |                     | •               |           |     |                      | <b>METHYLPHENIDATE HCL ER (L – methylphenidate hcl cap er 24hr 60 mg (la)</b> | 3         | •                   | •               |           |     |                      |
| <b>METHYLIN – methylphenidate hcl soln 5 mg/5ml</b>              | 3         | •                   | •               |           |     |                      | <b>methylphenidate hcl soln 5 mg/5ml</b> (Methylin)                           | 1         |                     | •               |           |     |                      |
| <b>METHYLIN – methylphenidate hcl soln 10 mg/5ml</b>             | 3         | •                   | •               |           |     |                      | <b>methylphenidate hcl soln 10 mg/5ml</b> (Methylin)                          | 1         |                     | •               |           |     |                      |
| <b>METHYLPHENIDATE HCL – methylphenidate hcl chew tab 2.5 mg</b> | 1         | •                   | •               |           |     |                      | <b>methylphenidate hcl tab er osmotic release (osm) 18 mg</b> (Concerta)      | 1         |                     | •               |           |     |                      |
| <b>METHYLPHENIDATE HCL – methylphenidate hcl chew tab 5 mg</b>   | 1         | •                   | •               |           |     |                      | <b>methylphenidate hcl tab er osmotic release (osm) 27 mg</b> (Concerta)      | 1         |                     | •               |           |     |                      |
| <b>METHYLPHENIDATE HCL – methylphenidate hcl chew tab 10 mg</b>  | 1         | •                   | •               |           |     |                      | <b>methylphenidate hcl tab er osmotic release (osm) 36 mg</b> (Concerta)      | 1         |                     | •               |           |     |                      |
| <b>methylphenidate hcl cap er 10 mg (cd)</b>                     | 1         |                     | •               |           |     |                      | <b>methylphenidate hcl tab er osmotic release (osm) 54 mg</b> (Concerta)      | 1         |                     | •               |           |     |                      |
| <b>methylphenidate hcl cap er 20 mg (cd)</b>                     | 1         |                     | •               |           |     |                      | <b>methylphenidate hcl tab er 10 mg</b>                                       | 1         |                     | •               |           |     |                      |
| <b>methylphenidate hcl cap er 30 mg (cd)</b>                     | 1         |                     | •               |           |     |                      | <b>methylphenidate hcl tab er 20 mg</b>                                       | 1         |                     | •               |           |     |                      |
| <b>methylphenidate hcl cap er 40 mg (cd)</b>                     | 1         |                     | •               |           |     |                      |                                                                               |           |                     |                 |           |     |                      |
| <b>methylphenidate hcl cap er 50 mg (cd)</b>                     | 1         |                     | •               |           |     |                      |                                                                               |           |                     |                 |           |     |                      |

| Drug Name                                                                  | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                      | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
|----------------------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|----------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|
| <b>methylphenidate hcl tab 5 mg</b><br>(Ritalin)                           | 1         |                     | •               |           |     |                      | <b>RITALIN – methylphenidate hcl tab 5 mg</b>                  | 3         | •                   | •               |           |     |                      |
| <b>methylphenidate hcl tab 10 mg</b><br>(Ritalin)                          | 1         |                     | •               |           |     |                      | <b>RITALIN – methylphenidate hcl tab 10 mg</b>                 | 3         | •                   | •               |           |     |                      |
| <b>methylphenidate hcl tab 20 mg</b><br>(Ritalin)                          | 1         |                     | •               |           |     |                      | <b>RITALIN – methylphenidate hcl tab 20 mg</b>                 | 3         | •                   | •               |           |     |                      |
| <b>modafinil tab 100 mg</b> (Provigil)                                     | 1         | •                   | •               |           |     |                      | <b>RITALIN LA – methylphenidate hcl cap er 24hr 10 mg (la)</b> | 3         | •                   | •               |           |     |                      |
| <b>modafinil tab 200 mg</b> (Provigil)                                     | 1         | •                   | •               |           |     |                      | <b>RITALIN LA – methylphenidate hcl cap er 24hr 20 mg (la)</b> | 3         | •                   | •               |           |     |                      |
| <b>MYDAYIS – amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg</b>  | 3         | •                   | •               |           |     |                      | <b>RITALIN LA – methylphenidate hcl cap er 24hr 30 mg (la)</b> | 3         | •                   | •               |           |     |                      |
| <b>MYDAYIS – amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg</b>    | 3         | •                   | •               |           |     |                      | <b>RITALIN LA – methylphenidate hcl cap er 24hr 40 mg (la)</b> | 3         | •                   | •               |           |     |                      |
| <b>MYDAYIS – amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg</b>  | 3         | •                   | •               |           |     |                      | <b>STRATTERA – atomoxetine hcl cap 10 mg (base equiv)</b>      | 3         | •                   | •               |           |     |                      |
| <b>MYDAYIS – amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg</b>    | 3         | •                   | •               |           |     |                      | <b>STRATTERA – atomoxetine hcl cap 18 mg (base equiv)</b>      | 3         | •                   | •               |           |     |                      |
| <b>NUVIGIL – armodafinil tab 50 mg</b>                                     | 3         | •                   | •               |           |     |                      | <b>STRATTERA – atomoxetine hcl cap 25 mg (base equiv)</b>      | 3         | •                   | •               |           |     |                      |
| <b>NUVIGIL – armodafinil tab 150 mg</b>                                    | 3         | •                   | •               |           |     |                      | <b>STRATTERA – atomoxetine hcl cap 40 mg (base equiv)</b>      | 3         | •                   | •               |           |     |                      |
| <b>NUVIGIL – armodafinil tab 200 mg</b>                                    | 3         | •                   | •               |           |     |                      | <b>STRATTERA – atomoxetine hcl cap 60 mg (base equiv)</b>      | 3         | •                   | •               |           |     |                      |
| <b>NUVIGIL – armodafinil tab 250 mg</b>                                    | 3         | •                   | •               |           |     |                      | <b>STRATTERA – atomoxetine hcl cap 80 mg (base equiv)</b>      | 3         | •                   | •               |           |     |                      |
| <b>PROCENTRA – dextroamphetamine sulfate oral solution 5 mg/5ml</b>        | 3         | •                   | •               |           |     |                      | <b>STRATTERA – atomoxetine hcl cap 100 mg (base equiv)</b>     | 3         | •                   | •               |           |     |                      |
| <b>PROVIGIL – modafinil tab 100 mg</b>                                     | 3         | •                   | •               |           |     |                      | <b>VYVANSE – lisdexamfetamine dimesylate cap 10 mg</b>         | 3         | •                   | •               |           |     |                      |
| <b>PROVIGIL – modafinil tab 200 mg</b>                                     | 3         | •                   | •               |           |     |                      | <b>VYVANSE – lisdexamfetamine dimesylate cap 20 mg</b>         | 3         | •                   | •               |           |     |                      |
| <b>QUILLICHEW ER – methylphenidate hcl chew tab extended release 20 mg</b> | 3         | •                   | •               |           |     |                      | <b>VYVANSE – lisdexamfetamine dimesylate cap 30 mg</b>         | 3         | •                   | •               |           |     |                      |
| <b>QUILLICHEW ER – methylphenidate hcl chew tab extended release 30 mg</b> | 3         | •                   | •               |           |     |                      | <b>VYVANSE – lisdexamfetamine dimesylate cap 40 mg</b>         | 3         | •                   | •               |           |     |                      |
| <b>QUILLICHEW ER – methylphenidate hcl chew tab extended release 40 mg</b> | 3         | •                   | •               |           |     |                      | <b>VYVANSE – lisdexamfetamine dimesylate cap 50 mg</b>         | 3         | •                   | •               |           |     |                      |
| <b>QUILLIVANT XR – methylphenidate hcl for er susp 25 mg/5ml (5 mg/ml)</b> | 3         | •                   | •               |           |     |                      | <b>VYVANSE – lisdexamfetamine dimesylate cap 60 mg</b>         | 3         | •                   | •               |           |     |                      |



| Drug Name                                                | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                             | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
|----------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|---------------------------------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|
| VYVANSE – lisdexamfetamine dimesylate cap 70 mg          | 3         | •                   | •               |           |     |                      | AUBAGIO – teriflunomide tab 7 mg                                                      | 2         | •                   | •               | •         |     | •                    |
| VYVANSE – lisdexamfetamine dimesylate chew tab 10 mg     | 3         | •                   | •               |           |     |                      | AUBAGIO – teriflunomide tab 14 mg                                                     | 2         | •                   | •               | •         |     | •                    |
| VYVANSE – lisdexamfetamine dimesylate chew tab 20 mg     | 3         | •                   | •               |           |     |                      | AUSTEDO – deutetrabenazine tab 6 mg                                                   | 3         | •                   | •               |           |     |                      |
| VYVANSE – lisdexamfetamine dimesylate chew tab 30 mg     | 3         | •                   | •               |           |     |                      | AUSTEDO – deutetrabenazine tab 9 mg                                                   | 3         | •                   | •               |           |     |                      |
| VYVANSE – lisdexamfetamine dimesylate chew tab 40 mg     | 3         | •                   | •               |           |     |                      | AUSTEDO – deutetrabenazine tab 12 mg                                                  | 3         | •                   | •               |           |     |                      |
| VYVANSE – lisdexamfetamine dimesylate chew tab 50 mg     | 3         | •                   | •               |           |     |                      | AVONEX – interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml                     | 2         | •                   | •               | •         |     | •                    |
| VYVANSE – lisdexamfetamine dimesylate chew tab 60 mg     | 3         | •                   | •               |           |     |                      | AVONEX – interferon beta-1a for im inj kit 30mcg (33mcg(6.6 mu)/vial)                 | 2         | •                   | •               | •         |     | •                    |
| ZENZEDI – dextroamphetamine sulfate tab 2.5 mg           | 3         | •                   | •               |           |     |                      | AVONEX PEN – interferon beta-1a im auto-injector kit 30 mcg/0.5ml                     | 2         | •                   | •               | •         |     | •                    |
| ZENZEDI – dextroamphetamine sulfate tab 7.5 mg           | 3         | •                   | •               |           |     |                      | BETASERON – interferon beta-1b for inj kit 0.3 mg                                     | 2         | •                   | •               | •         |     | •                    |
| ZENZEDI – dextroamphetamine sulfate tab 15 mg            | 3         | •                   | •               |           |     |                      | BRISDELLE – paroxetine mesylate cap 7.5 mg (base equiv)                               | 3         |                     |                 |           |     |                      |
| ZENZEDI – dextroamphetamine sulfate tab 20 mg            | 3         | •                   | •               |           |     |                      | bupropion hcl (smoking deterrent) tab er 12hr 150 mg (Zyban)                          | A         |                     |                 |           |     |                      |
| ZENZEDI – dextroamphetamine sulfate tab 30 mg            | 3         | •                   | •               |           |     |                      | CHANTIX – varenicline tartrate tab 0.5 mg (base equiv)                                | A         |                     |                 |           | •   |                      |
| <b>PSYCHOTHERAPEUTIC and NEUROLOGICAL AGENTS - MISC.</b> |           |                     |                 |           |     |                      | CHANTIX – varenicline tartrate tab 1 mg (base equiv)                                  | A         |                     |                 |           | •   |                      |
| acamprosate calcium tab delayed release 333 mg           | 1         |                     |                 |           |     |                      | CHANTIX CONTINUING MONTH – varenicline tartrate tab 1 mg (base equiv)                 | A         |                     |                 |           | •   |                      |
| AMPYRA – dalfampridine tab er 12hr 10 mg                 | 3         | •                   | •               | •         |     | •                    | CHANTIX STARTING MONTH PA – varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack | A         |                     |                 |           | •   |                      |
| ANTABUSE – disulfiram tab 250 mg                         | 3         | •                   |                 |           |     |                      | CHLORDIAZEPOXIDE/AMITRIPT – chlordiazepoxide-amitriptyline tab 5-12.5 mg              | 1         |                     |                 |           |     |                      |
| ANTABUSE – disulfiram tab 500 mg                         | 3         | •                   |                 |           |     |                      | CHLORDIAZEPOXIDE/AMITRIPT – chlordiazepoxide-amitriptyline tab 10-25 mg               | 1         |                     |                 |           |     |                      |
| ARICEPT – donepezil hydrochloride tab 5 mg               | 3         | •                   | •               |           |     |                      |                                                                                       |           |                     |                 |           |     |                      |
| ARICEPT – donepezil hydrochloride tab 10 mg              | 3         | •                   | •               |           |     |                      |                                                                                       |           |                     |                 |           |     |                      |
| ARICEPT – donepezil hydrochloride tab 23 mg              | 3         | •                   | •               |           |     |                      |                                                                                       |           |                     |                 |           |     |                      |

| Drug Name                                                             | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                      | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
|-----------------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|--------------------------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|
| COPAXONE – glatiramer acetate soln prefilled syringe 20 mg/ml         | 2         | •                   | •               | •         |     | •                    | galantamine hydrobromide cap er 24hr 24 mg (Razadyne er)                       | 1         |                     | •               |           |     |                      |
| COPAXONE – glatiramer acetate soln prefilled syringe 40 mg/ml         | 2         | •                   | •               | •         |     | •                    | galantamine hydrobromide tab 4 mg (Razadyne)                                   | 1         |                     | •               |           |     |                      |
| disulfiram tab 250 mg (Antabuse)                                      | 1         |                     |                 |           |     |                      | galantamine hydrobromide tab 8 mg (Razadyne)                                   | 1         |                     | •               |           |     |                      |
| disulfiram tab 500 mg (Antabuse)                                      | 1         |                     |                 |           |     |                      | galantamine hydrobromide tab 12 mg (Razadyne)                                  | 1         |                     | •               |           |     |                      |
| donepezil hydrochloride orally disintegrating tab 5 mg                | 1         |                     | •               |           |     |                      | GILENYA – fingolimod hcl cap 0.5 mg (base equiv)                               | 2         | •                   | •               | •         |     | •                    |
| donepezil hydrochloride orally disintegrating tab 10 mg               | 1         |                     | •               |           |     |                      | glatiramer acetate soln prefilled syringe 20 mg/ml (Copaxone)                  | 1         | •                   | •               | •         |     | •                    |
| donepezil hydrochloride tab 5 mg (Aricept)                            | 1         |                     | •               |           |     |                      | GRALISE – gabapentin (once-daily) tab 300 mg                                   | 3         | •                   | •               |           |     |                      |
| donepezil hydrochloride tab 10 mg (Aricept)                           | 1         |                     | •               |           |     |                      | GRALISE – gabapentin (once-daily) tab 600 mg                                   | 3         | •                   | •               |           |     |                      |
| donepezil hydrochloride tab 23 mg (Aricept)                           | 1         |                     | •               |           |     |                      | GRALISE STARTER – gabapentin (once-daily) tab pack 300 mg (9) & 600 mg (69)    | 3         | •                   | •               |           |     |                      |
| ERGOLOID MESYLATES – ergoloid mesylates tab 1 mg                      | 1         |                     |                 |           |     |                      | HORIZANT – gabapentin enacarbil tab er 300 mg                                  | 3         | •                   | •               |           |     |                      |
| EXELON – rivastigmine td patch 24hr 4.6 mg/24hr                       | 3         |                     | •               |           |     |                      | HORIZANT – gabapentin enacarbil tab er 600 mg                                  | 3         | •                   | •               |           |     |                      |
| EXELON – rivastigmine td patch 24hr 9.5 mg/24hr                       | 3         |                     | •               |           |     |                      | INGREZZA – valbenazine tosylate cap 40 mg (base equiv)                         | 3         | •                   | •               |           |     |                      |
| EXELON – rivastigmine td patch 24hr 13.3 mg/24hr                      | 3         |                     | •               |           |     |                      | memantine hcl oral solution 2 mg/ml (Namenda)                                  | 1         |                     | •               |           |     |                      |
| EXTAVIA – interferon beta-1b for inj kit 0.3 mg                       | 3         | •                   | •               | •         |     | •                    | memantine hcl tab 5 mg (Namenda)                                               | 1         |                     | •               |           |     |                      |
| FLUOXETINE – fluoxetine hcl (pmdd) cap 10 mg                          | 1         |                     |                 |           |     |                      | memantine hcl tab 10 mg (Namenda)                                              | 1         |                     | •               |           |     |                      |
| FLUOXETINE – fluoxetine hcl (pmdd) cap 20 mg                          | 1         |                     |                 |           |     |                      | memantine hcl tab 5 mg (28) & 10 mg (21) titration pak (Namenda titration pa)  | 1         |                     | •               |           |     |                      |
| fluoxetine hcl (pmdd) tab 10 mg (Sarafem)                             | 1         |                     |                 |           |     |                      | NAMENDA – memantine hcl tab 5 mg                                               | 3         |                     | •               |           |     |                      |
| fluoxetine hcl (pmdd) tab 20 mg (Sarafem)                             | 1         |                     |                 |           |     |                      | NAMENDA – memantine hcl tab 10 mg                                              | 3         |                     | •               |           |     |                      |
| GALANTAMINE HYDROBROMIDE – galantamine hydrobromide oral soln 4 mg/ml | 1         |                     | •               |           |     |                      | NAMENDA TITRATION PAK – memantine hcl tab 5 mg (28) & 10 mg (21) titration pak | 3         |                     | •               |           |     |                      |
| galantamine hydrobromide cap er 24hr 8 mg (Razadyne er)               | 1         |                     | •               |           |     |                      |                                                                                |           |                     |                 |           |     |                      |
| galantamine hydrobromide cap er 24hr 16 mg (Razadyne er)              | 1         |                     | •               |           |     |                      |                                                                                |           |                     |                 |           |     |                      |

| Drug Name                                                                               | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                         | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
|-----------------------------------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|-----------------------------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|
| NAMENDA XR – memantine hcl cap er 24hr 7 mg                                             | 3         | •                   | •               |           |     |                      | NUDEXTA – dextromethorphan hbr-quinidine sulfate cap 20-10 mg                     | 2         |                     | •               |           |     |                      |
| NAMENDA XR – memantine hcl cap er 24hr 14 mg                                            | 3         | •                   | •               |           |     |                      | olanzapine-fluoxetine hcl cap 3-25 mg (Symbyax)                                   | 1         |                     |                 |           |     |                      |
| NAMENDA XR – memantine hcl cap er 24hr 21 mg                                            | 3         | •                   | •               |           |     |                      | olanzapine-fluoxetine hcl cap 6-25 mg (Symbyax)                                   | 1         |                     |                 |           |     |                      |
| NAMENDA XR – memantine hcl cap er 24hr 28 mg                                            | 3         | •                   | •               |           |     |                      | olanzapine-fluoxetine hcl cap 6-50 mg (Symbyax)                                   | 1         |                     |                 |           |     |                      |
| NAMENDA XR TITRATION PACK – memantine hcl cap er 24hr 7 mg & 14 mg & 21 mg & 28 mg pack | 3         | •                   | •               |           |     |                      | olanzapine-fluoxetine hcl cap 12-25 mg (Symbyax)                                  | 1         |                     |                 |           |     |                      |
| NAMZARIC – memantine-donepezil cap er 24hr 7 & 14 & 21 & 28-10 mg pack                  | 3         | •                   | •               |           |     |                      | olanzapine-fluoxetine hcl cap 12-50 mg (Symbyax)                                  | 1         |                     |                 |           |     |                      |
| NAMZARIC – memantine hcl-donepezil hcl cap er 24hr 7-10 mg                              | 3         | •                   | •               |           |     |                      | ORAP – pimozide tab 1 mg                                                          | 3         |                     |                 |           |     |                      |
| NAMZARIC – memantine hcl-donepezil hcl cap er 24hr 14-10 mg                             | 3         | •                   | •               |           |     |                      | ORAP – pimozide tab 2 mg                                                          | 3         |                     |                 |           |     |                      |
| NAMZARIC – memantine hcl-donepezil hcl cap er 24hr 21-10 mg                             | 3         | •                   | •               |           |     |                      | PERPHENAZINE/AMITRIPTYLIN – perphenazine-amitriptyline tab 2-10 mg                | 1         |                     |                 |           |     |                      |
| NAMZARIC – memantine hcl-donepezil hcl cap er 24hr 28-10 mg                             | 3         | •                   | •               |           |     |                      | PERPHENAZINE/AMITRIPTYLIN – perphenazine-amitriptyline tab 2-25 mg                | 1         |                     |                 |           |     |                      |
| nicotine polacrilex gum 2 mg                                                            | A         |                     |                 |           | •   |                      | PERPHENAZINE/AMITRIPTYLIN – perphenazine-amitriptyline tab 4-10 mg                | 1         |                     |                 |           |     |                      |
| nicotine polacrilex gum 4 mg                                                            | A         |                     |                 |           | •   |                      | PERPHENAZINE/AMITRIPTYLIN – perphenazine-amitriptyline tab 4-25 mg                | 1         |                     |                 |           |     |                      |
| nicotine polacrilex lozenge 2 mg                                                        | A         |                     |                 |           | •   |                      | PERPHENAZINE/AMITRIPTYLIN – perphenazine-amitriptyline tab 4-50 mg                | 1         |                     |                 |           |     |                      |
| nicotine polacrilex lozenge 4 mg                                                        | A         |                     |                 |           | •   |                      | pimozide tab 1 mg (Orap)                                                          | 1         |                     |                 |           |     |                      |
| nicotine td patch 24hr 7 mg/24hr                                                        | A         |                     |                 |           | •   |                      | pimozide tab 2 mg (Orap)                                                          | 1         |                     |                 |           |     |                      |
| nicotine td patch 24hr 14 mg/24hr                                                       | A         |                     |                 |           | •   |                      | PLEGRIDY – peginterferon beta-1a soln pen-injector 125 mcg/0.5ml                  | 2         | •                   | •               | •         |     | •                    |
| nicotine td patch 24hr 21 mg/24hr                                                       | A         |                     |                 |           | •   |                      | PLEGRIDY – peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml             | 2         | •                   | •               | •         |     | •                    |
| NICOTINE TRANSDERMAL SYST – nicotine td patch 24 hr kit 21-14-7 mg/24hr                 | A         |                     |                 |           | •   |                      | PLEGRIDY STARTER PACK – peginterferon beta-1a soln pen-inj 63 & 94 mcg/0.5ml pack | 2         | •                   | •               | •         |     | •                    |
| NICOTROL INHALER – nicotine inhaler system 10 mg (4 mg delivered)                       | A         |                     |                 |           | •   |                      |                                                                                   |           |                     |                 |           |     |                      |
| NICOTROL NS – nicotine nasal spray 10 mg/ml (0.5 mg/spray)                              | A         |                     |                 |           | •   |                      |                                                                                   |           |                     |                 |           |     |                      |

| Drug Name                                                                                     | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                                   | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| PLEGRIDY STARTER PACK –<br>peginterferon beta-1a soln pref<br>syr 63 & 94 mcg/0.5ml pack      | 2         | •                   | •               | •         |     | •                    | rivastigmine td patch 24hr<br>4.6 mg/24hr (Exelon)                                          | 1         |                     | •               |           |     |                      |
| RAZADYNE – galantamine<br>hydrobromide tab 4 mg                                               | 3         | •                   | •               |           |     |                      | rivastigmine td patch 24hr<br>9.5 mg/24hr (Exelon)                                          | 1         |                     | •               |           |     |                      |
| RAZADYNE – galantamine<br>hydrobromide tab 8 mg                                               | 3         | •                   | •               |           |     |                      | rivastigmine td patch 24hr<br>13.3 mg/24hr (Exelon)                                         | 1         |                     | •               |           |     |                      |
| RAZADYNE – galantamine<br>hydrobromide tab 12 mg                                              | 3         | •                   | •               |           |     |                      | SARAFEM – fluoxetine hcl (pmdd)<br>tab 10 mg                                                | 3         |                     |                 |           |     |                      |
| RAZADYNE ER – galantamine<br>hydrobromide cap er 24hr 8 mg                                    | 3         | •                   | •               |           |     |                      | SARAFEM – fluoxetine hcl (pmdd)<br>tab 20 mg                                                | 3         |                     |                 |           |     |                      |
| RAZADYNE ER – galantamine<br>hydrobromide cap er 24hr 16<br>mg                                | 3         | •                   | •               |           |     |                      | SAVELLA – milnacipran hcl tab<br>12.5 mg                                                    | 3         |                     | •               |           |     |                      |
| RAZADYNE ER – galantamine<br>hydrobromide cap er 24hr 24<br>mg                                | 3         | •                   | •               |           |     |                      | SAVELLA – milnacipran hcl tab 25<br>mg                                                      | 3         |                     | •               |           |     |                      |
| REBIF – interferon beta-1a soln<br>pref syr 22 mcg/0.5ml (12mu/ml)                            | 2         | •                   | •               | •         |     | •                    | SAVELLA – milnacipran hcl tab 50<br>mg                                                      | 3         |                     | •               |           |     |                      |
| REBIF – interferon beta-1a soln<br>pref syr 44 mcg/0.5ml (24mu/ml)                            | 2         | •                   | •               | •         |     | •                    | SAVELLA – milnacipran hcl tab<br>100 mg                                                     | 3         |                     | •               |           |     |                      |
| REBIF REBIDOSE – interferon<br>beta-1a soln auto-inj 22<br>mcg/0.5ml (12mu/ml)                | 2         | •                   | •               | •         |     | •                    | SAVELLA TITRATION PACK –<br>milnacipran hcl tab 12.5 mg (5)<br>& 25 mg (8) & 50 mg (42) pak | 3         |                     | •               |           |     |                      |
| REBIF REBIDOSE – interferon<br>beta-1a soln auto-inj 44<br>mcg/0.5ml (24mu/ml)                | 2         | •                   | •               | •         |     | •                    | SYMBYAX – olanzapine-fluoxetine<br>hcl cap 3-25 mg                                          | 3         | •                   |                 |           |     |                      |
| REBIF REBIDOSE TITRATION –<br>interferon beta-1a auto-inj 6x8.8<br>mcg/0.2ml & 6x22 mcg/0.5ml | 2         | •                   | •               | •         |     | •                    | SYMBYAX – olanzapine-fluoxetine<br>hcl cap 6-25 mg                                          | 3         | •                   |                 |           |     |                      |
| REBIF TITRATION PACK –<br>interferon beta-1a pref syr 6x8.8<br>mcg/0.2ml & 6x22 mcg/0.5ml     | 2         | •                   | •               | •         |     | •                    | SYMBYAX – olanzapine-fluoxetine<br>hcl cap 6-50 mg                                          | 3         | •                   |                 |           |     |                      |
| rivastigmine tartrate cap 1.5 mg<br>(Exelon)                                                  | 1         |                     | •               |           |     |                      | SYMBYAX – olanzapine-fluoxetine<br>hcl cap 12-25 mg                                         | 3         | •                   |                 |           |     |                      |
| rivastigmine tartrate cap 3 mg<br>(Exelon)                                                    | 1         |                     | •               |           |     |                      | SYMBYAX – olanzapine-fluoxetine<br>hcl cap 12-50 mg                                         | 3         | •                   |                 |           |     |                      |
| rivastigmine tartrate cap 4.5 mg<br>(Exelon)                                                  | 1         |                     | •               |           |     |                      | TECFIDERA – dimethyl fumarate<br>capsule delayed release 120 mg                             | 2         | •                   | •               | •         |     | •                    |
| rivastigmine tartrate cap 6 mg<br>(Exelon)                                                    | 1         |                     | •               |           |     |                      | TECFIDERA – dimethyl fumarate<br>capsule delayed release 240 mg                             | 2         | •                   | •               | •         |     | •                    |
|                                                                                               |           |                     |                 |           |     |                      | TECFIDERA STARTER PACK –<br>dimethyl fumarate capsule dr<br>starter pack 120 mg & 240 mg    | 2         | •                   | •               | •         |     | •                    |
|                                                                                               |           |                     |                 |           |     |                      | tetrabenazine tab 12.5 mg<br>(Xenazine)                                                     | 1         | •                   | •               | •         |     | •                    |

| Drug Name                                                                | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                          | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| tetrabenazine tab 25 mg (Xenazine)                                       | 1         | •                   | •               | •         |     | •                    | FIORICET – butalbital-acetaminophen-caffeine cap 50-300-40 mg                      | 3         |                     | •               |           |     |                      |
| XENAZINE – tetrabenazine tab 12.5 mg                                     | 3         | •                   | •               | •         |     | •                    | FIORINAL – butalbital-aspirin-caffeine cap 50-325-40 mg                            | 3         | •                   | •               |           |     |                      |
| XENAZINE – tetrabenazine tab 25 mg                                       | 3         | •                   | •               | •         |     | •                    | salsalate tab 500 mg (Disalcid)                                                    | 1         |                     |                 |           |     |                      |
| XYREM – sodium oxybate oral solution 500 mg/ml                           | 3         | •                   | •               | •         |     | •                    | salsalate tab 750 mg (Disalcid)                                                    | 1         |                     |                 |           |     |                      |
| ZINBRYTA – daclizumab soln prefilled syringe 150 mg/ml                   | 3         | •                   | •               |           |     |                      | TENCON – butalbital-acetaminophen tab 50-325 mg                                    | 3         |                     | •               |           |     |                      |
| ZYBAN – bupropion hcl (smoking deterrent) tab er 12hr 150 mg             | 3         |                     |                 |           | •   |                      | VANATOL LQ – butalbital-acetaminophen-caffeine soln 50-325-40 mg/15ml              | 3         |                     | •               |           |     |                      |
| <b>ANALGESICS AND ANESTHETICS</b>                                        |           |                     |                 |           |     |                      | VANATOL S – butalbital-acetaminophen-caffeine soln 50-325-40 mg/15ml               | 3         |                     | •               |           |     |                      |
| <b>ANALGESICS - NON-NARCOTIC</b>                                         |           |                     |                 |           |     |                      | <b>ANALGESICS - NARCOTIC</b>                                                       |           |                     |                 |           |     |                      |
| ALLZITAL – butalbital-acetaminophen tab 25-325 mg                        | 3         |                     | •               |           |     |                      | ABSTRAL – fentanyl citrate sl tab 100 mcg (base equiv)                             | 3         | •                   | •               |           |     |                      |
| aspirin chew tab 81 mg                                                   | A         |                     |                 |           | •   |                      | ABSTRAL – fentanyl citrate sl tab 200 mcg (base equiv)                             | 3         | •                   | •               |           |     |                      |
| ASPIRIN LOW DOSE – aspirin tab 81 mg                                     | A         |                     |                 |           | •   |                      | ABSTRAL – fentanyl citrate sl tab 300 mcg (base equiv)                             | 3         | •                   | •               |           |     |                      |
| aspirin tab delayed release 81 mg                                        | A         |                     |                 |           | •   |                      | ABSTRAL – fentanyl citrate sl tab 400 mcg (base equiv)                             | 3         | •                   | •               |           |     |                      |
| butalbital-acetaminophen tab 50-300 mg                                   | 1         |                     | •               |           |     |                      | ABSTRAL – fentanyl citrate sl tab 600 mcg (base equiv)                             | 3         | •                   | •               |           |     |                      |
| butalbital-acetaminophen tab 50-325 mg                                   | 1         |                     | •               |           |     |                      | ABSTRAL – fentanyl citrate sl tab 800 mcg (base equiv)                             | 3         | •                   | •               |           |     |                      |
| butalbital-acetaminophen-caffeine cap 50-300-40 mg (Fioricet)            | 1         |                     | •               |           |     |                      | acetaminophen w/ codeine soln 120-12 mg/5ml                                        | 1         |                     | •               |           |     |                      |
| butalbital-acetaminophen-caffeine cap 50-325-40 mg                       | 1         |                     | •               |           |     |                      | acetaminophen w/ codeine tab 300-15 mg (Tylenol/codeine)                           | 1         |                     | •               |           |     |                      |
| butalbital-acetaminophen-caffeine tab 50-325-40 mg (Esgic)               | 1         |                     | •               |           |     |                      | acetaminophen w/ codeine tab 300-30 mg (Tylenol/codeine #3)                        | 1         |                     | •               |           |     |                      |
| butalbital-aspirin-caffeine cap 50-325-40 mg (Fiorinal)                  | 1         |                     | •               |           |     |                      | acetaminophen w/ codeine tab 300-60 mg (Tylenol/codeine #4)                        | 1         |                     | •               |           |     |                      |
| BUTALBITAL/ASPIRIN/CAFFEI – butalbital-aspirin-caffeine tab 50-325-40 mg | 3         |                     | •               |           |     |                      | ACETAMINOPHEN/CAFFEINE/DI – acetaminophen-caffeine-dihydrocodeine tab 325-30-16 mg | 3         |                     | •               |           |     |                      |
| diflunisal tab 500 mg                                                    | 1         |                     |                 |           |     |                      |                                                                                    |           |                     |                 |           |     |                      |
| ESGIC – butalbital-acetaminophen-caffeine tab 50-325-40 mg               | 3         | •                   | •               |           |     |                      |                                                                                    |           |                     |                 |           |     |                      |

| Drug Name                                                                                       | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                           | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| ACETAMINOPHEN/CAFFEINE/<br>DI – acetaminophen-caffeine-<br>dihydrocodeine cap 320.5-30-16<br>mg | 1         |                     | •               |           |     |                      | BELBUCA – buprenorphine hcl<br>buccal film 900 mcg (base<br>equivalent)             | 3         |                     | •               |           |     |                      |
| ACTIQ – fentanyl citrate lozenge<br>on a handle 200 mcg                                         | 3         | •                   | •               |           |     |                      | BUNAVAIL – buprenorphine-<br>naloxone buccal film 2.1-0.3 mg<br>(base equiv)        | 3         |                     | •               |           |     |                      |
| ACTIQ – fentanyl citrate lozenge<br>on a handle 400 mcg                                         | 3         | •                   | •               |           |     |                      | BUNAVAIL – buprenorphine-<br>naloxone buccal film 4.2-0.7 mg<br>(base equiv)        | 3         |                     | •               |           |     |                      |
| ACTIQ – fentanyl citrate lozenge<br>on a handle 600 mcg                                         | 3         | •                   | •               |           |     |                      | BUNAVAIL – buprenorphine-<br>naloxone buccal film 6.3-1 mg<br>(base equiv)          | 3         |                     | •               |           |     |                      |
| ACTIQ – fentanyl citrate lozenge<br>on a handle 800 mcg                                         | 3         | •                   | •               |           |     |                      | BUPRENORPHINE –<br>buprenorphine td patch weekly<br>5 mcg/hr                        | 3         |                     | •               |           |     |                      |
| ACTIQ – fentanyl citrate lozenge<br>on a handle 1200 mcg                                        | 3         | •                   | •               |           |     |                      | BUPRENORPHINE –<br>buprenorphine td patch weekly<br>7.5 mcg/hr                      | 3         |                     | •               |           |     |                      |
| ACTIQ – fentanyl citrate lozenge<br>on a handle 1600 mcg                                        | 3         | •                   | •               |           |     |                      | BUPRENORPHINE –<br>buprenorphine td patch weekly<br>10 mcg/hr                       | 3         |                     | •               |           |     |                      |
| ARYMO ER – morphine sulfate<br>tab er abuse-deterrent 15 mg                                     | 3         |                     | •               |           |     |                      | BUPRENORPHINE –<br>buprenorphine td patch weekly<br>15 mcg/hr                       | 3         |                     | •               |           |     |                      |
| ARYMO ER – morphine sulfate<br>tab er abuse-deterrent 30 mg                                     | 3         |                     | •               |           |     |                      | BUPRENORPHINE –<br>buprenorphine td patch weekly<br>20 mcg/hr                       | 3         |                     | •               |           |     |                      |
| ARYMO ER – morphine sulfate<br>tab er abuse-deterrent 60 mg                                     | 3         |                     | •               |           |     |                      | buprenorphine hcl sl tab 2 mg<br>(base equiv)                                       | 1         |                     | •               |           |     |                      |
| ASPIRIN-CAFFEINE-DIHYDROC –<br>aspirin-caffeine-dihydrocodeine<br>cap 356.4-30-16 mg            | 1         |                     | •               |           |     |                      | buprenorphine hcl sl tab 8 mg<br>(base equiv)                                       | 1         |                     | •               |           |     |                      |
| BELBUCA – buprenorphine<br>hcl buccal film 75 mcg (base<br>equivalent)                          | 3         |                     | •               |           |     |                      | buprenorphine hcl-naloxone hcl<br>sl tab 2-0.5 mg (base equiv)                      | 1         |                     | •               |           |     |                      |
| BELBUCA – buprenorphine hcl<br>buccal film 150 mcg (base<br>equivalent)                         | 3         |                     | •               |           |     |                      | buprenorphine hcl-naloxone hcl<br>sl tab 8-2 mg (base equiv)                        | 1         |                     | •               |           |     |                      |
| BELBUCA – buprenorphine hcl<br>buccal film 300 mcg (base<br>equivalent)                         | 3         |                     | •               |           |     |                      | butalbital-acetaminophen-caff<br>w/ cod cap 50-300-40-30 mg<br>(Fioricet/codeine)   | 1         |                     | •               |           |     |                      |
| BELBUCA – buprenorphine hcl<br>buccal film 450 mcg (base<br>equivalent)                         | 3         |                     | •               |           |     |                      | butalbital-acetaminophen-caff w/<br>cod cap 50-325-40-30 mg                         | 1         |                     | •               |           |     |                      |
| BELBUCA – buprenorphine hcl<br>buccal film 750 mcg (base<br>equivalent)                         | 3         |                     | •               |           |     |                      | butalbital-aspirin-caff w/ codeine<br>cap 50-325-40-30 mg (Fiorinal/<br>codeine #3) | 1         |                     | •               |           |     |                      |

| Drug Name                                                 | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                          | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
|-----------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|----------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|
| BUTORPHANOL TARTRATE – butorphanol tartrate inj 1 mg/ml   | 1         |                     |                 |           |     |                      | DILAUDID – hydromorphone hcl tab 8 mg              | 3         | •                   | •               |           |     |                      |
| butorphanol tartrate inj 2 mg/ml                          | 1         |                     |                 |           |     |                      | DOLOPHINE – methadone hcl tab 5 mg                 | 3         | •                   | •               |           |     |                      |
| butorphanol tartrate nasal soln 10 mg/ml                  | 1         |                     | •               |           |     |                      | DOLOPHINE – methadone hcl tab 10 mg                | 3         | •                   | •               |           |     |                      |
| BUTRANS – buprenorphine td patch weekly 5 mcg/hr          | 3         |                     | •               |           |     |                      | DURAGESIC – fentanyl td patch 72hr 12 mcg/hr       | 3         |                     | •               |           |     |                      |
| BUTRANS – buprenorphine td patch weekly 7.5 mcg/hr        | 3         |                     | •               |           |     |                      | DURAGESIC – fentanyl td patch 72hr 25 mcg/hr       | 3         | •                   | •               |           |     |                      |
| BUTRANS – buprenorphine td patch weekly 10 mcg/hr         | 3         |                     | •               |           |     |                      | DURAGESIC – fentanyl td patch 72hr 50 mcg/hr       | 3         | •                   | •               |           |     |                      |
| BUTRANS – buprenorphine td patch weekly 15 mcg/hr         | 3         |                     | •               |           |     |                      | DURAGESIC – fentanyl td patch 72hr 75 mcg/hr       | 3         | •                   | •               |           |     |                      |
| BUTRANS – buprenorphine td patch weekly 20 mcg/hr         | 3         |                     | •               |           |     |                      | DURAGESIC – fentanyl td patch 72hr 100 mcg/hr      | 3         | •                   | •               |           |     |                      |
| CODEINE SULFATE – codeine sulfate tab 15 mg               | 1         | •                   | •               |           |     |                      | EMBEDA – morphine-naltrexone cap er 20-0.8 mg      | 3         |                     | •               |           |     |                      |
| CODEINE SULFATE – codeine sulfate tab 30 mg               | 1         |                     | •               |           |     |                      | EMBEDA – morphine-naltrexone cap er 30-1.2 mg      | 3         |                     | •               |           |     |                      |
| CODEINE SULFATE – codeine sulfate tab 60 mg               | 1         |                     | •               |           |     |                      | EMBEDA – morphine-naltrexone cap er 50-2 mg        | 3         |                     | •               |           |     |                      |
| codeine sulfate tab 15 mg (Codeine sulfate)               | 1         |                     | •               |           |     |                      | EMBEDA – morphine-naltrexone cap er 60-2.4 mg      | 3         |                     | •               |           |     |                      |
| codeine sulfate tab 30 mg (Codeine sulfate)               | 1         |                     | •               |           |     |                      | EMBEDA – morphine-naltrexone cap er 80-3.2 mg      | 3         |                     | •               |           |     |                      |
| codeine sulfate tab 60 mg (Codeine sulfate)               | 1         |                     | •               |           |     |                      | EMBEDA – morphine-naltrexone cap er 100-4 mg       | 3         |                     | •               |           |     |                      |
| CONZIP – tramadol hcl cap er 24hr biphasic release 100 mg | 3         |                     | •               |           |     |                      | EXALGO – hydromorphone hcl tab er 24hr deter 8 mg  | 3         | •                   | •               |           |     |                      |
| CONZIP – tramadol hcl cap er 24hr biphasic release 200 mg | 3         |                     | •               |           |     |                      | EXALGO – hydromorphone hcl tab er 24hr deter 12 mg | 3         |                     | •               |           |     |                      |
| CONZIP – tramadol hcl cap er 24hr biphasic release 300 mg | 3         |                     | •               |           |     |                      | EXALGO – hydromorphone hcl tab er 24hr deter 16 mg | 3         | •                   | •               |           |     |                      |
| DEMEROL – meperidine hcl tab 100 mg                       | 3         | •                   | •               |           |     |                      | EXALGO – hydromorphone hcl tab er 24hr deter 32 mg | 3         |                     | •               |           |     |                      |
| DILAUDID – hydromorphone hcl liqd 1 mg/ml                 | 3         | •                   | •               |           |     |                      | FENTANYL – fentanyl td patch 72hr 37.5 mcg/hr      | 1         |                     | •               |           |     |                      |
| DILAUDID – hydromorphone hcl tab 2 mg                     | 3         | •                   | •               |           |     |                      | FENTANYL – fentanyl td patch 72hr 62.5 mcg/hr      | 1         |                     | •               |           |     |                      |
| DILAUDID – hydromorphone hcl tab 4 mg                     | 3         | •                   | •               |           |     |                      |                                                    |           |                     |                 |           |     |                      |

| Drug Name                                                                    | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                              | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
|------------------------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|--------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|
| FENTANYL – fentanyl td patch 72hr 87.5 mcg/hr                                | 1         |                     | •               |           |     |                      | HYCET – hydrocodone-acetaminophen soln 7.5-325 mg/15ml | 3         | •                   | •               |           |     |                      |
| fentanyl citrate lozenge on a handle 200 mcg (Actiq)                         | 1         | •                   | •               |           |     |                      | hydrocodone-acetaminophen soln 7.5-325 mg/15ml (Hycet) | 1         |                     | •               |           |     |                      |
| fentanyl citrate lozenge on a handle 400 mcg (Actiq)                         | 1         | •                   | •               |           |     |                      | hydrocodone-acetaminophen tab 2.5-325 mg               | 1         |                     | •               |           |     |                      |
| fentanyl citrate lozenge on a handle 600 mcg (Actiq)                         | 1         | •                   | •               |           |     |                      | hydrocodone-acetaminophen tab 10-325 mg (Norco)        | 1         |                     | •               |           |     |                      |
| fentanyl citrate lozenge on a handle 800 mcg (Actiq)                         | 1         | •                   | •               |           |     |                      | hydrocodone-acetaminophen tab 5-300 mg (Xodol)         | 1         |                     | •               |           |     |                      |
| fentanyl citrate lozenge on a handle 1200 mcg (Actiq)                        | 1         | •                   | •               |           |     |                      | hydrocodone-acetaminophen tab 7.5-300 mg (Xodol)       | 1         |                     | •               |           |     |                      |
| fentanyl citrate lozenge on a handle 1600 mcg (Actiq)                        | 1         | •                   | •               |           |     |                      | hydrocodone-acetaminophen tab 5-325 mg (Norco)         | 1         |                     | •               |           |     |                      |
| fentanyl td patch 72hr 12 mcg/hr (Duragesic)                                 | 1         |                     | •               |           |     |                      | hydrocodone-acetaminophen tab 7.5-325 mg (Norco)       | 1         |                     | •               |           |     |                      |
| fentanyl td patch 72hr 25 mcg/hr (Duragesic)                                 | 1         |                     | •               |           |     |                      | hydrocodone-acetaminophen tab 10-300 mg (Xodol)        | 1         |                     | •               |           |     |                      |
| fentanyl td patch 72hr 50 mcg/hr (Duragesic)                                 | 1         |                     | •               |           |     |                      | hydrocodone-ibuprofen tab 5-200 mg (Reprexain)         | 1         |                     | •               |           |     |                      |
| fentanyl td patch 72hr 75 mcg/hr (Duragesic)                                 | 1         |                     | •               |           |     |                      | hydrocodone-ibuprofen tab 7.5-200 mg (Vicoprofen)      | 1         |                     | •               |           |     |                      |
| fentanyl td patch 72hr 100 mcg/hr (Duragesic)                                | 1         |                     | •               |           |     |                      | hydrocodone-ibuprofen tab 10-200 mg (Ibudone)          | 1         |                     | •               |           |     |                      |
| FENTORA – fentanyl citrate buccal tab 100 mcg (base equiv)                   | 3         | •                   | •               |           |     |                      | HYDROMORPHONE HCL – hydromorphone hcl suppos 3 mg      | 1         |                     |                 |           |     |                      |
| FENTORA – fentanyl citrate buccal tab 200 mcg (base equiv)                   | 3         | •                   | •               |           |     |                      | hydromorphone hcl liqd 1 mg/ml (Dilaudid)              | 1         |                     | •               |           |     |                      |
| FENTORA – fentanyl citrate buccal tab 400 mcg (base equiv)                   | 3         | •                   | •               |           |     |                      | hydromorphone hcl tab er 24hr deter 8 mg (Exalgo)      | 1         |                     | •               |           |     |                      |
| FENTORA – fentanyl citrate buccal tab 600 mcg (base equiv)                   | 3         | •                   | •               |           |     |                      | hydromorphone hcl tab er 24hr deter 12 mg (Exalgo)     | 1         |                     | •               |           |     |                      |
| FENTORA – fentanyl citrate buccal tab 800 mcg (base equiv)                   | 3         | •                   | •               |           |     |                      | hydromorphone hcl tab er 24hr deter 16 mg (Exalgo)     | 1         |                     | •               |           |     |                      |
| FIORICET/CODEINE – butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg  | 3         |                     | •               |           |     |                      | hydromorphone hcl tab er 24hr deter 32 mg (Exalgo)     | 1         |                     | •               |           |     |                      |
| FIORINAL/CODEINE #3 – butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg | 3         | •                   | •               |           |     |                      | hydromorphone hcl tab 2 mg (Dilaudid)                  | 1         |                     | •               |           |     |                      |



| Drug Name                                                            | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                              | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
|----------------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|------------------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|
| <b>hydromorphone hcl tab 4 mg</b><br>(Dilaudid)                      | 1         |                     | •               |           |     |                      | <b>KADIAN – morphine sulfate cap er 24hr 100 mg</b>                    | 3         | •                   | •               |           |     |                      |
| <b>hydromorphone hcl tab 8 mg</b><br>(Dilaudid)                      | 1         |                     | •               |           |     |                      | <b>KADIAN – morphine sulfate cap er 24hr 200 mg</b>                    | 3         |                     | •               |           |     |                      |
| <b>HYSINGLA ER – hydrocodone bitartrate tab er 24hr deter 20 mg</b>  | 3         |                     | •               |           |     |                      | <b>LAZANDA – fentanyl citrate nasal spray 100 mcg/act (base equiv)</b> | 3         | •                   | •               |           |     |                      |
| <b>HYSINGLA ER – hydrocodone bitartrate tab er 24hr deter 30 mg</b>  | 3         |                     | •               |           |     |                      | <b>LAZANDA – fentanyl citrate nasal spray 300 mcg/act (base equiv)</b> | 3         | •                   | •               |           |     |                      |
| <b>HYSINGLA ER – hydrocodone bitartrate tab er 24hr deter 40 mg</b>  | 3         |                     | •               |           |     |                      | <b>LAZANDA – fentanyl citrate nasal spray 400 mcg/act (base equiv)</b> | 3         | •                   | •               |           |     |                      |
| <b>HYSINGLA ER – hydrocodone bitartrate tab er 24hr deter 60 mg</b>  | 3         |                     | •               |           |     |                      | <b>LEVORPHANOL TARTRATE – levorphanol tartrate tab 2 mg</b>            | 1         |                     | •               |           |     |                      |
| <b>HYSINGLA ER – hydrocodone bitartrate tab er 24hr deter 80 mg</b>  | 3         |                     | •               |           |     |                      | <b>LORTAB – hydrocodone-acetaminophen soln 10-300 mg/15ml</b>          | 3         |                     | •               |           |     |                      |
| <b>HYSINGLA ER – hydrocodone bitartrate tab er 24hr deter 100 mg</b> | 3         |                     | •               |           |     |                      | <b>MEPERIDINE HCL – meperidine hcl oral soln 50 mg/5ml</b>             | 1         |                     | •               |           |     |                      |
| <b>HYSINGLA ER – hydrocodone bitartrate tab er 24hr deter 120 mg</b> | 3         |                     | •               |           |     |                      | <b>meperidine hcl tab 50 mg</b><br>(Demerol)                           | 1         |                     | •               |           |     |                      |
| <b>IBUDONE – hydrocodone-ibuprofen tab 10-200 mg</b>                 | 3         | •                   | •               |           |     |                      | <b>meperidine hcl tab 100 mg</b><br>(Demerol)                          | 1         |                     | •               |           |     |                      |
| <b>KADIAN – morphine sulfate cap er 24hr 10 mg</b>                   | 3         | •                   | •               |           |     |                      | <b>METHADONE HCL – methadone hcl soln 5 mg/5ml</b>                     | 1         |                     | •               |           |     |                      |
| <b>KADIAN – morphine sulfate cap er 24hr 20 mg</b>                   | 3         |                     | •               |           |     |                      | <b>METHADONE HCL – methadone hcl soln 10 mg/5ml</b>                    | 1         | •                   | •               |           |     |                      |
| <b>KADIAN – morphine sulfate cap er 24hr 30 mg</b>                   | 3         | •                   | •               |           |     |                      | <b>methadone hcl conc 10 mg/ml</b><br>(Methadose)                      | 1         |                     | •               |           |     |                      |
| <b>KADIAN – morphine sulfate cap er 24hr 40 mg</b>                   | 3         |                     | •               |           |     |                      | <b>methadone hcl soln 5 mg/5ml</b><br>(Methadone hcl)                  | 1         |                     | •               |           |     |                      |
| <b>KADIAN – morphine sulfate cap er 24hr 50 mg</b>                   | 3         | •                   | •               |           |     |                      | <b>methadone hcl soln 10 mg/5ml</b><br>(Methadone hcl)                 | 1         |                     | •               |           |     |                      |
| <b>KADIAN – morphine sulfate cap er 24hr 60 mg</b>                   | 3         | •                   | •               |           |     |                      | <b>methadone hcl tab for oral susp 40 mg</b>                           | 1         |                     | •               |           |     |                      |
| <b>KADIAN – morphine sulfate cap er 24hr 80 mg</b>                   | 3         | •                   | •               |           |     |                      | <b>methadone hcl tab 5 mg</b><br>(Dolophine hcl)                       | 1         |                     | •               |           |     |                      |
|                                                                      |           |                     |                 |           |     |                      | <b>methadone hcl tab 10 mg</b><br>(Dolophine)                          | 1         |                     | •               |           |     |                      |
|                                                                      |           |                     |                 |           |     |                      | <b>METHADOSE – methadone hcl conc 10 mg/ml</b>                         | 3         |                     | •               |           |     |                      |
|                                                                      |           |                     |                 |           |     |                      | <b>METHADOSE SUGAR-FREE – methadone hcl conc 10 mg/ml</b>              | 3         |                     | •               |           |     |                      |

| Drug Name                                                      | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                       | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
|----------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|-----------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|
| MORPHABOND ER – morphine sulfate tab er 12hr deter 15 mg       | 3         |                     | •               |           |     |                      | MORPHINE SULFATE ER – morphine sulfate beads cap er 24hr 120 mg | 1         |                     | •               |           |     |                      |
| MORPHABOND ER – morphine sulfate tab er 12hr deter 30 mg       | 3         |                     | •               |           |     |                      | morphine sulfate oral soln 10 mg/5ml                            | 1         |                     | •               |           |     |                      |
| MORPHABOND ER – morphine sulfate tab er 12hr deter 60 mg       | 3         |                     | •               |           |     |                      | morphine sulfate oral soln 20 mg/5ml                            | 1         |                     | •               |           |     |                      |
| MORPHABOND ER – morphine sulfate tab er 12hr deter 100 mg      | 3         |                     | •               |           |     |                      | morphine sulfate oral soln 100 mg/5ml (20 mg/ml)                | 1         |                     | •               |           |     |                      |
| MORPHINE SULFATE – morphine sulfate tab 15 mg                  | 1         |                     | •               |           |     |                      | morphine sulfate tab er 15 mg (Ms contin)                       | 1         |                     | •               |           |     |                      |
| MORPHINE SULFATE – morphine sulfate tab 30 mg                  | 1         |                     | •               |           |     |                      | morphine sulfate tab er 30 mg (Ms contin)                       | 1         |                     | •               |           |     |                      |
| morphine sulfate cap er 24hr 10 mg (Kadian)                    | 1         |                     | •               |           |     |                      | morphine sulfate tab er 60 mg (Ms contin)                       | 1         |                     | •               |           |     |                      |
| morphine sulfate cap er 24hr 20 mg (Kadian)                    | 1         |                     | •               |           |     |                      | morphine sulfate tab er 100 mg (Ms contin)                      | 1         |                     | •               |           |     |                      |
| morphine sulfate cap er 24hr 30 mg (Kadian)                    | 1         |                     | •               |           |     |                      | morphine sulfate tab er 200 mg (Ms contin)                      | 1         |                     | •               |           |     |                      |
| morphine sulfate cap er 24hr 50 mg (Kadian)                    | 1         |                     | •               |           |     |                      | MS CONTIN – morphine sulfate tab er 15 mg                       | 3         | •                   | •               |           |     |                      |
| morphine sulfate cap er 24hr 60 mg (Kadian)                    | 1         |                     | •               |           |     |                      | MS CONTIN – morphine sulfate tab er 30 mg                       | 3         | •                   | •               |           |     |                      |
| morphine sulfate cap er 24hr 80 mg (Kadian)                    | 1         |                     | •               |           |     |                      | MS CONTIN – morphine sulfate tab er 60 mg                       | 3         | •                   | •               |           |     |                      |
| morphine sulfate cap er 24hr 100 mg (Kadian)                   | 1         |                     | •               |           |     |                      | MS CONTIN – morphine sulfate tab er 100 mg                      | 3         | •                   | •               |           |     |                      |
| MORPHINE SULFATE ER – morphine sulfate beads cap er 24hr 30 mg | 1         |                     | •               |           |     |                      | MS CONTIN – morphine sulfate tab er 200 mg                      | 3         | •                   | •               |           |     |                      |
| MORPHINE SULFATE ER – morphine sulfate beads cap er 24hr 45 mg | 1         |                     | •               |           |     |                      | NORCO – hydrocodone-acetaminophen tab 10-325 mg                 | 3         | •                   | •               |           |     |                      |
| MORPHINE SULFATE ER – morphine sulfate beads cap er 24hr 60 mg | 1         |                     | •               |           |     |                      | NORCO – hydrocodone-acetaminophen tab 5-325 mg                  | 3         | •                   | •               |           |     |                      |
| MORPHINE SULFATE ER – morphine sulfate beads cap er 24hr 75 mg | 1         |                     | •               |           |     |                      | NORCO – hydrocodone-acetaminophen tab 7.5-325 mg                | 3         | •                   | •               |           |     |                      |
| MORPHINE SULFATE ER – morphine sulfate beads cap er 24hr 90 mg | 1         |                     | •               |           |     |                      | NUCYNTA – tapentadol hcl tab 50 mg                              | 3         |                     | •               |           |     |                      |
|                                                                |           |                     |                 |           |     |                      | NUCYNTA – tapentadol hcl tab 75 mg                              | 3         |                     | •               |           |     |                      |
|                                                                |           |                     |                 |           |     |                      | NUCYNTA – tapentadol hcl tab 100 mg                             | 3         |                     | •               |           |     |                      |

| Drug Name                                                            | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
|----------------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|----------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|
| NUCYNTA ER – tapentadol hcl tab er 12hr 50 mg                        | 3         |                     | •               |           |     |                      | OXYCODONE HCL ER – oxycodone hcl tab er 12hr deter 10 mg | 1         |                     | •               |           |     |                      |
| NUCYNTA ER – tapentadol hcl tab er 12hr 100 mg                       | 3         |                     | •               |           |     |                      | OXYCODONE HCL ER – oxycodone hcl tab er 12hr deter 15 mg | 1         |                     | •               |           |     |                      |
| NUCYNTA ER – tapentadol hcl tab er 12hr 150 mg                       | 3         |                     | •               |           |     |                      | OXYCODONE HCL ER – oxycodone hcl tab er 12hr deter 20 mg | 1         |                     | •               |           |     |                      |
| NUCYNTA ER – tapentadol hcl tab er 12hr 200 mg                       | 3         |                     | •               |           |     |                      | OXYCODONE HCL ER – oxycodone hcl tab er 12hr deter 30 mg | 1         |                     | •               |           |     |                      |
| NUCYNTA ER – tapentadol hcl tab er 12hr 250 mg                       | 3         |                     | •               |           |     |                      | OXYCODONE HCL ER – oxycodone hcl tab er 12hr deter 40 mg | 1         |                     | •               |           |     |                      |
| OPANA – oxymorphone hcl tab 5 mg                                     | 2         | •                   | •               |           |     |                      | OXYCODONE HCL ER – oxycodone hcl tab er 12hr deter 60 mg | 1         |                     | •               |           |     |                      |
| OPANA – oxymorphone hcl tab 10 mg                                    | 2         | •                   | •               |           |     |                      | OXYCODONE HCL ER – oxycodone hcl tab er 12hr deter 80 mg | 1         |                     | •               |           |     |                      |
| OPANA ER (CRUSH RESISTANT – oxymorphone hcl tab er 12hr deter 5 mg   | 3         |                     | •               |           |     |                      | oxycodone hcl soln 5 mg/5ml (Oxycodone hcl)              | 1         |                     | •               |           |     |                      |
| OPANA ER (CRUSH RESISTANT – oxymorphone hcl tab er 12hr deter 7.5 mg | 3         |                     | •               |           |     |                      | oxycodone hcl tab 5 mg (Roxicodone)                      | 1         |                     | •               |           |     |                      |
| OPANA ER (CRUSH RESISTANT – oxymorphone hcl tab er 12hr deter 10 mg  | 3         |                     | •               |           |     |                      | oxycodone hcl tab 10 mg                                  | 1         |                     | •               |           |     |                      |
| OPANA ER (CRUSH RESISTANT – oxymorphone hcl tab er 12hr deter 15 mg  | 3         |                     | •               |           |     |                      | oxycodone hcl tab 15 mg (Roxicodone)                     | 1         |                     | •               |           |     |                      |
| OPANA ER (CRUSH RESISTANT – oxymorphone hcl tab er 12hr deter 20 mg  | 3         |                     | •               |           |     |                      | oxycodone hcl tab 20 mg                                  | 1         |                     | •               |           |     |                      |
| OPANA ER (CRUSH RESISTANT – oxymorphone hcl tab er 12hr deter 30 mg  | 3         |                     | •               |           |     |                      | oxycodone hcl tab 30 mg (Roxicodone)                     | 1         |                     | •               |           |     |                      |
| OPANA ER (CRUSH RESISTANT – oxymorphone hcl tab er 12hr deter 40 mg  | 3         |                     | •               |           |     |                      | oxycodone w/ acetaminophen tab 2.5-325 mg (Percocet)     | 1         |                     | •               |           |     |                      |
| OXAYDO – oxycodone hcl tab abuse deter 5 mg                          | 3         |                     | •               |           |     |                      | oxycodone w/ acetaminophen tab 5-325 mg (Percocet)       | 1         |                     | •               |           |     |                      |
| OXAYDO – oxycodone hcl tab abuse deter 7.5 mg                        | 3         |                     | •               |           |     |                      | oxycodone w/ acetaminophen tab 7.5-325 mg (Percocet)     | 1         |                     | •               |           |     |                      |
| oxycodone hcl cap 5 mg                                               | 1         |                     | •               |           |     |                      | oxycodone w/ acetaminophen tab 10-325 mg (Percocet)      | 1         |                     | •               |           |     |                      |
| oxycodone hcl conc 100 mg/5ml (20 mg/ml) (Oxycodone hcl)             | 1         |                     | •               |           |     |                      | oxycodone-aspirin tab 4.8355-325 mg (Percodan)           | 1         |                     | •               |           |     |                      |

| Drug Name                                                              | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                               | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
|------------------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|-------------------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|
| OXYCODONE/ACETAMINOPHEN – oxycodone w/ acetaminophen soln 5-325 mg/5ml | 1         |                     | •               |           |     |                      | oxymorphone hcl tab er 12hr 20 mg                                       |           |                     |                 |           |     |                      |
| OXYCODONE/IBUPROFEN – oxycodone-ibuprofen tab 5-400 mg                 | 1         |                     | •               |           |     |                      | OXYMORPHONE HYDROCHLORIDE – oxymorphone hcl tab er 12hr 30 mg           | 1         |                     | •               |           |     |                      |
| OXYCONTIN – oxycodone hcl tab er 12hr deter 10 mg                      | 2         |                     | •               |           |     |                      | OXYMORPHONE HYDROCHLORIDE – oxymorphone hcl tab er 12hr 40 mg           | 1         |                     | •               |           |     |                      |
| OXYCONTIN – oxycodone hcl tab er 12hr deter 15 mg                      | 2         |                     | •               |           |     |                      | pentazocine w/ naloxone tab 50-0.5 mg                                   | 1         |                     |                 |           |     |                      |
| OXYCONTIN – oxycodone hcl tab er 12hr deter 20 mg                      | 2         |                     | •               |           |     |                      | PERCOCET – oxycodone w/ acetaminophen tab 2.5-325 mg                    | 3         | •                   | •               |           |     |                      |
| OXYCONTIN – oxycodone hcl tab er 12hr deter 30 mg                      | 2         |                     | •               |           |     |                      | PERCOCET – oxycodone w/ acetaminophen tab 5-325 mg                      | 3         | •                   | •               |           |     |                      |
| OXYCONTIN – oxycodone hcl tab er 12hr deter 40 mg                      | 2         |                     | •               |           |     |                      | PERCOCET – oxycodone w/ acetaminophen tab 7.5-325 mg                    | 3         | •                   | •               |           |     |                      |
| OXYCONTIN – oxycodone hcl tab er 12hr deter 60 mg                      | 2         |                     | •               |           |     |                      | PERCOCET – oxycodone w/ acetaminophen tab 10-325 mg                     | 3         | •                   | •               |           |     |                      |
| OXYCONTIN – oxycodone hcl tab er 12hr deter 80 mg                      | 2         |                     | •               |           |     |                      | PRIMLEV – oxycodone w/ acetaminophen tab 5-300 mg                       | 3         |                     | •               |           |     |                      |
| oxymorphone hcl tab 5 mg (Opana)                                       | 1         |                     | •               |           |     |                      | PRIMLEV – oxycodone w/ acetaminophen tab 7.5-300 mg                     | 3         |                     | •               |           |     |                      |
| oxymorphone hcl tab 10 mg (Opana)                                      | 1         |                     | •               |           |     |                      | PRIMLEV – oxycodone w/ acetaminophen tab 10-300 mg                      | 3         |                     | •               |           |     |                      |
| OXYMORPHONE HYDROCHLORIDE – oxymorphone hcl tab er 12hr 5 mg           | 1         |                     | •               |           |     |                      | ROXICODONE – oxycodone hcl tab 5 mg                                     | 3         | •                   | •               |           |     |                      |
| OXYMORPHONE HYDROCHLORIDE – oxymorphone hcl tab er 12hr 7.5 mg         | 1         |                     | •               |           |     |                      | ROXICODONE – oxycodone hcl tab 15 mg                                    | 3         | •                   | •               |           |     |                      |
| OXYMORPHONE HYDROCHLORIDE – oxymorphone hcl tab er 12hr 10 mg          | 1         |                     | •               |           |     |                      | ROXICODONE – oxycodone hcl tab 30 mg                                    | 3         | •                   | •               |           |     |                      |
| OXYMORPHONE HYDROCHLORIDE – oxymorphone hcl tab er 12hr 15 mg          | 1         |                     | •               |           |     |                      | SUBOXONE – buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) | 2         |                     | •               |           |     |                      |
| OXYMORPHONE HYDROCHLORIDE –                                            | 1         |                     | •               |           |     |                      | SUBOXONE – buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)   | 2         |                     | •               |           |     |                      |
|                                                                        |           |                     |                 |           |     |                      | SUBOXONE – buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)   | 2         |                     | •               |           |     |                      |

| Drug Name                                                              | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                             | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| SUBOXONE – buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) | 2         |                     | •               |           |     |                      | tramadol hcl tab 50 mg (Ultram)                                       | 1         |                     | •               |           |     |                      |
| SUBSYS – fentanyl sublingual spray 100 mcg                             | 3         | •                   | •               |           |     |                      | tramadol-acetaminophen tab 37.5-325 mg (Ultracet)                     | 1         |                     | •               |           |     |                      |
| SUBSYS – fentanyl sublingual spray 200 mcg                             | 3         | •                   | •               |           |     |                      | TREZIX – acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg     | 3         |                     | •               |           |     |                      |
| SUBSYS – fentanyl sublingual spray 400 mcg                             | 3         | •                   | •               |           |     |                      | TYLENOL/CODEINE #3 – acetaminophen w/ codeine tab 300-30 mg           | 3         | •                   | •               |           |     |                      |
| SUBSYS – fentanyl sublingual spray 600 mcg                             | 3         | •                   | •               |           |     |                      | TYLENOL/CODEINE #4 – acetaminophen w/ codeine tab 300-60 mg           | 3         | •                   | •               |           |     |                      |
| SUBSYS – fentanyl sublingual spray 800 mcg                             | 3         | •                   | •               |           |     |                      | ULTRACET – tramadol-acetaminophen tab 37.5-325 mg                     | 3         | •                   | •               |           |     |                      |
| SUBSYS – fentanyl sublingual spray 1200 mcg (600 mcg x 2)              | 3         | •                   | •               |           |     |                      | ULTRAM – tramadol hcl tab 50 mg                                       | 3         | •                   | •               |           |     |                      |
| SUBSYS – fentanyl sublingual spray 1600 mcg (800 mcg x 2)              | 3         | •                   | •               |           |     |                      | XODOL – hydrocodone-acetaminophen tab 5-300 mg                        | 3         | •                   | •               |           |     |                      |
| SYNALGOS-DC – aspirin-caffeine-dihydrocodeine cap 356.4-30-16 mg       | 3         |                     | •               |           |     |                      | XODOL – hydrocodone-acetaminophen tab 7.5-300 mg                      | 3         | •                   | •               |           |     |                      |
| TRAMADOL HCL ER – tramadol hcl cap er 24hr biphasic release 100 mg     | 1         |                     | •               |           |     |                      | XODOL – hydrocodone-acetaminophen tab 10-300 mg                       | 3         | •                   | •               |           |     |                      |
| TRAMADOL HCL ER – tramadol hcl cap er 24hr biphasic release 150 mg     | 1         |                     | •               |           |     |                      | XTAMPZA ER – oxycodone cap er 12hr abuse-deterrent 9 mg               | 3         |                     | •               |           |     |                      |
| TRAMADOL HCL ER – tramadol hcl cap er 24hr biphasic release 200 mg     | 1         |                     | •               |           |     |                      | XTAMPZA ER – oxycodone cap er 12hr abuse-deterrent 13.5 mg            | 3         |                     | •               |           |     |                      |
| TRAMADOL HCL ER – tramadol hcl cap er 24hr biphasic release 300 mg     | 1         |                     | •               |           |     |                      | XTAMPZA ER – oxycodone cap er 12hr abuse-deterrent 18 mg              | 3         |                     | •               |           |     |                      |
| tramadol hcl tab er 24hr 100 mg                                        | 1         |                     | •               |           |     |                      | XTAMPZA ER – oxycodone cap er 12hr abuse-deterrent 27 mg              | 3         |                     | •               |           |     |                      |
| tramadol hcl tab er 24hr 200 mg                                        | 1         |                     | •               |           |     |                      | XTAMPZA ER – oxycodone cap er 12hr abuse-deterrent 36 mg              | 3         |                     | •               |           |     |                      |
| tramadol hcl tab er 24hr 300 mg                                        | 1         |                     | •               |           |     |                      | ZAMICET – hydrocodone-acetaminophen soln 10-325 mg/15ml               | 1         |                     | •               |           |     |                      |
| tramadol hcl tab er 24hr biphasic release 100 mg                       | 1         |                     | •               |           |     |                      | ZOHYDRO ER – hydrocodone bitartrate cap er 12hr abuse-deterrent 10 mg | 3         |                     | •               |           |     |                      |
| tramadol hcl tab er 24hr biphasic release 200 mg                       | 1         |                     | •               |           |     |                      | ZOHYDRO ER – hydrocodone bitartrate cap er 12hr abuse-deterrent 15 mg | 3         |                     | •               |           |     |                      |
| tramadol hcl tab er 24hr biphasic release 300 mg                       | 1         |                     | •               |           |     |                      |                                                                       |           |                     |                 |           |     |                      |

| Drug Name                                                              | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                              | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| ZOHYDRO ER – hydrocodone bitartrate cap er 12hr abuse-deterrent 20 mg  | 3         |                     | •               |           |     |                      | ARTHROTEC 50 – diclofenac w/ misoprostol tab delayed release 50-0.2 mg | 3         | •                   |                 |           |     |                      |
| ZOHYDRO ER – hydrocodone bitartrate cap er 12hr abuse-deterrent 30 mg  | 3         |                     | •               |           |     |                      | ARTHROTEC 75 – diclofenac w/ misoprostol tab delayed release 75-0.2 mg | 3         | •                   |                 |           |     |                      |
| ZOHYDRO ER – hydrocodone bitartrate cap er 12hr abuse-deterrent 40 mg  | 3         |                     | •               |           |     |                      | CELEBREX – celecoxib cap 50 mg                                         | 3         | •                   | •               |           |     |                      |
| ZOHYDRO ER – hydrocodone bitartrate cap er 12hr abuse-deterrent 50 mg  | 3         |                     | •               |           |     |                      | CELEBREX – celecoxib cap 100 mg                                        | 3         | •                   | •               |           |     |                      |
| ZUBSOLV – buprenorphine hcl-naloxone hcl sl tab 0.7-0.18 mg (base eq)  | 3         |                     | •               |           |     |                      | CELEBREX – celecoxib cap 200 mg                                        | 3         | •                   | •               |           |     |                      |
| ZUBSOLV – buprenorphine hcl-naloxone hcl sl tab 1.4-0.36 mg (base eq)  | 3         |                     | •               |           |     |                      | CELEBREX – celecoxib cap 400 mg                                        | 3         | •                   | •               |           |     |                      |
| ZUBSOLV – buprenorphine hcl-naloxone hcl sl tab 2.9-0.71 mg (base eq)  | 3         |                     | •               |           |     |                      | celecoxib cap 50 mg (Celebrex)                                         | 1         |                     | •               |           |     |                      |
| ZUBSOLV – buprenorphine hcl-naloxone hcl sl tab 5.7-1.4 mg (base eq)   | 3         |                     | •               |           |     |                      | celecoxib cap 100 mg (Celebrex)                                        | 1         |                     | •               |           |     |                      |
| ZUBSOLV – buprenorphine hcl-naloxone hcl sl tab 8.6-2.1 mg (base eq)   | 3         |                     | •               |           |     |                      | celecoxib cap 200 mg (Celebrex)                                        | 1         |                     | •               |           |     |                      |
| ZUBSOLV – buprenorphine hcl-naloxone hcl sl tab 11.4-2.9 mg (base eq)  | 3         |                     | •               |           |     |                      | celecoxib cap 400 mg (Celebrex)                                        | 1         |                     | •               |           |     |                      |
| <b>ANALGESICS - ANTI-INFLAMMATORY</b>                                  |           |                     |                 |           |     |                      | DAYPRO – oxaprozin tab 600 mg                                          | 3         | •                   |                 |           |     |                      |
| ACTEMRA – tocilizumab subcutaneous soln prefilled syringe 162 mg/0.9ml | 3         | •                   | •               | •         |     | •                    | diclofenac potassium tab 50 mg                                         | 1         |                     |                 |           |     |                      |
| ANAPROX DS – naproxen sodium tab 550 mg                                | 3         | •                   |                 |           |     |                      | diclofenac sodium tab delayed release 25 mg                            | 1         |                     |                 |           |     |                      |
| ARAVA – leflunomide tab 10 mg                                          | 3         |                     |                 |           |     |                      | diclofenac sodium tab delayed release 50 mg                            | 1         |                     |                 |           |     |                      |
| ARAVA – leflunomide tab 20 mg                                          | 3         |                     |                 |           |     |                      | diclofenac sodium tab delayed release 75 mg                            | 1         |                     |                 |           |     |                      |
| ARCALYST – rilonacept for inj 220 mg                                   | 2         | •                   | •               | •         |     | •                    | diclofenac sodium tab er 24hr 100 mg                                   | 1         |                     |                 |           |     |                      |
|                                                                        |           |                     |                 |           |     |                      | diclofenac w/ misoprostol tab delayed release 50-0.2 mg (Arthrotec 50) | 1         |                     |                 |           |     |                      |
|                                                                        |           |                     |                 |           |     |                      | diclofenac w/ misoprostol tab delayed release 75-0.2 mg (Arthrotec 75) | 1         |                     |                 |           |     |                      |
|                                                                        |           |                     |                 |           |     |                      | DUEXIS – ibuprofen-famotidine tab 800-26.6 mg                          | 3         | •                   | •               |           |     |                      |
|                                                                        |           |                     |                 |           |     |                      | EC-NAPROSYN – naproxen tab ec 375 mg                                   | 3         | •                   |                 |           |     |                      |
|                                                                        |           |                     |                 |           |     |                      | EC-NAPROSYN – naproxen tab ec 500 mg                                   | 3         | •                   |                 |           |     |                      |
|                                                                        |           |                     |                 |           |     |                      | ENBREL – etanercept for subcutaneous inj 25 mg                         | 2         | •                   | •               | •         |     | •                    |

| Drug Name                                                                  | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                             | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| ENBREL – etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml        | 2         | •                   | •               | •         |     | •                    | HUMIRA PEN – adalimumab pen-injector kit 40 mg/0.8ml                  | 2         | •                   | •               | •         |     | •                    |
| ENBREL – etanercept subcutaneous soln prefilled syringe 50 mg/ml           | 2         | •                   | •               | •         |     | •                    | HUMIRA PEN-CROHNS DISEASE – adalimumab pen-injector kit 40 mg/0.8ml   | 2         | •                   | •               | •         |     | •                    |
| ENBREL SURECLICK – etanercept subcutaneous solution auto-injector 50 mg/ml | 2         | •                   | •               | •         |     | •                    | HUMIRA PEN-PSORIASIS STAR – adalimumab pen-injector kit 40 mg/0.8ml   | 2         | •                   | •               | •         |     | •                    |
| etodolac cap 200 mg                                                        | 1         |                     |                 |           |     |                      | ibuprofen tab 400 mg                                                  | 1         |                     |                 |           |     |                      |
| etodolac cap 300 mg                                                        | 1         |                     |                 |           |     |                      | ibuprofen tab 600 mg                                                  | 1         |                     |                 |           |     |                      |
| etodolac tab er 24hr 400 mg                                                | 1         |                     |                 |           |     |                      | ibuprofen tab 800 mg                                                  | 1         |                     |                 |           |     |                      |
| etodolac tab er 24hr 500 mg                                                | 1         |                     |                 |           |     |                      | INDOCIN – indomethacin susp 25 mg/5ml                                 | 3         | •                   |                 |           |     |                      |
| etodolac tab er 24hr 600 mg                                                | 1         |                     |                 |           |     |                      | INDOCIN – indomethacin suppos 50 mg                                   | 3         |                     |                 |           |     |                      |
| etodolac tab 400 mg                                                        | 1         |                     |                 |           |     |                      | indomethacin cap er 75 mg                                             | 1         |                     |                 |           |     |                      |
| etodolac tab 500 mg                                                        | 1         |                     |                 |           |     |                      | indomethacin cap 25 mg                                                | 1         |                     |                 |           |     |                      |
| FELDENE – piroxicam cap 10 mg                                              | 3         | •                   |                 |           |     |                      | indomethacin cap 50 mg                                                | 1         |                     |                 |           |     |                      |
| FELDENE – piroxicam cap 20 mg                                              | 3         | •                   |                 |           |     |                      | ketoprofen cap 50 mg                                                  | 1         |                     |                 |           |     |                      |
| FENOPROFEN CALCIUM – fenoprofen calcium tab 600 mg                         | 1         | •                   |                 |           |     |                      | ketoprofen cap 75 mg                                                  | 1         |                     |                 |           |     |                      |
| FENOPROFEN CALCIUM – fenoprofen calcium cap 200 mg                         | 3         | •                   |                 |           |     |                      | KETOPROFEN ER – ketoprofen cap er 24hr 200 mg                         | 1         | •                   |                 |           |     |                      |
| FENOPROFEN CALCIUM – fenoprofen calcium cap 400 mg                         | 1         | •                   |                 |           |     |                      | ketorolac tromethamine tab 10 mg                                      | 1         |                     | •               |           |     |                      |
| FENORTHO – fenoprofen calcium cap 200 mg                                   | 3         | •                   |                 |           |     |                      | KEVZARA – sarilumab subcutaneous soln prefilled syringe 150 mg/1.14ml | 3         | •                   | •               |           |     |                      |
| FENORTHO – fenoprofen calcium cap 400 mg                                   | 3         | •                   |                 |           |     |                      | KEVZARA – sarilumab subcutaneous soln prefilled syringe 200 mg/1.14ml | 3         | •                   | •               |           |     |                      |
| flurbiprofen tab 50 mg                                                     | 1         |                     |                 |           |     |                      | KINERET – anakinra subcutaneous soln prefilled syringe 100 mg/0.67ml  | 3         | •                   | •               | •         |     | •                    |
| flurbiprofen tab 100 mg                                                    | 1         |                     |                 |           |     |                      | leflunomide tab 10 mg (Arava)                                         | 1         |                     |                 |           |     |                      |
| HUMIRA – adalimumab prefilled syringe kit 10 mg/0.2ml                      | 2         | •                   | •               | •         |     | •                    | leflunomide tab 20 mg (Arava)                                         | 1         |                     |                 |           |     |                      |
| HUMIRA – adalimumab prefilled syringe kit 20 mg/0.4ml                      | 2         | •                   | •               | •         |     | •                    | LODINE – etodolac tab 400 mg                                          | 3         |                     |                 |           |     |                      |
| HUMIRA – adalimumab prefilled syringe kit 40 mg/0.8ml                      | 2         | •                   | •               | •         |     | •                    | MECLOFENAMATE SODIUM – meclofenamate sodium cap 50 mg                 | 1         | •                   |                 |           |     |                      |
| HUMIRA PEDIATRIC CROHNS D – adalimumab prefilled syringe kit 40 mg/0.8ml   | 2         | •                   | •               | •         |     | •                    |                                                                       |           |                     |                 |           |     |                      |

| Drug Name                                                             | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                                 | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| <b>MECLOFENAMATE SODIUM –<br/>meclofenamate sodium cap 100<br/>mg</b> | 1         | •                   |                 |           |     |                      | <b>ORENCIA – abatacept<br/>subcutaneous soln prefilled<br/>syringe 50 mg/0.4ml</b>        | 3         | •                   | •               |           |     |                      |
| <b>mefenamic acid cap 250 mg<br/>(Ponstel)</b>                        | 1         |                     |                 |           |     |                      | <b>ORENCIA – abatacept<br/>subcutaneous soln prefilled<br/>syringe 87.5 mg/0.7ml</b>      | 3         | •                   | •               |           |     |                      |
| <b>meloxicam tab 7.5 mg (Mobic)</b>                                   | 1         |                     | •               |           |     |                      | <b>ORENCIA – abatacept<br/>subcutaneous soln prefilled<br/>syringe 125 mg/ml</b>          | 3         | •                   | •               | •         |     | •                    |
| <b>meloxicam tab 15 mg (Mobic)</b>                                    | 1         |                     | •               |           |     |                      | <b>ORENCIA CLICKJECT – abatacept<br/>subcutaneous soln auto-<br/>injector 125 mg/ml</b>   | 3         | •                   | •               |           |     |                      |
| <b>MOBIC – meloxicam tab 7.5 mg</b>                                   | 3         | •                   | •               |           |     |                      | <b>OTEZLA – apremilast tab starter<br/>therapy pack 10 mg &amp; 20 mg &amp;<br/>30 mg</b> | 2         | •                   | •               | •         |     | •                    |
| <b>MOBIC – meloxicam tab 15 mg</b>                                    | 3         | •                   | •               |           |     |                      | <b>OTEZLA – apremilast tab 30 mg</b>                                                      | 2         | •                   | •               | •         |     | •                    |
| <b>nabumetone tab 500 mg</b>                                          | 1         |                     |                 |           |     |                      | <b>OTREXUP – methotrexate soln pf<br/>auto-injector 10 mg/0.4ml</b>                       | 3         | •                   |                 |           |     |                      |
| <b>nabumetone tab 750 mg</b>                                          | 1         |                     |                 |           |     |                      | <b>OTREXUP – methotrexate soln pf<br/>auto-injector 12.5 mg/0.4ml</b>                     | 3         | •                   |                 |           |     |                      |
| <b>NALFON – fenoprofen calcium<br/>cap 400 mg</b>                     | 3         | •                   |                 |           |     |                      | <b>OTREXUP – methotrexate soln pf<br/>auto-injector 15 mg/0.4ml</b>                       | 3         | •                   |                 |           |     |                      |
| <b>NAPRELAN – naproxen sodium<br/>tab er 24hr 375 mg (base equiv)</b> | 3         | •                   |                 |           |     |                      | <b>OTREXUP – methotrexate soln pf<br/>auto-injector 17.5 mg/0.4ml</b>                     | 3         | •                   |                 |           |     |                      |
| <b>NAPRELAN – naproxen sodium<br/>tab er 24hr 500 mg (base equiv)</b> | 3         | •                   |                 |           |     |                      | <b>OTREXUP – methotrexate soln pf<br/>auto-injector 20 mg/0.4ml</b>                       | 3         | •                   |                 |           |     |                      |
| <b>NAPRELAN – naproxen sodium<br/>tab er 24hr 750 mg (base equiv)</b> | 3         | •                   |                 |           |     |                      | <b>OTREXUP – methotrexate soln pf<br/>auto-injector 22.5 mg/0.4ml</b>                     | 3         | •                   |                 |           |     |                      |
| <b>NAPROSYN – naproxen tab 500<br/>mg</b>                             | 3         | •                   |                 |           |     |                      | <b>OTREXUP – methotrexate soln pf<br/>auto-injector 25 mg/0.4ml</b>                       | 3         | •                   |                 |           |     |                      |
| <b>NAPROSYN – naproxen susp 125<br/>mg/5ml</b>                        | 3         | •                   |                 |           |     |                      | <b>oxaprozin tab 600 mg (Daypro)</b>                                                      | 1         |                     |                 |           |     |                      |
| <b>naproxen sodium tab er 24hr<br/>375 mg (base equiv) (Naprelan)</b> | 1         |                     |                 |           |     |                      | <b>piroxicam cap 10 mg (Feldene)</b>                                                      | 1         |                     |                 |           |     |                      |
| <b>naproxen sodium tab er 24hr<br/>500 mg (base equiv) (Naprelan)</b> | 1         |                     |                 |           |     |                      | <b>piroxicam cap 20 mg (Feldene)</b>                                                      | 1         |                     |                 |           |     |                      |
| <b>naproxen sodium tab 275 mg<br/>(Anaprox)</b>                       | 1         |                     |                 |           |     |                      | <b>PONSTEL – mefenamic acid cap<br/>250 mg</b>                                            | 3         | •                   |                 |           |     |                      |
| <b>naproxen sodium tab 550 mg<br/>(Anaprox ds)</b>                    | 1         |                     |                 |           |     |                      | <b>RASUVO – methotrexate soln pf<br/>auto-injector 7.5 mg/0.15ml</b>                      | 3         | •                   |                 |           |     |                      |
| <b>naproxen susp 125 mg/5ml<br/>(Naprosyn)</b>                        | 1         |                     |                 |           |     |                      | <b>RASUVO – methotrexate soln pf<br/>auto-injector 10 mg/0.2ml</b>                        | 3         | •                   |                 |           |     |                      |
| <b>naproxen tab ec 375 mg (Ec-<br/>naprosyn)</b>                      | 1         |                     |                 |           |     |                      | <b>RASUVO – methotrexate soln pf<br/>auto-injector 12.5 mg/0.25ml</b>                     | 3         | •                   |                 |           |     |                      |
| <b>naproxen tab ec 500 mg (Ec-<br/>naprosyn)</b>                      | 1         |                     |                 |           |     |                      |                                                                                           |           |                     |                 |           |     |                      |
| <b>naproxen tab 250 mg (Naprosyn)</b>                                 | 1         |                     |                 |           |     |                      |                                                                                           |           |                     |                 |           |     |                      |
| <b>naproxen tab 375 mg (Naprosyn)</b>                                 | 1         |                     |                 |           |     |                      |                                                                                           |           |                     |                 |           |     |                      |
| <b>naproxen tab 500 mg (Naprosyn)</b>                                 | 1         |                     |                 |           |     |                      |                                                                                           |           |                     |                 |           |     |                      |



| Drug Name                                                           | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                  | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| RASUVO – methotrexate soln pf auto-injector 15 mg/0.3ml             | 3         | •                   |                 |           |     |                      | VIMOVO – naproxen-esomeprazole magnesium tab dr 375-20 mg                  | 3         | •                   | •               |           |     |                      |
| RASUVO – methotrexate soln pf auto-injector 17.5 mg/0.35ml          | 3         | •                   |                 |           |     |                      | VIMOVO – naproxen-esomeprazole magnesium tab dr 500-20 mg                  | 3         | •                   | •               |           |     |                      |
| RASUVO – methotrexate soln pf auto-injector 20 mg/0.4ml             | 3         | •                   |                 |           |     |                      | VIVLODEX – meloxicam cap 5 mg                                              | 3         | •                   | •               |           |     |                      |
| RASUVO – methotrexate soln pf auto-injector 22.5 mg/0.45ml          | 3         | •                   |                 |           |     |                      | VIVLODEX – meloxicam cap 10 mg                                             | 3         | •                   | •               |           |     |                      |
| RASUVO – methotrexate soln pf auto-injector 25 mg/0.5ml             | 3         | •                   |                 |           |     |                      | XELJANZ – tofacitinib citrate tab 5 mg (base equivalent)                   | 3         | •                   | •               | •         |     | •                    |
| RASUVO – methotrexate soln pf auto-injector 30 mg/0.6ml             | 3         | •                   |                 |           |     |                      | XELJANZ XR – tofacitinib citrate tab er 24hr 11 mg (base equivalent)       | 3         | •                   | •               | •         |     | •                    |
| RIDAURA – auranofin cap 3 mg                                        | 2         |                     |                 |           |     |                      | ZIPSOR – diclofenac potassium cap 25 mg                                    | 3         | •                   |                 |           |     |                      |
| SIMPONI – golimumab subcutaneous soln auto-injector 50 mg/0.5ml     | 2         | •                   | •               | •         |     | •                    | ZORVOLEX – diclofenac cap 18 mg                                            | 3         | •                   |                 |           |     |                      |
| SIMPONI – golimumab subcutaneous soln auto-injector 100 mg/ml       | 2         | •                   | •               | •         |     | •                    | ZORVOLEX – diclofenac cap 35 mg                                            | 3         | •                   |                 |           |     |                      |
| SIMPONI – golimumab subcutaneous soln prefilled syringe 50 mg/0.5ml | 2         | •                   | •               | •         |     | •                    | MIGRAINE PRODUCTS                                                          |           |                     |                 |           |     |                      |
| SIMPONI – golimumab subcutaneous soln prefilled syringe 100 mg/ml   | 2         | •                   | •               | •         |     | •                    | almotriptan malate tab 6.25 mg (Axert)                                     | 1         |                     | •               |           |     |                      |
| SPRIX – ketorolac tromethamine nasal spray 15.75 mg/spray           | 3         |                     | •               |           |     |                      | almotriptan malate tab 12.5 mg (Axert)                                     | 1         |                     | •               |           |     |                      |
| sulindac tab 150 mg                                                 | 1         |                     |                 |           |     |                      | AMERGE – naratriptan hcl tab 1 mg (base equiv)                             | 3         | •                   | •               |           |     |                      |
| sulindac tab 200 mg                                                 | 1         |                     |                 |           |     |                      | AMERGE – naratriptan hcl tab 2.5 mg (base equiv)                           | 3         | •                   | •               |           |     |                      |
| TIVORBEX – indomethacin cap 20 mg                                   | 3         | •                   |                 |           |     |                      | AXERT – almotriptan malate tab 6.25 mg                                     | 3         | •                   | •               |           |     |                      |
| TIVORBEX – indomethacin cap 40 mg                                   | 3         | •                   |                 |           |     |                      | AXERT – almotriptan malate tab 12.5 mg                                     | 3         | •                   | •               |           |     |                      |
| TOLMETIN SODIUM – tolmetin sodium cap 400 mg                        | 1         | •                   |                 |           |     |                      | CAFERGOT – ergotamine w/ caffeine tab 1-100 mg                             | 3         |                     |                 |           |     |                      |
| TOLMETIN SODIUM – tolmetin sodium tab 200 mg                        | 1         | •                   |                 |           |     |                      | D.H.E. 45 – dihydroergotamine mesylate inj 1 mg/ml                         | 3         | •                   |                 |           |     |                      |
| TOLMETIN SODIUM – tolmetin sodium tab 600 mg                        | 1         | •                   |                 |           |     |                      | DIHYDROERGOTAMINE MESYLAT – dihydroergotamine mesylate nasal spray 4 mg/ml | 1         |                     | •               |           |     |                      |

| Drug Name                                                                                | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                        | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| <b>dihydroergotamine mesylate inj 1 mg/ml (D.h.e. 45)</b>                                | 1         |                     |                 |           |     |                      | <b>isometheptene-caffeine-acetaminophen tab 65-20-325 mg (Prodrin)</b>           | 1         |                     |                 |           |     |                      |
| <b>eletriptan hydrobromide tab 20 mg (base equivalent) (Relpax)</b>                      | 1         |                     | •               |           |     |                      | <b>isometheptene-dichloral-acetaminophen cap 65-100-325 mg</b>                   | 1         |                     |                 |           |     |                      |
| <b>eletriptan hydrobromide tab 40 mg (base equivalent) (Relpax)</b>                      | 1         |                     | •               |           |     |                      | <b>MAXALT – rizatriptan benzoate tab 5 mg (base equivalent)</b>                  | 3         | •                   | •               |           |     |                      |
| <b>ERGOMAR – ergotamine tartrate sl tab 2 mg</b>                                         | 2         |                     |                 |           |     |                      | <b>MAXALT – rizatriptan benzoate tab 10 mg (base equivalent)</b>                 | 3         | •                   | •               |           |     |                      |
| <b>ergotamine w/ caffeine tab 1-100 mg (Cafergot)</b>                                    | 1         |                     |                 |           |     |                      | <b>MAXALT-MLT – rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</b>  | 3         | •                   | •               |           |     |                      |
| <b>FROVA – frovatriptan succinate tab 2.5 mg (base equivalent)</b>                       | 3         | •                   | •               |           |     |                      | <b>MAXALT-MLT – rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</b> | 3         | •                   | •               |           |     |                      |
| <b>frovatriptan succinate tab 2.5 mg (base equivalent) (Frova)</b>                       | 1         |                     | •               |           |     |                      | <b>MIGERGOT – ergotamine w/ caffeine suppos 2-100 mg</b>                         | 3         |                     |                 |           |     |                      |
| <b>IMITREX – sumatriptan succinate inj 6 mg/0.5ml</b>                                    | 3         | •                   | •               |           |     |                      | <b>MIGRANAL – dihydroergotamine mesylate nasal spray 4 mg/ml</b>                 | 3         |                     | •               |           |     |                      |
| <b>IMITREX – sumatriptan nasal spray 5 mg/act</b>                                        | 3         | •                   | •               |           |     |                      | <b>naratriptan hcl tab 1 mg (base equiv) (Amerge)</b>                            | 1         |                     | •               |           |     |                      |
| <b>IMITREX – sumatriptan nasal spray 20 mg/act</b>                                       | 3         | •                   | •               |           |     |                      | <b>naratriptan hcl tab 2.5 mg (base equiv) (Amerge)</b>                          | 1         |                     | •               |           |     |                      |
| <b>IMITREX – sumatriptan succinate tab 25 mg</b>                                         | 3         | •                   | •               |           |     |                      | <b>ONZETRA XSAIL – sumatriptan succinate exhaler powder 11 mg/nosepiece</b>      | 3         | •                   | •               |           |     |                      |
| <b>IMITREX – sumatriptan succinate tab 50 mg</b>                                         | 3         | •                   | •               |           |     |                      | <b>PRODRIN – isometheptene-caffeine-acetaminophen tab 65-20-325 mg</b>           | 3         |                     |                 |           |     |                      |
| <b>IMITREX – sumatriptan succinate tab 100 mg</b>                                        | 3         | •                   | •               |           |     |                      | <b>RELAX – eletriptan hydrobromide tab 20 mg (base equivalent)</b>               | 3         | •                   | •               |           |     |                      |
| <b>IMITREX STATDOSE REFILL – sumatriptan succinate solution cartridge 4 mg/0.5ml</b>     | 3         | •                   | •               |           |     |                      | <b>RELAX – eletriptan hydrobromide tab 40 mg (base equivalent)</b>               | 3         | •                   | •               |           |     |                      |
| <b>IMITREX STATDOSE REFILL – sumatriptan succinate solution cartridge 6 mg/0.5ml</b>     | 3         | •                   | •               |           |     |                      | <b>rizatriptan benzoate oral disintegrating tab 5 mg (base eq) (Maxalt-mlt)</b>  | 1         |                     | •               |           |     |                      |
| <b>IMITREX STATDOSE SYSTEM – sumatriptan succinate solution auto-injector 4 mg/0.5ml</b> | 3         | •                   | •               |           |     |                      | <b>rizatriptan benzoate oral disintegrating tab 10 mg (base eq) (Maxalt-mlt)</b> | 1         |                     | •               |           |     |                      |
| <b>IMITREX STATDOSE SYSTEM – sumatriptan succinate solution auto-injector 6 mg/0.5ml</b> | 3         | •                   | •               |           |     |                      |                                                                                  |           |                     |                 |           |     |                      |

| Drug Name                                                                           | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                   | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| rizatriptan benzoate tab 5 mg (base equivalent) (Maxalt)                            | 1         |                     | •               |           |     |                      | ZEMBRACE SYMTOUCH – sumatriptan succinate solution auto-injector 3 mg/0.5ml | 3         | •                   | •               |           |     |                      |
| rizatriptan benzoate tab 10 mg (base equivalent) (Maxalt)                           | 1         |                     | •               |           |     |                      | zolmitriptan orally disintegrating tab 2.5 mg (Zomig zmt)                   | 1         |                     | •               |           |     |                      |
| sumatriptan nasal spray 5 mg/act (Imitrex)                                          | 1         |                     | •               |           |     |                      | zolmitriptan orally disintegrating tab 5 mg (Zomig zmt)                     | 1         |                     | •               |           |     |                      |
| sumatriptan nasal spray 20 mg/act (Imitrex)                                         | 1         |                     | •               |           |     |                      | zolmitriptan tab 2.5 mg (Zomig)                                             | 1         |                     | •               |           |     |                      |
| SUMATRIPTAN SUCCINATE – sumatriptan succinate solution prefilled syringe 6 mg/0.5ml | 1         | •                   | •               |           |     |                      | zolmitriptan tab 5 mg (Zomig)                                               | 1         |                     | •               |           |     |                      |
| sumatriptan succinate inj 6 mg/0.5ml (Imitrex)                                      | 1         |                     | •               |           |     |                      | ZOMIG – zolmitriptan tab 2.5 mg                                             | 3         | •                   | •               |           |     |                      |
| sumatriptan succinate solution auto-injector 4 mg/0.5ml (Imitrex statdose sys)      | 1         |                     | •               |           |     |                      | ZOMIG – zolmitriptan tab 5 mg                                               | 3         | •                   | •               |           |     |                      |
| sumatriptan succinate solution auto-injector 6 mg/0.5ml (Imitrex statdose sys)      | 1         |                     | •               |           |     |                      | ZOMIG – zolmitriptan nasal spray 2.5 mg/spray unit                          | 3         | •                   | •               |           |     |                      |
| sumatriptan succinate solution cartridge 4 mg/0.5ml (Imitrex statdose ref)          | 1         |                     | •               |           |     |                      | ZOMIG – zolmitriptan nasal spray 5 mg/spray unit                            | 3         | •                   | •               |           |     |                      |
| sumatriptan succinate solution cartridge 6 mg/0.5ml (Imitrex statdose ref)          | 1         |                     | •               |           |     |                      | ZOMIG ZMT – zolmitriptan orally disintegrating tab 2.5 mg                   | 3         | •                   | •               |           |     |                      |
| sumatriptan succinate tab 25 mg (Imitrex)                                           | 1         |                     | •               |           |     |                      | ZOMIG ZMT – zolmitriptan orally disintegrating tab 5 mg                     | 3         | •                   | •               |           |     |                      |
| sumatriptan succinate tab 50 mg (Imitrex)                                           | 1         |                     | •               |           |     |                      | GOUT AGENTS                                                                 |           |                     |                 |           |     |                      |
| sumatriptan succinate tab 100 mg (Imitrex)                                          | 1         |                     | •               |           |     |                      | allopurinol tab 100 mg (Zyloprim)                                           | 1         |                     |                 |           |     |                      |
| SUMAVEL DOSEPRO – sumatriptan succinate solution jet-injector 4 mg/0.5ml            | 3         | •                   | •               |           |     |                      | allopurinol tab 300 mg (Zyloprim)                                           | 1         |                     |                 |           |     |                      |
| SUMAVEL DOSEPRO – sumatriptan succinate solution jet-injector 6 mg/0.5ml            | 3         | •                   | •               |           |     |                      | COLCHICINE – colchicine cap 0.6 mg                                          | 1         |                     |                 |           |     |                      |
| TREXIMET – sumatriptan-naproxen sodium tab 10-60 mg                                 | 3         | •                   | •               |           |     |                      | COLCHICINE – colchicine tab 0.6 mg                                          | 1         |                     |                 |           |     |                      |
| TREXIMET – sumatriptan-naproxen sodium tab 85-500 mg                                | 3         | •                   | •               |           |     |                      | colchicine w/ probenecid tab 0.5-500 mg                                     | 1         |                     |                 |           |     |                      |
|                                                                                     |           |                     |                 |           |     |                      | COLCRYS – colchicine tab 0.6 mg                                             | 2         |                     |                 |           |     |                      |
|                                                                                     |           |                     |                 |           |     |                      | MITIGARE – colchicine cap 0.6 mg                                            | 3         |                     |                 |           |     |                      |
|                                                                                     |           |                     |                 |           |     |                      | probenecid tab 500 mg                                                       | 1         |                     |                 |           |     |                      |
|                                                                                     |           |                     |                 |           |     |                      | ULORIC – febuxostat tab 40 mg                                               | 3         | •                   | •               |           |     |                      |
|                                                                                     |           |                     |                 |           |     |                      | ULORIC – febuxostat tab 80 mg                                               | 3         | •                   | •               |           |     |                      |
|                                                                                     |           |                     |                 |           |     |                      | ZURAMPIC – lesinurad tab 200 mg                                             | 3         | •                   | •               |           |     |                      |
|                                                                                     |           |                     |                 |           |     |                      | ZYLOPRIM – allopurinol tab 100 mg                                           | 3         | •                   |                 |           |     |                      |
|                                                                                     |           |                     |                 |           |     |                      | ZYLOPRIM – allopurinol tab 300 mg                                           | 3         | •                   |                 |           |     |                      |

| Drug Name                                             | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                            | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| <b>NEUROMUSCULAR DRUGS</b>                            |           |                     |                 |           |     |                      | <b>carbamazepine tab er 12hr 400 mg (Tegretol-xr)</b>                | 1         |                     |                 |           |     |                      |
| <b>ANTICONVULSANTS</b>                                |           |                     |                 |           |     |                      | <b>carbamazepine tab 200 mg (Tegretol)</b>                           | 1         |                     |                 |           |     |                      |
| <b>APTiom – eslicarbazepine acetate tab 200 mg</b>    | 3         |                     |                 |           |     |                      | <b>CARBATROL – carbamazepine cap er 12hr 100 mg</b>                  | 3         | •                   |                 |           |     |                      |
| <b>APTiom – eslicarbazepine acetate tab 400 mg</b>    | 3         |                     |                 |           |     |                      | <b>CARBATROL – carbamazepine cap er 12hr 200 mg</b>                  | 3         | •                   |                 |           |     |                      |
| <b>APTiom – eslicarbazepine acetate tab 600 mg</b>    | 3         |                     |                 |           |     |                      | <b>CARBATROL – carbamazepine cap er 12hr 300 mg</b>                  | 3         | •                   |                 |           |     |                      |
| <b>APTiom – eslicarbazepine acetate tab 800 mg</b>    | 3         |                     |                 |           |     |                      | <b>CELONTIN – methsuximide cap 300 mg</b>                            | 3         |                     |                 |           |     |                      |
| <b>BANZEL – rufinamide susp 40 mg/ml</b>              | 2         |                     |                 |           |     |                      | <b>clonazepam orally disintegrating tab 0.125 mg</b>                 | 1         |                     |                 |           |     |                      |
| <b>BANZEL – rufinamide tab 200 mg</b>                 | 2         |                     |                 |           |     |                      | <b>clonazepam orally disintegrating tab 0.25 mg</b>                  | 1         |                     |                 |           |     |                      |
| <b>BANZEL – rufinamide tab 400 mg</b>                 | 2         |                     |                 |           |     |                      | <b>clonazepam orally disintegrating tab 0.5 mg</b>                   | 1         |                     |                 |           |     |                      |
| <b>BRIVIACT – brivaracetam oral soln 10 mg/ml</b>     | 3         |                     |                 |           |     |                      | <b>clonazepam orally disintegrating tab 1 mg</b>                     | 1         |                     |                 |           |     |                      |
| <b>BRIVIACT – brivaracetam tab 10 mg</b>              | 3         |                     |                 |           |     |                      | <b>clonazepam orally disintegrating tab 2 mg</b>                     | 1         |                     |                 |           |     |                      |
| <b>BRIVIACT – brivaracetam tab 25 mg</b>              | 3         |                     |                 |           |     |                      | <b>clonazepam tab 0.5 mg (Klonopin)</b>                              | 1         |                     |                 |           |     |                      |
| <b>BRIVIACT – brivaracetam tab 50 mg</b>              | 3         |                     |                 |           |     |                      | <b>clonazepam tab 1 mg (Klonopin)</b>                                | 1         |                     |                 |           |     |                      |
| <b>BRIVIACT – brivaracetam tab 75 mg</b>              | 3         |                     |                 |           |     |                      | <b>clonazepam tab 2 mg (Klonopin)</b>                                | 1         |                     |                 |           |     |                      |
| <b>BRIVIACT – brivaracetam tab 100 mg</b>             | 3         |                     |                 |           |     |                      | <b>DEPAKENE – valproate sodium oral soln 250 mg/5ml (base equiv)</b> | 3         | •                   |                 |           |     |                      |
| <b>carbamazepine cap er 12hr 100 mg (Carbatrol)</b>   | 1         |                     |                 |           |     |                      | <b>DEPAKENE – valproic acid cap 250 mg</b>                           | 3         | •                   |                 |           |     |                      |
| <b>carbamazepine cap er 12hr 200 mg (Carbatrol)</b>   | 1         |                     |                 |           |     |                      | <b>DEPAKOTE – divalproex sodium tab delayed release 125 mg</b>       | 3         | •                   |                 |           |     |                      |
| <b>carbamazepine cap er 12hr 300 mg (Carbatrol)</b>   | 1         |                     |                 |           |     |                      | <b>DEPAKOTE – divalproex sodium tab delayed release 250 mg</b>       | 3         | •                   |                 |           |     |                      |
| <b>carbamazepine chew tab 100 mg</b>                  | 1         |                     |                 |           |     |                      | <b>DEPAKOTE – divalproex sodium tab delayed release 500 mg</b>       | 3         | •                   |                 |           |     |                      |
| <b>carbamazepine susp 100 mg/5ml (Tegretol)</b>       | 1         |                     |                 |           |     |                      | <b>DEPAKOTE ER – divalproex sodium tab er 24 hr 250 mg</b>           | 3         | •                   |                 |           |     |                      |
| <b>carbamazepine tab er 12hr 100 mg (Tegretol-xr)</b> | 1         |                     |                 |           |     |                      | <b>DEPAKOTE ER – divalproex sodium tab er 24 hr 500 mg</b>           | 3         | •                   |                 |           |     |                      |
| <b>carbamazepine tab er 12hr 200 mg (Tegretol-xr)</b> | 1         |                     |                 |           |     |                      |                                                                      |           |                     |                 |           |     |                      |

| Drug Name                                                                        | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                      | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| DEPAKOTE SPRINKLES –<br>divalproex sodium cap delayed<br>release sprinkle 125 mg | 3         |                     |                 |           |     |                      | ethosuximide soln 250 mg/5ml<br>(Zarontin)     | 1         |                     |                 |           |     |                      |
| DIASTAT ACUDIAL – diazepam<br>rectal gel delivery system 10 mg                   | 2         |                     |                 |           |     |                      | felbamate susp 600 mg/5ml<br>(Felbatol)        | 1         |                     |                 |           |     |                      |
| DIASTAT ACUDIAL – diazepam<br>rectal gel delivery system 20 mg                   | 2         |                     |                 |           |     |                      | felbamate tab 400 mg (Felbatol)                | 1         |                     |                 |           |     |                      |
| DIASTAT PEDIATRIC – diazepam<br>rectal gel delivery system 2.5<br>mg             | 2         |                     |                 |           |     |                      | felbamate tab 600 mg (Felbatol)                | 1         |                     |                 |           |     |                      |
| DIAZEPAM RECTAL GEL –<br>diazepam rectal gel delivery<br>system 2.5 mg           | 1         |                     |                 |           |     |                      | FELBATOL – felbamate susp 600<br>mg/5ml        | 3         | •                   |                 |           |     |                      |
| DIAZEPAM RECTAL GEL –<br>diazepam rectal gel delivery<br>system 10 mg            | 1         |                     |                 |           |     |                      | FELBATOL – felbamate tab 400<br>mg             | 3         | •                   |                 |           |     |                      |
| DIAZEPAM RECTAL GEL –<br>diazepam rectal gel delivery<br>system 20 mg            | 1         |                     |                 |           |     |                      | FELBATOL – felbamate tab 600<br>mg             | 3         | •                   |                 |           |     |                      |
| DILANTIN – phenytoin sodium<br>extended cap 30 mg                                | 3         |                     |                 |           |     |                      | FYCOMPA – perampanel susp 0.5<br>mg/ml         | 3         |                     |                 |           |     |                      |
| DILANTIN – phenytoin sodium<br>extended cap 100 mg                               | 3         | •                   |                 |           |     |                      | FYCOMPA – perampanel tab 2 mg                  | 3         |                     |                 |           |     |                      |
| DILANTIN INFATABS – phenytoin<br>chew tab 50 mg                                  | 3         |                     |                 |           |     |                      | FYCOMPA – perampanel tab 4 mg                  | 3         |                     |                 |           |     |                      |
| DILANTIN-125 – phenytoin susp<br>125 mg/5ml                                      | 3         | •                   |                 |           |     |                      | FYCOMPA – perampanel tab 6 mg                  | 3         |                     |                 |           |     |                      |
| divalproex sodium cap delayed<br>release sprinkle 125 mg<br>(Depakote sprinkles) | 1         |                     |                 |           |     |                      | FYCOMPA – perampanel tab 8 mg                  | 3         |                     |                 |           |     |                      |
| divalproex sodium tab delayed<br>release 125 mg (Depakote)                       | 1         |                     |                 |           |     |                      | FYCOMPA – perampanel tab 10<br>mg              | 3         |                     |                 |           |     |                      |
| divalproex sodium tab delayed<br>release 250 mg (Depakote)                       | 1         |                     |                 |           |     |                      | FYCOMPA – perampanel tab 12<br>mg              | 3         |                     |                 |           |     |                      |
| divalproex sodium tab delayed<br>release 500 mg (Depakote)                       | 1         |                     |                 |           |     |                      | gabapentin cap 100 mg<br>(Neurontin)           | 1         |                     |                 |           |     |                      |
| divalproex sodium tab er 24 hr<br>250 mg (Depakote er)                           | 1         |                     |                 |           |     |                      | gabapentin cap 300 mg<br>(Neurontin)           | 1         |                     |                 |           |     |                      |
| divalproex sodium tab er 24 hr<br>500 mg (Depakote er)                           | 1         |                     |                 |           |     |                      | gabapentin cap 400 mg<br>(Neurontin)           | 1         |                     |                 |           |     |                      |
| ethosuximide cap 250 mg<br>(Zarontin)                                            | 1         |                     |                 |           |     |                      | gabapentin oral soln 250 mg/5ml<br>(Neurontin) | 1         |                     |                 |           |     |                      |
|                                                                                  |           |                     |                 |           |     |                      | gabapentin tab 600 mg (Neurontin)              | 1         |                     |                 |           |     |                      |
|                                                                                  |           |                     |                 |           |     |                      | gabapentin tab 800 mg (Neurontin)              | 1         |                     |                 |           |     |                      |
|                                                                                  |           |                     |                 |           |     |                      | GABITRIL – tiagabine hcl tab 2 mg              | 3         |                     |                 |           |     |                      |
|                                                                                  |           |                     |                 |           |     |                      | GABITRIL – tiagabine hcl tab 4 mg              | 3         |                     |                 |           |     |                      |
|                                                                                  |           |                     |                 |           |     |                      | GABITRIL – tiagabine hcl tab 12<br>mg          | 2         |                     |                 |           |     |                      |
|                                                                                  |           |                     |                 |           |     |                      | GABITRIL – tiagabine hcl tab 16<br>mg          | 2         |                     |                 |           |     |                      |
|                                                                                  |           |                     |                 |           |     |                      | KEPPRA – levetiracetam oral soln<br>100 mg/ml  | 3         | •                   |                 |           |     |                      |

| Drug Name                                                                   | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                        | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| KEPPRA – levetiracetam tab 250 mg                                           | 3         | •                   |                 |           |     |                      | LAMICTAL ODT – lamotrigine orally disintegrating tab 25 mg                       | 3         |                     |                 |           |     |                      |
| KEPPRA – levetiracetam tab 500 mg                                           | 3         | •                   |                 |           |     |                      | LAMICTAL ODT – lamotrigine orally disintegrating tab 50 mg                       | 3         |                     |                 |           |     |                      |
| KEPPRA – levetiracetam tab 750 mg                                           | 3         | •                   |                 |           |     |                      | LAMICTAL ODT – lamotrigine orally disintegrating tab 100 mg                      | 3         |                     |                 |           |     |                      |
| KEPPRA – levetiracetam tab 1000 mg                                          | 3         | •                   |                 |           |     |                      | LAMICTAL ODT – lamotrigine orally disintegrating tab 200 mg                      | 3         |                     |                 |           |     |                      |
| KEPPRA XR – levetiracetam tab er 24hr 500 mg                                | 3         | •                   |                 |           |     |                      | LAMICTAL STARTER/NOT TAKI – lamotrigine tab 25 mg (42) & 100 mg (7) starter kit  | 3         |                     |                 |           |     |                      |
| KEPPRA XR – levetiracetam tab er 24hr 750 mg                                | 3         | •                   |                 |           |     |                      | LAMICTAL STARTER/TAKING C – lamotrigine tab 25 mg (84) & 100 mg (14) starter kit | 3         |                     |                 |           |     |                      |
| KLONOPIN – clonazepam tab 0.5 mg                                            | 3         | •                   |                 |           |     |                      | LAMICTAL STARTER/TAKING V – lamotrigine tab 25 mg (35) starter kit               | 3         |                     |                 |           |     |                      |
| KLONOPIN – clonazepam tab 1 mg                                              | 3         | •                   |                 |           |     |                      | LAMICTAL XR – lamotrigine tab er 24hr 25 mg (21) & 50 mg (7) titration kit       | 3         |                     |                 |           |     |                      |
| KLONOPIN – clonazepam tab 2 mg                                              | 3         | •                   |                 |           |     |                      | LAMICTAL XR – lamotrigine tab er 24hr 25 (14) & 50 mg (14) & 100 mg(7) kit       | 3         |                     |                 |           |     |                      |
| LAMICTAL – lamotrigine tab 25 mg                                            | 3         | •                   |                 |           |     |                      | LAMICTAL XR – lamotrigine tab er 24hr 50 (14) & 100 mg(14) & 200 mg(7) kit       | 3         |                     |                 |           |     |                      |
| LAMICTAL – lamotrigine tab 100 mg                                           | 3         | •                   |                 |           |     |                      | LAMICTAL XR – lamotrigine tab er 24hr 25 mg                                      | 3         | •                   |                 |           |     |                      |
| LAMICTAL – lamotrigine tab 150 mg                                           | 3         | •                   |                 |           |     |                      | LAMICTAL XR – lamotrigine tab er 24hr 50 mg                                      | 3         | •                   |                 |           |     |                      |
| LAMICTAL – lamotrigine tab 200 mg                                           | 3         | •                   |                 |           |     |                      | LAMICTAL XR – lamotrigine tab er 24hr 100 mg                                     | 3         | •                   |                 |           |     |                      |
| LAMICTAL CHEWABLE DISPERS – lamotrigine tab chewable dispersible 5 mg       | 3         | •                   |                 |           |     |                      | LAMICTAL XR – lamotrigine tab er 24hr 200 mg                                     | 3         | •                   |                 |           |     |                      |
| LAMICTAL CHEWABLE DISPERS – lamotrigine tab chewable dispersible 25 mg      | 3         | •                   |                 |           |     |                      | LAMICTAL XR – lamotrigine tab er 24hr 250 mg                                     | 3         |                     |                 |           |     |                      |
| LAMICTAL ODT – lamotrigine tab disint 25 mg (21) & 50 mg (7) titration kit  | 3         |                     |                 |           |     |                      | LAMICTAL XR – lamotrigine tab er 24hr 300 mg                                     | 3         | •                   |                 |           |     |                      |
| LAMICTAL ODT – lamotrigine tab disint 50 mg (42)- 100 mg(14) titration kit  | 3         |                     |                 |           |     |                      | lamotrigine orally disintegrating tab 25 mg (Lamictal odt)                       | 1         |                     |                 |           |     |                      |
| LAMICTAL ODT – lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit | 3         |                     |                 |           |     |                      | lamotrigine orally disintegrating tab 50 mg (Lamictal odt)                       | 1         |                     |                 |           |     |                      |

| Drug Name                                                                                  | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                   | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| <b>lamotrigine orally disintegrating tab 100 mg</b> (Lamictal odt)                         | 1         |                     |                 |           |     |                      | <b>levetiracetam tab 250 mg</b> (Keppra)                    | 1         |                     |                 |           |     |                      |
| <b>lamotrigine orally disintegrating tab 200 mg</b> (Lamictal odt)                         | 1         |                     |                 |           |     |                      | <b>levetiracetam tab 500 mg</b> (Keppra)                    | 1         |                     |                 |           |     |                      |
| <b>lamotrigine tab chewable dispersible 5 mg</b> (Lamictal chewable di)                    | 1         |                     |                 |           |     |                      | <b>levetiracetam tab 750 mg</b> (Keppra)                    | 1         |                     |                 |           |     |                      |
| <b>lamotrigine tab chewable dispersible 25 mg</b> (Lamictal chewable di)                   | 1         |                     |                 |           |     |                      | <b>levetiracetam tab 1000 mg</b> (Keppra)                   | 1         |                     |                 |           |     |                      |
| <b>lamotrigine tab disint 25 mg (21) &amp; 50 mg (7) titration kit</b> (Lamictal odt)      | 1         |                     |                 |           |     |                      | LYRICA – pregabalin soln 20 mg/ml                           | 2         |                     |                 |           |     |                      |
| <b>lamotrigine tab disint 50 mg (42)-100 mg(14) titration kit</b> (Lamictal odt)           | 1         |                     |                 |           |     |                      | LYRICA – pregabalin cap 25 mg                               | 2         |                     |                 |           |     |                      |
| <b>lamotrigine tab disint 25 (14) &amp; 50 mg (14) &amp; 100 mg (7) kit</b> (Lamictal odt) | 1         |                     |                 |           |     |                      | LYRICA – pregabalin cap 50 mg                               | 2         |                     |                 |           |     |                      |
| <b>lamotrigine tab er 24hr 25 mg</b> (Lamictal xr)                                         | 1         |                     |                 |           |     |                      | LYRICA – pregabalin cap 75 mg                               | 2         |                     |                 |           |     |                      |
| <b>lamotrigine tab er 24hr 50 mg</b> (Lamictal xr)                                         | 1         |                     |                 |           |     |                      | LYRICA – pregabalin cap 100 mg                              | 2         |                     |                 |           |     |                      |
| <b>lamotrigine tab er 24hr 100 mg</b> (Lamictal xr)                                        | 1         |                     |                 |           |     |                      | LYRICA – pregabalin cap 150 mg                              | 2         |                     |                 |           |     |                      |
| <b>lamotrigine tab er 24hr 200 mg</b> (Lamictal xr)                                        | 1         |                     |                 |           |     |                      | LYRICA – pregabalin cap 200 mg                              | 2         |                     |                 |           |     |                      |
| <b>lamotrigine tab er 24hr 250 mg</b> (Lamictal xr)                                        | 1         |                     |                 |           |     |                      | LYRICA – pregabalin cap 225 mg                              | 2         |                     |                 |           |     |                      |
| <b>lamotrigine tab er 24hr 300 mg</b> (Lamictal xr)                                        | 1         |                     |                 |           |     |                      | LYRICA – pregabalin cap 300 mg                              | 2         |                     |                 |           |     |                      |
| <b>lamotrigine tab 25 mg</b> (Lamictal)                                                    | 1         |                     |                 |           |     |                      | MYSOLINE – primidone tab 50 mg                              | 3         | •                   |                 |           |     |                      |
| <b>lamotrigine tab 100 mg</b> (Lamictal)                                                   | 1         |                     |                 |           |     |                      | MYSOLINE – primidone tab 250 mg                             | 3         | •                   |                 |           |     |                      |
| <b>lamotrigine tab 150 mg</b> (Lamictal)                                                   | 1         |                     |                 |           |     |                      | NEURONTIN – gabapentin oral soln 250 mg/5ml                 | 3         | •                   |                 |           |     |                      |
| <b>lamotrigine tab 200 mg</b> (Lamictal)                                                   | 1         |                     |                 |           |     |                      | NEURONTIN – gabapentin cap 100 mg                           | 3         | •                   |                 |           |     |                      |
| <b>levetiracetam oral soln 100 mg/ml</b> (Keppra)                                          | 1         |                     |                 |           |     |                      | NEURONTIN – gabapentin cap 300 mg                           | 3         | •                   |                 |           |     |                      |
| <b>levetiracetam tab er 24hr 500 mg</b> (Keppra xr)                                        | 1         |                     |                 |           |     |                      | NEURONTIN – gabapentin cap 400 mg                           | 3         | •                   |                 |           |     |                      |
| <b>levetiracetam tab er 24hr 750 mg</b> (Keppra xr)                                        | 1         |                     |                 |           |     |                      | NEURONTIN – gabapentin tab 600 mg                           | 3         | •                   |                 |           |     |                      |
|                                                                                            |           |                     |                 |           |     |                      | NEURONTIN – gabapentin tab 800 mg                           | 3         | •                   |                 |           |     |                      |
|                                                                                            |           |                     |                 |           |     |                      | ONFI – clobazam suspension 2.5 mg/ml                        | 3         |                     |                 |           |     |                      |
|                                                                                            |           |                     |                 |           |     |                      | ONFI – clobazam tab 10 mg                                   | 2         |                     |                 |           |     |                      |
|                                                                                            |           |                     |                 |           |     |                      | ONFI – clobazam tab 20 mg                                   | 2         |                     |                 |           |     |                      |
|                                                                                            |           |                     |                 |           |     |                      | <b>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</b> (Trileptal) | 1         |                     |                 |           |     |                      |
|                                                                                            |           |                     |                 |           |     |                      | <b>oxcarbazepine tab 150 mg</b> (Trileptal)                 | 1         |                     |                 |           |     |                      |

| Drug Name                                                 | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                         | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| <b>oxcarbazepine tab 300 mg</b><br>(Trileptal)            | 1         |                     |                 |           |     |                      | <b>SPRITAM – levetiracetam tab disintegrating soluble 250 mg</b>  | 3         |                     |                 |           |     |                      |
| <b>oxcarbazepine tab 600 mg</b><br>(Trileptal)            | 1         |                     |                 |           |     |                      | <b>SPRITAM – levetiracetam tab disintegrating soluble 500 mg</b>  | 3         |                     |                 |           |     |                      |
| <b>OXTELLAR XR – oxcarbazepine tab er 24hr 150 mg</b>     | 3         |                     |                 |           |     |                      | <b>SPRITAM – levetiracetam tab disintegrating soluble 750 mg</b>  | 3         |                     |                 |           |     |                      |
| <b>OXTELLAR XR – oxcarbazepine tab er 24hr 300 mg</b>     | 3         |                     |                 |           |     |                      | <b>SPRITAM – levetiracetam tab disintegrating soluble 1000 mg</b> | 3         |                     |                 |           |     |                      |
| <b>OXTELLAR XR – oxcarbazepine tab er 24hr 600 mg</b>     | 3         |                     |                 |           |     |                      | <b>TEGRETOL – carbamazepine tab 200 mg</b>                        | 3         | •                   |                 |           |     |                      |
| <b>PEGANONE – ethotoin tab 250 mg</b>                     | 2         |                     |                 |           |     |                      | <b>TEGRETOL – carbamazepine susp 100 mg/5ml</b>                   | 3         |                     |                 |           |     |                      |
| <b>PHENYTEK – phenytoin sodium extended cap 200 mg</b>    | 3         |                     |                 |           |     |                      | <b>TEGRETOL-XR – carbamazepine tab er 12hr 100 mg</b>             | 3         |                     |                 |           |     |                      |
| <b>PHENYTEK – phenytoin sodium extended cap 300 mg</b>    | 3         |                     |                 |           |     |                      | <b>TEGRETOL-XR – carbamazepine tab er 12hr 200 mg</b>             | 3         |                     |                 |           |     |                      |
| <b>phenytoin chew tab 50 mg</b><br>(Dilantin infatabs)    | 1         |                     |                 |           |     |                      | <b>TEGRETOL-XR – carbamazepine tab er 12hr 400 mg</b>             | 3         |                     |                 |           |     |                      |
| <b>phenytoin sodium extended cap 100 mg</b> (Dilantin)    | 1         |                     |                 |           |     |                      | <b>tiagabine hcl tab 2 mg</b> (Gabitril)                          | 1         |                     |                 |           |     |                      |
| <b>phenytoin sodium extended cap 200 mg</b> (Phenytek)    | 1         |                     |                 |           |     |                      | <b>tiagabine hcl tab 4 mg</b> (Gabitril)                          | 1         |                     |                 |           |     |                      |
| <b>phenytoin sodium extended cap 300 mg</b> (Phenytek)    | 1         |                     |                 |           |     |                      | <b>TOPAMAX – topiramate tab 25 mg</b>                             | 3         | •                   |                 |           |     |                      |
| <b>phenytoin susp 125 mg/5ml</b><br>(Dilantin-125)        | 1         |                     |                 |           |     |                      | <b>TOPAMAX – topiramate tab 50 mg</b>                             | 3         | •                   |                 |           |     |                      |
| <b>primidone tab 50 mg</b> (Mysoline)                     | 1         |                     |                 |           |     |                      | <b>TOPAMAX – topiramate tab 100 mg</b>                            | 3         | •                   |                 |           |     |                      |
| <b>primidone tab 250 mg</b> (Mysoline)                    | 1         |                     |                 |           |     |                      | <b>TOPAMAX – topiramate tab 200 mg</b>                            | 3         | •                   |                 |           |     |                      |
| <b>QUDEXY XR – topiramate cap er 24hr sprinkle 25 mg</b>  | 3         |                     |                 |           |     |                      | <b>TOPAMAX SPRINKLE – topiramate sprinkle cap 15 mg</b>           | 3         | •                   |                 |           |     |                      |
| <b>QUDEXY XR – topiramate cap er 24hr sprinkle 50 mg</b>  | 3         |                     |                 |           |     |                      | <b>TOPAMAX SPRINKLE – topiramate sprinkle cap 25 mg</b>           | 3         | •                   |                 |           |     |                      |
| <b>QUDEXY XR – topiramate cap er 24hr sprinkle 100 mg</b> | 3         |                     |                 |           |     |                      | <b>TOPIRAMATE ER – topiramate cap er 24hr sprinkle 25 mg</b>      | 1         |                     |                 |           |     |                      |
| <b>QUDEXY XR – topiramate cap er 24hr sprinkle 150 mg</b> | 3         |                     |                 |           |     |                      | <b>TOPIRAMATE ER – topiramate cap er 24hr sprinkle 50 mg</b>      | 1         |                     |                 |           |     |                      |
| <b>QUDEXY XR – topiramate cap er 24hr sprinkle 200 mg</b> | 3         |                     |                 |           |     |                      | <b>TOPIRAMATE ER – topiramate cap er 24hr sprinkle 100 mg</b>     | 1         |                     |                 |           |     |                      |
| <b>SABRIL – vigabatrin tab 500 mg</b>                     | 2         |                     | •               | •         |     | •                    | <b>TOPIRAMATE ER – topiramate cap er 24hr sprinkle 150 mg</b>     | 1         |                     |                 |           |     |                      |
| <b>SABRIL – vigabatrin powd pack 500 mg</b>               | 2         |                     | •               | •         |     | •                    | <b>TOPIRAMATE ER – topiramate cap er 24hr sprinkle 200 mg</b>     | 1         |                     |                 |           |     |                      |



| Drug Name                                                                         | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                          | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| <b>topiramate sprinkle cap 15 mg</b><br>(Topamax sprinkle)                        | 1         |                     |                 |           |     |                      | <b>ZARONTIN – ethosuximide soln</b><br><b>250 mg/5ml</b>                           | 3         | •                   |                 |           |     |                      |
| <b>topiramate sprinkle cap 25 mg</b><br>(Topamax sprinkle)                        | 1         |                     |                 |           |     |                      | <b>ZONEGRAN – zonisamide cap 25 mg</b>                                             | 3         | •                   |                 |           |     |                      |
| <b>topiramate tab 25 mg</b> (Topamax)                                             | 1         |                     |                 |           |     |                      | <b>ZONEGRAN – zonisamide cap 100 mg</b>                                            | 3         | •                   |                 |           |     |                      |
| <b>topiramate tab 50 mg</b> (Topamax)                                             | 1         |                     |                 |           |     |                      | <b>zonisamide cap 25 mg</b> (Zonegran)                                             | 1         |                     |                 |           |     |                      |
| <b>topiramate tab 100 mg</b> (Topamax)                                            | 1         |                     |                 |           |     |                      | <b>zonisamide cap 50 mg</b>                                                        | 1         |                     |                 |           |     |                      |
| <b>topiramate tab 200 mg</b> (Topamax)                                            | 1         |                     |                 |           |     |                      | <b>zonisamide cap 100 mg</b><br>(Zonegran)                                         | 1         |                     |                 |           |     |                      |
| <b>TRILEPTAL – oxcarbazepine susp</b><br><b>300 mg/5ml (60 mg/ml)</b>             | 3         | •                   |                 |           |     |                      | <b>ANTIPARKINSON AGENTS</b>                                                        |           |                     |                 |           |     |                      |
| <b>TRILEPTAL – oxcarbazepine tab</b><br><b>150 mg</b>                             | 3         | •                   |                 |           |     |                      | <b>amantadine hcl cap 100 mg</b>                                                   | 1         |                     |                 |           |     |                      |
| <b>TRILEPTAL – oxcarbazepine tab</b><br><b>300 mg</b>                             | 3         | •                   |                 |           |     |                      | <b>amantadine hcl syrup 50 mg/5ml</b>                                              | 1         |                     |                 |           |     |                      |
| <b>TRILEPTAL – oxcarbazepine tab</b><br><b>600 mg</b>                             | 3         | •                   |                 |           |     |                      | <b>amantadine hcl tab 100 mg</b>                                                   | 1         |                     |                 |           |     |                      |
| <b>TROKENDI XR – topiramate cap</b><br><b>er 24hr 25 mg</b>                       | 3         |                     |                 |           |     |                      | <b>APOKYN – apomorphine hcl soln</b><br><b>cartridge 30 mg/3ml</b>                 | 2         |                     |                 |           |     |                      |
| <b>TROKENDI XR – topiramate cap</b><br><b>er 24hr 50 mg</b>                       | 3         |                     |                 |           |     |                      | <b>AZILECT – rasagiline mesylate tab</b><br><b>0.5 mg (base equiv)</b>             | 3         |                     |                 |           |     |                      |
| <b>TROKENDI XR – topiramate cap</b><br><b>er 24hr 100 mg</b>                      | 3         |                     |                 |           |     |                      | <b>AZILECT – rasagiline mesylate tab</b><br><b>1 mg (base equiv)</b>               | 3         |                     |                 |           |     |                      |
| <b>TROKENDI XR – topiramate cap</b><br><b>er 24hr 200 mg</b>                      | 3         |                     |                 |           |     |                      | <b>benztropine mesylate tab 0.5 mg</b>                                             | 1         |                     |                 |           |     |                      |
| <b>valproate sodium oral soln</b><br><b>250 mg/5ml (base equiv)</b><br>(Depakene) | 1         |                     |                 |           |     |                      | <b>benztropine mesylate tab 1 mg</b>                                               | 1         |                     |                 |           |     |                      |
| <b>valproic acid cap 250 mg</b><br>(Depakene)                                     | 1         |                     |                 |           |     |                      | <b>benztropine mesylate tab 2 mg</b>                                               | 1         |                     |                 |           |     |                      |
| <b>vigabatrin powd pack 500 mg</b><br>(Sabril)                                    | 1         |                     | •               | •         |     | •                    | <b>bromocriptine mesylate cap 5 mg</b><br>(base equivalent)                        | 1         |                     |                 |           |     |                      |
| <b>VIMPAT – lacosamide oral</b><br><b>solution 10 mg/ml</b>                       | 2         |                     |                 |           |     |                      | <b>bromocriptine mesylate tab</b><br><b>2.5 mg (base equivalent)</b><br>(Parlodel) | 1         |                     |                 |           |     |                      |
| <b>VIMPAT – lacosamide tab 50 mg</b>                                              | 2         |                     |                 |           |     |                      | <b>carbidopa &amp; levodopa orally</b><br><b>disintegrating tab 10-100 mg</b>      | 1         |                     |                 |           |     |                      |
| <b>VIMPAT – lacosamide tab 100 mg</b>                                             | 2         |                     |                 |           |     |                      | <b>carbidopa &amp; levodopa orally</b><br><b>disintegrating tab 25-100 mg</b>      | 1         |                     |                 |           |     |                      |
| <b>VIMPAT – lacosamide tab 150 mg</b>                                             | 2         |                     |                 |           |     |                      | <b>carbidopa &amp; levodopa orally</b><br><b>disintegrating tab 25-250 mg</b>      | 1         |                     |                 |           |     |                      |
| <b>VIMPAT – lacosamide tab 200 mg</b>                                             | 2         |                     |                 |           |     |                      | <b>carbidopa &amp; levodopa tab er</b><br><b>25-100 mg</b> (Sinemet cr)            | 1         |                     |                 |           |     |                      |
| <b>ZARONTIN – ethosuximide cap</b><br><b>250 mg</b>                               | 3         | •                   |                 |           |     |                      | <b>carbidopa &amp; levodopa tab er</b><br><b>50-200 mg</b> (Sinemet cr)            | 1         |                     |                 |           |     |                      |
|                                                                                   |           |                     |                 |           |     |                      | <b>carbidopa &amp; levodopa tab</b><br><b>10-100 mg</b> (Sinemet)                  | 1         |                     |                 |           |     |                      |

| Drug Name                                                                               | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                             | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| <b>carbidopa &amp; levodopa tab 25-100 mg (Sinemet)</b>                                 | 1         |                     |                 |           |     |                      | <b>MIRAPEX – pramipexole dihydrochloride tab 1.5 mg</b>               | 3         | •                   |                 |           |     |                      |
| <b>carbidopa &amp; levodopa tab 25-250 mg (Sinemet)</b>                                 | 1         |                     |                 |           |     |                      | <b>MIRAPEX ER – pramipexole dihydrochloride tab er 24hr 0.375 mg</b>  | 3         | •                   |                 |           |     |                      |
| <b>carbidopa tab 25 mg (Lodosyn)</b>                                                    | 1         |                     |                 |           |     |                      | <b>MIRAPEX ER – pramipexole dihydrochloride tab er 24hr 0.75 mg</b>   | 3         | •                   |                 |           |     |                      |
| <b>CARBIDOPA/LEVODOPA/ ENTACA – carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</b>   | 1         |                     |                 |           |     |                      | <b>MIRAPEX ER – pramipexole dihydrochloride tab er 24hr 1.5 mg</b>    | 3         | •                   |                 |           |     |                      |
| <b>CARBIDOPA/LEVODOPA/ ENTACA – carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</b>  | 1         |                     |                 |           |     |                      | <b>MIRAPEX ER – pramipexole dihydrochloride tab er 24hr 2.25 mg</b>   | 3         |                     |                 |           |     |                      |
| <b>CARBIDOPA/LEVODOPA/ ENTACA – carbidopa-levodopa-entacapone tabs 25-100-200 mg</b>    | 1         |                     |                 |           |     |                      | <b>MIRAPEX ER – pramipexole dihydrochloride tab er 24hr 3 mg</b>      | 3         |                     |                 |           |     |                      |
| <b>CARBIDOPA/LEVODOPA/ ENTACA – carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</b> | 1         |                     |                 |           |     |                      | <b>MIRAPEX ER – pramipexole dihydrochloride tab er 24hr 3.75 mg</b>   | 3         |                     |                 |           |     |                      |
| <b>CARBIDOPA/LEVODOPA/ ENTACA – carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</b>  | 1         |                     |                 |           |     |                      | <b>MIRAPEX ER – pramipexole dihydrochloride tab er 24hr 4.5 mg</b>    | 3         |                     |                 |           |     |                      |
| <b>CARBIDOPA/LEVODOPA/ ENTACA – carbidopa-levodopa-entacapone tabs 50-200-200 mg</b>    | 1         |                     |                 |           |     |                      | <b>NEUPRO – rotigotine td patch 24hr 1 mg/24hr</b>                    | 2         |                     |                 |           |     |                      |
| <b>COMTAN – entacapone tab 200 mg</b>                                                   | 2         | •                   |                 |           |     |                      | <b>NEUPRO – rotigotine td patch 24hr 2 mg/24hr</b>                    | 2         |                     |                 |           |     |                      |
| <b>ELDEPRYL – selegiline hcl cap 5 mg</b>                                               | 3         | •                   |                 |           |     |                      | <b>NEUPRO – rotigotine td patch 24hr 3 mg/24hr</b>                    | 2         |                     |                 |           |     |                      |
| <b>entacapone tab 200 mg (Comtan)</b>                                                   | 1         |                     |                 |           |     |                      | <b>NEUPRO – rotigotine td patch 24hr 4 mg/24hr</b>                    | 2         |                     |                 |           |     |                      |
| <b>LODOSYN – carbidopa tab 25 mg</b>                                                    | 3         |                     |                 |           |     |                      | <b>NEUPRO – rotigotine td patch 24hr 6 mg/24hr</b>                    | 2         |                     |                 |           |     |                      |
| <b>MIRAPEX – pramipexole dihydrochloride tab 0.125 mg</b>                               | 3         | •                   |                 |           |     |                      | <b>NEUPRO – rotigotine td patch 24hr 8 mg/24hr</b>                    | 2         |                     |                 |           |     |                      |
| <b>MIRAPEX – pramipexole dihydrochloride tab 0.25 mg</b>                                | 3         | •                   |                 |           |     |                      | <b>PARLODEL – bromocriptine mesylate cap 5 mg (base equivalent)</b>   | 3         | •                   |                 |           |     |                      |
| <b>MIRAPEX – pramipexole dihydrochloride tab 0.5 mg</b>                                 | 3         | •                   |                 |           |     |                      | <b>PARLODEL – bromocriptine mesylate tab 2.5 mg (base equivalent)</b> | 3         | •                   |                 |           |     |                      |
| <b>MIRAPEX – pramipexole dihydrochloride tab 0.75 mg</b>                                | 3         | •                   |                 |           |     |                      |                                                                       |           |                     |                 |           |     |                      |
| <b>MIRAPEX – pramipexole dihydrochloride tab 1 mg</b>                                   | 3         | •                   |                 |           |     |                      |                                                                       |           |                     |                 |           |     |                      |

| Drug Name                                                            | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                       | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
|----------------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|---------------------------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|
| <b>pramipexole dihydrochloride tab er 24hr 0.375 mg</b> (Mirapex er) | 1         |                     |                 |           |     |                      | <b>REQUIP – ropinirole hydrochloride tab 4 mg</b>                               | 3         | •                   |                 |           |     |                      |
| <b>pramipexole dihydrochloride tab er 24hr 0.75 mg</b> (Mirapex er)  | 1         |                     |                 |           |     |                      | <b>REQUIP – ropinirole hydrochloride tab 5 mg</b>                               | 3         | •                   |                 |           |     |                      |
| <b>pramipexole dihydrochloride tab er 24hr 1.5 mg</b> (Mirapex er)   | 1         |                     |                 |           |     |                      | <b>REQUIP XL – ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</b>  | 3         | •                   |                 |           |     |                      |
| <b>pramipexole dihydrochloride tab er 24hr 2.25 mg</b> (Mirapex er)  | 1         |                     |                 |           |     |                      | <b>REQUIP XL – ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</b>  | 3         | •                   |                 |           |     |                      |
| <b>pramipexole dihydrochloride tab er 24hr 3 mg</b> (Mirapex er)     | 1         |                     |                 |           |     |                      | <b>REQUIP XL – ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</b>  | 3         | •                   |                 |           |     |                      |
| <b>pramipexole dihydrochloride tab er 24hr 3.75 mg</b> (Mirapex er)  | 1         |                     |                 |           |     |                      | <b>REQUIP XL – ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</b>  | 3         | •                   |                 |           |     |                      |
| <b>pramipexole dihydrochloride tab er 24hr 4.5 mg</b> (Mirapex er)   | 1         |                     |                 |           |     |                      | <b>REQUIP XL – ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</b> | 3         | •                   |                 |           |     |                      |
| <b>pramipexole dihydrochloride tab 0.125 mg</b> (Mirapex)            | 1         |                     |                 |           |     |                      | <b>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent) (Requip xl)</b>  | 1         |                     |                 |           |     |                      |
| <b>pramipexole dihydrochloride tab 0.25 mg</b> (Mirapex)             | 1         |                     |                 |           |     |                      | <b>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent) (Requip xl)</b>  | 1         |                     |                 |           |     |                      |
| <b>pramipexole dihydrochloride tab 0.5 mg</b> (Mirapex)              | 1         |                     |                 |           |     |                      | <b>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent) (Requip xl)</b>  | 1         |                     |                 |           |     |                      |
| <b>pramipexole dihydrochloride tab 0.75 mg</b> (Mirapex)             | 1         |                     |                 |           |     |                      | <b>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent) (Requip xl)</b>  | 1         |                     |                 |           |     |                      |
| <b>pramipexole dihydrochloride tab 1 mg</b> (Mirapex)                | 1         |                     |                 |           |     |                      | <b>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent) (Requip xl)</b> | 1         |                     |                 |           |     |                      |
| <b>pramipexole dihydrochloride tab 1.5 mg</b> (Mirapex)              | 1         |                     |                 |           |     |                      | <b>ropinirole hydrochloride tab 0.25 mg</b> (Requip)                            | 1         |                     |                 |           |     |                      |
| <b>rasagiline mesylate tab 0.5 mg (base equiv)</b> (Azilect)         | 1         |                     |                 |           |     |                      | <b>ropinirole hydrochloride tab 0.5 mg</b> (Requip)                             | 1         |                     |                 |           |     |                      |
| <b>rasagiline mesylate tab 1 mg (base equiv)</b> (Azilect)           | 1         |                     |                 |           |     |                      | <b>ropinirole hydrochloride tab 1 mg</b> (Requip)                               | 1         |                     |                 |           |     |                      |
| <b>REQUIP – ropinirole hydrochloride tab 0.25 mg</b>                 | 3         | •                   |                 |           |     |                      | <b>ropinirole hydrochloride tab 1 mg</b> (Requip)                               | 1         |                     |                 |           |     |                      |
| <b>REQUIP – ropinirole hydrochloride tab 0.5 mg</b>                  | 3         | •                   |                 |           |     |                      | <b>ropinirole hydrochloride tab 2 mg</b> (Requip)                               | 3         | •                   |                 |           |     |                      |
| <b>REQUIP – ropinirole hydrochloride tab 1 mg</b>                    | 3         | •                   |                 |           |     |                      | <b>ropinirole hydrochloride tab 3 mg</b>                                        | 3         | •                   |                 |           |     |                      |
| <b>REQUIP – ropinirole hydrochloride tab 2 mg</b>                    | 3         | •                   |                 |           |     |                      |                                                                                 |           |                     |                 |           |     |                      |
| <b>REQUIP – ropinirole hydrochloride tab 3 mg</b>                    | 3         | •                   |                 |           |     |                      |                                                                                 |           |                     |                 |           |     |                      |

| Drug Name                                                         | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                       | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
|-------------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|-----------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|
| ropinirole hydrochloride tab 3 mg (Requip)                        | 1         |                     |                 |           |     |                      | STALEVO 75 – carbidopa-levodopa-entacapone tabs 18.75-75-200 mg | 3         |                     |                 |           |     |                      |
| ropinirole hydrochloride tab 4 mg (Requip)                        | 1         |                     |                 |           |     |                      | TASMAR – tolcapone tab 100 mg                                   | 3         | •                   |                 |           |     |                      |
| ropinirole hydrochloride tab 5 mg (Requip)                        | 1         |                     |                 |           |     |                      | tolcapone tab 100 mg (Tasmar)                                   | 1         |                     |                 |           |     |                      |
| RYTARY – carbidopa & levodopa cap er 23.75-95 mg                  | 3         |                     |                 |           |     |                      | trihexyphenidyl hcl elixir 0.4 mg/ml                            | 1         |                     |                 |           |     |                      |
| RYTARY – carbidopa & levodopa cap er 36.25-145 mg                 | 3         |                     |                 |           |     |                      | trihexyphenidyl hcl tab 2 mg                                    | 1         |                     |                 |           |     |                      |
| RYTARY – carbidopa & levodopa cap er 48.75-195 mg                 | 3         |                     |                 |           |     |                      | trihexyphenidyl hcl tab 5 mg                                    | 1         |                     |                 |           |     |                      |
| RYTARY – carbidopa & levodopa cap er 61.25-245 mg                 | 3         |                     |                 |           |     |                      | XADAGO – safinamide mesylate tab 50 mg (base equiv)             | 3         |                     |                 |           |     |                      |
| selegiline hcl cap 5 mg (Eldepryl)                                | 1         |                     |                 |           |     |                      | XADAGO – safinamide mesylate tab 100 mg (base equiv)            | 3         |                     |                 |           |     |                      |
| selegiline hcl tab 5 mg                                           | 1         |                     |                 |           |     |                      | ZELAPAR – selegiline hcl orally disintegrating tab 1.25 mg      | 3         |                     |                 |           |     |                      |
| SINEMET – carbidopa & levodopa tab 10-100 mg                      | 3         | •                   |                 |           |     |                      | NEUROMUSCULAR AGENTS                                            |           |                     |                 |           |     |                      |
| SINEMET – carbidopa & levodopa tab 25-100 mg                      | 3         | •                   |                 |           |     |                      | RILUTEK – riluzole tab 50 mg                                    | 3         | •                   |                 |           |     |                      |
| SINEMET – carbidopa & levodopa tab 25-250 mg                      | 3         | •                   |                 |           |     |                      | riluzole tab 50 mg (Rilutek)                                    | 1         |                     |                 |           |     |                      |
| SINEMET CR – carbidopa & levodopa tab er 25-100 mg                | 3         | •                   |                 |           |     |                      | MUSCULOSKELETAL THERAPY AGENTS                                  |           |                     |                 |           |     |                      |
| SINEMET CR – carbidopa & levodopa tab er 50-200 mg                | 3         | •                   |                 |           |     |                      | AMRIX – cyclobenzaprine hcl cap er 24hr 15 mg                   | 3         | •                   | •               |           |     |                      |
| STALEVO 100 – carbidopa-levodopa-entacapone tabs 25-100-200 mg    | 3         |                     |                 |           |     |                      | AMRIX – cyclobenzaprine hcl cap er 24hr 30 mg                   | 3         | •                   | •               |           |     |                      |
| STALEVO 125 – carbidopa-levodopa-entacapone tabs 31.25-125-200 mg | 3         |                     |                 |           |     |                      | baclofen tab 10 mg                                              | 1         |                     |                 |           |     |                      |
| STALEVO 150 – carbidopa-levodopa-entacapone tabs 37.5-150-200 mg  | 3         |                     |                 |           |     |                      | baclofen tab 20 mg                                              | 1         |                     |                 |           |     |                      |
| STALEVO 200 – carbidopa-levodopa-entacapone tabs 50-200-200 mg    | 3         |                     |                 |           |     |                      | carisoprodol tab 250 mg (Soma)                                  | 1         |                     | •               |           |     |                      |
| STALEVO 50 – carbidopa-levodopa-entacapone tabs 12.5-50-200 mg    | 3         |                     |                 |           |     |                      | carisoprodol tab 350 mg (Soma)                                  | 1         |                     | •               |           |     |                      |
|                                                                   |           |                     |                 |           |     |                      | carisoprodol w/ aspirin & codeine tab 200-325-16 mg             | 1         |                     | •               |           |     |                      |
|                                                                   |           |                     |                 |           |     |                      | carisoprodol w/ aspirin tab 200-325 mg                          | 1         |                     | •               |           |     |                      |
|                                                                   |           |                     |                 |           |     |                      | chlorzoxazone tab 500 mg (Parafon forte dsc)                    | 1         |                     | •               |           |     |                      |
|                                                                   |           |                     |                 |           |     |                      | cyclobenzaprine hcl tab 5 mg                                    | 1         |                     | •               |           |     |                      |
|                                                                   |           |                     |                 |           |     |                      | cyclobenzaprine hcl tab 7.5 mg (Fexmid)                         | 1         |                     | •               |           |     |                      |
|                                                                   |           |                     |                 |           |     |                      | cyclobenzaprine hcl tab 10 mg                                   | 1         |                     | •               |           |     |                      |
|                                                                   |           |                     |                 |           |     |                      | DANTRIUM – dantrolene sodium cap 25 mg                          | 3         |                     |                 |           |     |                      |

| Drug Name                                            | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                      | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
|------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|----------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|
| DANTRIUM – dantrolene sodium cap 50 mg               | 3         |                     |                 |           |     |                      | ZANAFLEX – tizanidine hcl cap 2 mg (base equivalent)           | 3         | •                   |                 |           |     |                      |
| dantrolene sodium cap 25 mg (Dantrium)               | 1         |                     |                 |           |     |                      | ZANAFLEX – tizanidine hcl cap 4 mg (base equivalent)           | 3         | •                   |                 |           |     |                      |
| dantrolene sodium cap 50 mg (Dantrium)               | 1         |                     |                 |           |     |                      | ZANAFLEX – tizanidine hcl cap 6 mg (base equivalent)           | 3         | •                   |                 |           |     |                      |
| dantrolene sodium cap 100 mg                         | 1         |                     |                 |           |     |                      | ANTIMYASTHENIC AGENTS                                          |           |                     |                 |           |     |                      |
| FEXMID – cyclobenzaprine hcl tab 7.5 mg              | 3         | •                   | •               |           |     |                      | GUANIDINE HCL – guanidine hcl tab 125 mg                       | 1         |                     |                 |           |     |                      |
| METAXALONE – metaxalone tab 400 mg                   | 1         |                     | •               |           |     |                      | MESTINON – pyridostigmine bromide tab 60 mg                    | 3         | •                   |                 |           |     |                      |
| metaxalone tab 800 mg (Skelaxin)                     | 1         |                     | •               |           |     |                      | MESTINON – pyridostigmine bromide syrup 60 mg/5ml              | 3         |                     |                 |           |     |                      |
| methocarbamol tab 500 mg (Robaxin)                   | 1         |                     |                 |           |     |                      | MESTINON TIMESPAN – pyridostigmine bromide tab er 180 mg       | 3         | •                   |                 |           |     |                      |
| methocarbamol tab 750 mg (Robaxin-750)               | 1         |                     |                 |           |     |                      | pyridostigmine bromide tab er 180 mg (Mestinon timespan)       | 1         |                     |                 |           |     |                      |
| orphenadrine citrate tab er 12hr 100 mg              | 1         |                     |                 |           |     |                      | pyridostigmine bromide tab 60 mg (Mestinon)                    | 1         |                     |                 |           |     |                      |
| PARAFON FORTE DSC – chlorzoxazone tab 500 mg         | 3         | •                   | •               |           |     |                      | NUTRITIONAL PRODUCTS                                           |           |                     |                 |           |     |                      |
| ROBAXIN – methocarbamol tab 500 mg                   | 3         | •                   |                 |           |     |                      | VITAMINS                                                       |           |                     |                 |           |     |                      |
| ROBAXIN-750 – methocarbamol tab 750 mg               | 3         | •                   |                 |           |     |                      | BABY DDROPS – cholecalciferol drops 400 unit/0.03ml (per drop) | A         |                     |                 |           | •   |                      |
| SKELAXIN – metaxalone tab 800 mg                     | 3         | •                   | •               |           |     |                      | cholecalciferol cap 400 unit                                   | A         |                     |                 |           | •   |                      |
| SOMA – carisoprodol tab 250 mg                       | 3         |                     | •               |           |     |                      | cholecalciferol cap 1000 unit                                  | A         |                     |                 |           | •   |                      |
| SOMA – carisoprodol tab 350 mg                       | 3         | •                   | •               |           |     |                      | cholecalciferol cap 50000 unit                                 | 1         |                     |                 |           |     |                      |
| tizanidine hcl cap 2 mg (base equivalent) (Zanaflex) | 1         |                     |                 |           |     |                      | cholecalciferol chew tab 400 unit                              | A         |                     |                 |           | •   |                      |
| tizanidine hcl cap 4 mg (base equivalent) (Zanaflex) | 1         |                     |                 |           |     |                      | cholecalciferol chew tab 1000 unit                             | A         |                     |                 |           | •   |                      |
| tizanidine hcl cap 6 mg (base equivalent) (Zanaflex) | 1         |                     |                 |           |     |                      | cholecalciferol drops 5000 unit/ml (1000 unit/0.2ml)           | A         |                     |                 |           | •   |                      |
| tizanidine hcl cap 2 mg (base equivalent)            | 1         |                     |                 |           |     |                      | cholecalciferol drops 400 unit/0.03ml (per drop)               | A         |                     |                 |           | •   |                      |
| tizanidine hcl tab 2 mg (base equivalent)            | 1         |                     |                 |           |     |                      | cholecalciferol oral liquid 400 unit/ml                        | A         |                     |                 |           | •   |                      |
| tizanidine hcl tab 4 mg (base equivalent) (Zanaflex) | 1         |                     |                 |           |     |                      | cholecalciferol tab 400 unit                                   | A         |                     |                 |           | •   |                      |
| ZANAFLEX – tizanidine hcl tab 4 mg (base equivalent) | 3         | •                   |                 |           |     |                      | cholecalciferol tab 1000 unit                                  | A         |                     |                 |           | •   |                      |
|                                                      |           |                     |                 |           |     |                      | cholecalciferol tab 50000 unit                                 | 1         |                     |                 |           |     |                      |
|                                                      |           |                     |                 |           |     |                      | D-VI-SOL – cholecalciferol oral liquid 400 unit/ml             | A         |                     |                 |           | •   |                      |

| Drug Name                                                                   | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                         | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
|-----------------------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|-----------------------------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|
| DDROPS – cholecalciferol drops 1000 unit/0.03ml (per drop)                  | A         |                     |                 |           | •   |                      | BP MULTINATAL PLUS – prenatal w/o a vit w/ fe fumarate-fa tab 30-1 mg             | 3         |                     |                 |           |     |                      |
| DECARA – cholecalciferol cap 25000 unit                                     | 3         |                     |                 |           |     |                      | BP MULTINATAL PLUS – prenatal w/o a vit w/ fe fum-fa tab chew 40-1 mg             | 3         |                     |                 |           |     |                      |
| ergocalciferol cap 50000 unit (Drisdol)                                     | 1         |                     |                 |           |     |                      | C-NATE DHA – prenatal vit w/ fe fum-fa-omega 3 cap 28-1-200 mg                    | 3         |                     |                 |           |     |                      |
| MEPHYTON – phytonadione tab 5 mg                                            | 3         |                     |                 |           |     |                      | CALCIUM PNV – prenatal w/o vit a w/ fe fum-fa-omega 3 cap 28-1-250 mg             | 3         |                     |                 |           |     |                      |
| POTABA – potassium aminobenzoate cap 500 mg                                 | 3         |                     |                 |           |     |                      | CITRANATAL ASSURE – prenatal w/o a w/fecbn-fegl-dss-fa tab & dha cap 300 mg pack  | 3         |                     |                 |           |     |                      |
| SUPER DAILY D3 – cholecalciferol drops 1000 unit/0.03ml (per drop)          | A         |                     |                 |           | •   |                      | CITRANATAL B-CALM – prenatal w/o a w/fecbn-feglu-fa tab 20-1 mg & vit b6 tab pak  | 3         |                     |                 |           |     |                      |
| VITAMELTS VITAMIN D – cholecalciferol orally disintegrating tab 1000 unit   | A         |                     |                 |           | •   |                      | CITRANATAL BLOOM – prenatal vit w/ dss-fe cbn-fe gluc-fa tab 90-1 mg              | 3         |                     |                 |           |     |                      |
| VITAMIN D2 – ergocalciferol tab 400 unit                                    | A         |                     |                 |           | •   |                      | CITRANATAL DHA – prenatal w/o a w/fecbn-fegl-dss-fa tab & dha cap 250 mg pack     | 3         |                     |                 |           |     |                      |
| VITAMIN D3 – cholecalciferol oral liquid 1200 unit/15ml                     | A         |                     |                 |           | •   |                      | CITRANATAL HARMONY – prenatal w/o a w/fe fum-fe cbn-dss-fa-dha cap 27-1-260 mg    | 3         |                     |                 |           |     |                      |
| VITAMIN D3 – cholecalciferol spray 1000 unit/spray                          | A         |                     |                 |           | •   |                      | CITRANATAL RX – prenatal w/o a w/ fe carbonyl-fe gluc-dss-fa tab 27-1mg           | 3         |                     |                 |           |     |                      |
| WELLESSE VITAMIN D3 – cholecalciferol oral liquid 1000 unit/10ml            | A         |                     |                 |           | •   |                      | CITRANATAL 90 DHA – prenatal w/o a w/fecbn-fegl-dss-fa tab 90 & dha cap 300mg pak | 3         |                     |                 |           |     |                      |
| <b>MULTIVITAMINS</b>                                                        |           |                     |                 |           |     |                      | CO-NATAL FA – prenatal vit w/ fe fumarate-fa tab 29-1 mg                          | 3         |                     |                 |           |     |                      |
| ACTIVE OB – prenatal w/o a w/fe cbn-fa-dha cap 20-1-320 mg                  | 3         |                     |                 |           |     |                      | COMPLETE NATAL DHA – prenatal- fe bis-fe prot succ-fa-ca tab & omega 3 cap 250 pk | 3         |                     |                 |           |     |                      |
| b-complex w/ c & folic acid cap 1 mg (Nephrocaps)                           | 1         |                     |                 |           |     |                      | COMPLETENATE – prenatal vit w/ fe fumarate-fa chew tab 29-1 mg                    | 3         |                     |                 |           |     |                      |
| b-complex w/ c & folic acid tab 1 mg (Nephro-vite rx)                       | 1         |                     |                 |           |     |                      | CONCEPT DHA – prenatal w/fe fum-fe poly -fa-omega 3 cap 53.5-38-1 mg              | 3         |                     |                 |           |     |                      |
| b-complex w/ c & folic acid tab 5 mg                                        | 1         |                     |                 |           |     |                      |                                                                                   |           |                     |                 |           |     |                      |
| BAL-CARE DHA – prenatal w/fe poly-na fered-fa tab 27-1 & omega cap dr 430mg | 3         |                     |                 |           |     |                      |                                                                                   |           |                     |                 |           |     |                      |
| BP FOLINATAL PLUS B – prenatal w/ calcium carbonate-b6-b12-fa tab 1 mg      | 3         |                     |                 |           |     |                      |                                                                                   |           |                     |                 |           |     |                      |

| Drug Name                                                                        | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                         | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
|----------------------------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|-----------------------------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|
| CONCEPT OB – prenatal w/o a w/ fe fum-fe poly-fa cap 130-92.4-1 mg               | 3         |                     |                 |           |     |                      | FOLCAL DHA – prenatal w/o vit a w/ fe fum-dss-fa-dha cap 27-1.25-300 mg           | 3         |                     |                 |           |     |                      |
| CORVITE – multiple vitamins w/ minerals & fa tab 1.25 mg                         | 3         | •                   |                 |           |     |                      | FOLCAPS OMEGA 3 – prenatal vit w/ fe cbn-fe asp glyc-fa-omega 3 cap 27-1mg        | 3         |                     |                 |           |     |                      |
| DIALYVITE 5000 – b-complex w/ c-biotin-e-minerals & folic acid tab 5 mg          | 3         |                     |                 |           |     |                      | FOLET DHA – prenatal w/fecbn-bisg-methylf-dss tab dr & dha cap pak                | 3         |                     |                 |           |     |                      |
| DIALYVITE/ZINC – b-complex w/ c-zn & folic acid tab 1 mg                         | 3         |                     |                 |           |     |                      | FOLET ONE – prenatal w/o a w/ fecbn-bisg-methylf-dss-dha cap 38-1-225 mg          | 3         |                     |                 |           |     |                      |
| DOTHELLE DHA – prenatal w/fe fum-fe poly -fa-omega 3 cap 53.5-38-1 mg            | 3         |                     |                 |           |     |                      | FOLGARD OS – multiple vit w/ min & calcium-folic acid tab 500-1.1 mg              | 3         |                     |                 |           |     |                      |
| DUET DHA BALANCED – prenatal w/fe poly-na fered-fa tab 25-1 & omega cap 267 mg   | 3         |                     |                 |           |     |                      | FOLIVANE-OB – prenatal w/o a w/ fe fum-fe poly-fa cap 130-92.4-1 mg               | 3         |                     |                 |           |     |                      |
| DUET DHA 400 – prenatal w/fe poly-na fered-fa tab 25-1 & omega cap 400 mg        | 3         |                     |                 |           |     |                      | HEMENATAL OB – prenatal vit-fe poly cmplx-fe heme poly-fa tab 28-6-1 mg           | 3         |                     |                 |           |     |                      |
| ELITE-OB – prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg                       | 3         |                     |                 |           |     |                      | HEMENATAL OB + DHA – prenatal-fe poly cmplx-fe heme poly-fa tab & omega 3 cap pck | 3         |                     |                 |           |     |                      |
| ENBRACE HR – prenatal vit w/ fe gly cys-fa-omega 3 fatty acids cap               | 3         |                     |                 |           |     |                      | INATAL ADVANCE – prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg                 | 3         |                     |                 |           |     |                      |
| EXTRA-VIRT PLUS DHA – prenatal w/o vit a w/ fe fum-doc-fa-dha cap 29-1.25-350 mg | 3         |                     |                 |           |     |                      | INATAL GT – prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg                      | 3         |                     |                 |           |     |                      |
| FLORIVA – ped multiple vitamins & minerals w/ fl chew tab 0.25 mg                | 3         |                     |                 |           |     |                      | INATAL ULTRA – prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg                   | 3         |                     |                 |           |     |                      |
| FLORIVA – ped multiple vitamins & minerals w/ fl chew tab 0.5 mg                 | 3         |                     |                 |           |     |                      | INFANATE BALANCE – prenatal w/o a w/fe cbn-dss-fa-dha cap 29-1-265 mg             | 3         |                     |                 |           |     |                      |
| FLORIVA – ped multiple vitamins & minerals w/ fl chew tab 1 mg                   | 3         |                     |                 |           |     |                      | KOSHER PRENATAL PLUS IRON – prenatal vit w/ iron carbonyl-fa tab 30-1 mg          | 3         |                     |                 |           |     |                      |
| FLORIVA PLUS – pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml           | 3         |                     |                 |           |     |                      | MARNATAL-F – prenatal w/o vit a w/ fe polysac cmplx-fa cap 60-1 mg                | 3         |                     |                 |           |     |                      |
| FOCALGIN CA – prenatal w/o a w/ fecbn-fegl-dss-fa tab & dha cap 300 mg pack      | 3         |                     |                 |           |     |                      | multiple vitamins w/ minerals & fa tab 1.25 mg (Corvite)                          | 1         |                     |                 |           |     |                      |
| FOCALGIN 90 DHA – prenatal w/o a w/fecbn-fegl-dss-fa tab 90 & dha cap 300mg pak  | 3         |                     |                 |           |     |                      |                                                                                   |           |                     |                 |           |     |                      |

| Drug Name                                                                           | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                       | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| MULTIVITAMIN WITH FLUORID – multiple vit & fluoride-folic acid chew tab 0.25-0.3 mg | 3         |                     |                 |           |     |                      | NEPHROCAPS – b-complex w/ c & folic acid cap 1 mg                               | 3         | •                   |                 |           |     |                      |
| MULTIVITAMIN WITH FLUORID – multiple vit & fluoride-folic acid chew tab 1-0.3 mg    | 3         |                     |                 |           |     |                      | NESTABS – prenatal vit w/o vit a w/ fe bisglycinate-fa tab 32-1 mg              | 3         |                     |                 |           |     |                      |
| MULTIVITAMIN/FLUORIDE – pediatric multiple vitamins w/ fluoride chew tab 0.5 mg     | 3         |                     |                 |           |     |                      | NESTABS ABC – prenatal w/o vit a w/fe polysac-fa-ca tab & omega 3 cap           | 3         |                     |                 |           |     |                      |
| MULTIVITAMIN/FLUORIDE – pediatric multiple vitamins w/ fluoride chew tab 1 mg       | 3         |                     |                 |           |     |                      | NESTABS DHA – prenat w/o a w/ fe bisglyc-fa tab 32-1 mg & omega cap pack        | 3         |                     |                 |           |     |                      |
| MYNATAL – prenatal multivitamins & minerals w/ iron & fa cap 1 mg                   | 3         |                     |                 |           |     |                      | NEWGEN – prenatal vit w/o vit a w/ fe bisglycinate-fa tab 32-1 mg               | 3         |                     |                 |           |     |                      |
| MYNATAL ADVANCE – prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg                  | 3         |                     |                 |           |     |                      | NEXA PLUS – prenatal w/o vit a w/ fe fum-doc-fa-dha cap 29-1.25-350 mg          | 3         |                     |                 |           |     |                      |
| MYNATAL PLUS – prenatal vit w/ fe fumarate-fa tab 65-1 mg                           | 3         |                     |                 |           |     |                      | NICOMIDE – niacinamide w/ zn-cu-methylfolate tab 750-25-1.5-0.5 mg              | 3         |                     |                 |           |     |                      |
| MYNATAL ULTRACAPLET – prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg              | 3         |                     |                 |           |     |                      | NICOMIDE – niacinamide w/ zn-cu-methylfol-se-cr tab 750-27-2-0.5 mg             | 3         |                     |                 |           |     |                      |
| MYNATAL-Z – prenatal vit w/ fe fumarate-fa tab 65-1 mg                              | 3         |                     |                 |           |     |                      | O-CAL PRENATAL – prenatal vit w/ fe fumarate-fa tab 15-1 mg                     | 3         |                     |                 |           |     |                      |
| MYNATE 90 PLUS – prenatal vit w/ dss-fe fumarate-fa tab er 90-1 mg                  | 3         |                     |                 |           |     |                      | OB COMPLETE – prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg                   | 3         |                     |                 |           |     |                      |
| NATACHEW – prenatal vit w/ fe fum-fe bisglycin-fa chew tab 28-1 mg                  | 3         |                     |                 |           |     |                      | OB COMPLETE GOLD – prenat w/ o a w/fecbn-methfol-fa-dha cap 27.5-1-200 mg       | 3         |                     |                 |           |     |                      |
| NATALVIT – prenatal vit w/ fe fumarate-fa tab 75-1 mg                               | 3         |                     |                 |           |     |                      | OB COMPLETE ONE – prenatal w/ o a w/fecbn-fe asp glyc-fa-fish cap 50-1-476 mg   | 3         |                     |                 |           |     |                      |
| NATELLE ONE – prenatal w/o vit a w/ fe fum-fa-omega 3 cap 28-1-250 mg               | 3         |                     |                 |           |     |                      | OB COMPLETE PETITE – prenat w/o a w/fecbn-feasp glyc-fa-omega cap 35-5-1-200 mg | 3         |                     |                 |           |     |                      |
| NEEVO DHA – prenat w/o a w/ fefum-methylfol-omegas cap 27-1.13 mg                   | 3         |                     |                 |           |     |                      | OB COMPLETE PREMIER – prenatal vit w/ fe cbn-fe asp glyc-fa tab 30-20-1 mg      | 3         |                     |                 |           |     |                      |
| NEPHPLEX RX – b-complex w/ c-zn & folic acid tab 1 mg                               | 3         |                     |                 |           |     |                      | OB COMPLETE/DHA – prenat w/ iron cbn-fe asp glyc-fa-omega cap 30-10-1-200 mg    | 3         |                     |                 |           |     |                      |
| NEPHRO-VITE RX – b-complex w/ c & folic acid tab 1 mg                               | 3         | •                   |                 |           |     |                      | OBSTETRIX ONE – prenat w/o a w/fecbn-bisg-methylf-dss-dha cap 38-1-225 mg       | 3         |                     |                 |           |     |                      |



| Drug Name                                                                                         | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                                 | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| <b>pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml</b>                                   | 1         |                     |                 |           |     |                      | <b>PNV-VP-U – prenatal w/o a vit w/ fe fumarate-fa cap 106.5-1 mg</b>                     | 3         |                     |                 |           |     |                      |
| <b>pediatric multiple vitamins w/ fluoride chew tab 0.25 mg</b>                                   | 1         |                     |                 |           |     |                      | <b>POLY-VI-FLOR – ped multiple vit w/ fluoride biphasic susp 0.25 mg/ml</b>               | 3         |                     |                 |           |     |                      |
| <b>pediatric multiple vitamins w/ fluoride chew tab 0.5 mg</b>                                    | 1         |                     |                 |           |     |                      | <b>POLY-VI-FLOR – ped multiple vit w/ fluoride biphasic chew tab 0.25 mg</b>              | 3         |                     |                 |           |     |                      |
| <b>pediatric multiple vitamins w/ fluoride chew tab 1 mg</b>                                      | 1         |                     |                 |           |     |                      | <b>POLY-VI-FLOR – ped multiple vit w/ fluoride biphasic chew tab 0.5 mg</b>               | 3         |                     |                 |           |     |                      |
| <b>pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml</b>                                    | 1         |                     |                 |           |     |                      | <b>POLY-VI-FLOR – ped multiple vit w/ fluoride biphasic chew tab 1 mg</b>                 | 3         |                     |                 |           |     |                      |
| <b>pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml</b>                                     | 1         |                     |                 |           |     |                      | <b>POLY-VI-FLOR/IRON – ped multiple vit w/ fl-fe biphasic chew tab 0.5-10 mg</b>          | 3         |                     |                 |           |     |                      |
| <b>pediatric vitamins acid w/ fluoride soln 0.25 mg/ml</b>                                        | 1         |                     |                 |           |     |                      | <b>POLY-VI-FLOR/IRON – ped multiple vitamin w/ fl-fe biphasic susp 0.25-7 mg/ml</b>       | 3         |                     |                 |           |     |                      |
| <b>pediatric vitamins acid w/ fluoride soln 0.5 mg/ml</b>                                         | 1         |                     |                 |           |     |                      | <b>PR NATAL 400 – prenatal-fe bis-fe prot succ-fa-ca tab &amp; omega 3 cap 400 pk</b>     | 3         |                     |                 |           |     |                      |
| <b>PNV FERROUS FUMARATE/ DOCU – prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg</b>                | 3         |                     |                 |           |     |                      | <b>PR NATAL 400 EC – prenatal-fe bis-fe prot succ-fa-ca tab &amp; omega cap dr 400 pk</b> | 3         |                     |                 |           |     |                      |
| <b>PNV OB+DHA – prenatal w/o a w/ fecbn-fegl-dss-fa tab &amp; dha cap 250 mg pack</b>             | 3         |                     |                 |           |     |                      | <b>PR NATAL 430 – prenatal-fe bis-fe prot succ-fa-ca tab &amp; omega 3 cap 430 pk</b>     | 3         |                     |                 |           |     |                      |
| <b>PNV PRENATAL PLUS MULTIVI – prenatal w/ fe fum-fa tab 27-1 mg &amp; omega 3 cap 312 mg pak</b> | 3         |                     |                 |           |     |                      | <b>PR NATAL 430 EC – prenatal-fe bis-fe prot succ-fa-ca tab &amp; omega cap dr 430 pk</b> | 3         |                     |                 |           |     |                      |
| <b>PNV TABS 29-1 – prenatal vit w/ iron carbonyl-fa tab 29-1 mg</b>                               | 3         |                     |                 |           |     |                      | <b>PREFERA OB – prenatal vit-fe poly cmplx-fe heme poly-fa tab 34-1 mg</b>                | 3         |                     |                 |           |     |                      |
| <b>PNV-DHA – prenatal w/o a w/ fefum-methfol-fa-dha cap 27-0.6-0.4-300 mg</b>                     | 3         |                     |                 |           |     |                      | <b>PREFERAOB +DHA – prenatal-fe poly cmplx 28mg-fe heme poly-fa tab&amp;dha cap pack</b>  | 3         |                     |                 |           |     |                      |
| <b>PNV-DHA+DOCUSATE – prenatal w/o vit a w/ fe fum-dss-fa-dha cap 27-1.25-300 mg</b>              | 3         |                     |                 |           |     |                      | <b>PREFERAOB ONE – prenatal-fe poly cmplx-fe heme poly-fa-dha cap 22-6-1-200 mg</b>       | 3         |                     |                 |           |     |                      |
| <b>PNV-OMEGA – prenatal w/o a w/ fe fumerate-methylfolate-fa-omega 3 cap</b>                      | 3         |                     |                 |           |     |                      |                                                                                           |           |                     |                 |           |     |                      |
| <b>PNV-SELECT – prenatal vit w/ fe fum-methylfolate-fa tab 27-0.6-0.4 mg</b>                      | 3         |                     |                 |           |     |                      |                                                                                           |           |                     |                 |           |     |                      |
| <b>PNV-TOTAL – prenatal w/ fe cbn-fe bisglyc-fa-fish oil cap 35-5-1.2 mg</b>                      | 3         |                     |                 |           |     |                      |                                                                                           |           |                     |                 |           |     |                      |

| Drug Name                                                                             | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                      | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| PRENA 1 TRUE – prenat w/o a w/ fe chel-fa tab 30-1.4 mg & dha cap 300mg pk            | 3         |                     |                 |           |     |                      | PRENATE DHA – prenat w/o a w/feasp-methfol-fa-dha cap 18-0.6-0.4-300 mg        | 3         |                     |                 |           |     |                      |
| PRENAISSANCE – prenatal w/o vit a w/ fe fum-dss-fa-dha cap 29-1.25-325 mg             | 3         |                     |                 |           |     |                      | PRENATE ELITE – prenatal w/ fe asp gly-l methylfol-fa tab 20-0.6-0.4 mg        | 3         |                     |                 |           |     |                      |
| PRENAISSANCE BALANCE – prenatal w/o vit a w/ fe cbn-dss-fa-dha cap 30-1-260 mg        | 3         |                     |                 |           |     |                      | PRENATE ELITE – prenatal vit w/ fe fum-methylfolate-fa tab 26-0.6-0.4 mg       | 3         |                     |                 |           |     |                      |
| PRENAISSANCE HARMONY DHA – prenat w/fe poly-na fered-fa tab 27-1 & omega cap dr 380mg | 3         |                     |                 |           |     |                      | PRENATE ENHANCE – prenat w/ o a w/feum-methfol-fa-dha cap 28-0.6-0.4-400 mg    | 3         |                     |                 |           |     |                      |
| PRENAISSANCE NEXT – prenatal w/ calcium-vit b6-fa-ginger tab 1.2 mg                   | 3         |                     |                 |           |     |                      | PRENATE ESSENTIAL – prenat w/o a w/feasp-methylf-fa-omeg cap 29-0.6-0.4-340 mg | 3         |                     |                 |           |     |                      |
| PRENAISSANCE NEXT-B – prenatal w/ calcium-vit b6-fa-ginger tab 1.22 mg                | 3         |                     |                 |           |     |                      | PRENATE ESSENTIAL – prenat w/ o a w/feasp-methfol-fa-dha cap 18-0.6-0.4-300 mg | 3         |                     |                 |           |     |                      |
| PRENAISSANCE PLUS – prenatal w/o a w/fe cbn-dss-fa-dha cap 28-1-250 mg                | 3         |                     |                 |           |     |                      | PRENATE MINI – prenat w/oa w/ fecb-feasp-meth-fa-dha cap 18-0.6-0.4-350 mg     | 3         |                     |                 |           |     |                      |
| PRENATABS RX – prenatal vit w/ iron carbonyl-fa tab 29-1 mg                           | 3         |                     |                 |           |     |                      | PRENATE MINI – prenat w/o a w/fecbn-methylf-fa-dha cap 29-0.6-0.4-350 mg       | 3         |                     |                 |           |     |                      |
| PRENATAL PLUS IRON – prenatal vit w/ iron carbonyl-fa tab 29-1 mg                     | 3         |                     |                 |           |     |                      | PRENATE PIXIE – prenat w/o a w/feasp-methfol-fa-dha cap 10-0.6-0.4-200 mg      | 3         |                     |                 |           |     |                      |
| PRENATAL 19 – prenatal vit w/ fe fumarate-fa chew tab 29-1 mg                         | 3         |                     |                 |           |     |                      | PRENATE RESTORE – prenat w/ o a w/feum-methfol-fa-dha cap 27-0.6-0.4-400 mg    | 3         |                     |                 |           |     |                      |
| PRENATAL 19 – prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg                          | 3         |                     |                 |           |     |                      | PRENA1 CHEW – prenat w/ b2-b6-b12-d3-folic acid chew tab 1.4 mg                | 3         |                     |                 |           |     |                      |
| PRENATAL-U – prenatal w/o a vit w/ fe fumarate-fa cap 106.5-1 mg                      | 3         |                     |                 |           |     |                      | PRENA1 PEARL – prenat w/oa w/ feum-na fered-fa-dha cap er 30-1.4-200 mg        | 3         |                     |                 |           |     |                      |
| PRENATE – prenat mv & min w/ l-methylfolate-fa chew tab 0.6-0.4 mg                    | 3         |                     |                 |           |     |                      | PRETAB – prenatal vit w/ fe fumarate-fa tab 29-1 mg                            | 3         |                     |                 |           |     |                      |
| PRENATE AM – prenatal w/ calcium-vit b6-vit b12-fa-ginger tab 1 mg                    | 3         |                     |                 |           |     |                      | PRIMACARE – prenat w/o a w/ feasp-methlf-fa-omeg cap 30-0.75-0.25-470mg        | 3         |                     |                 |           |     |                      |
| PRENATE DHA – prenat w/o a w/feum-methfol-fa-dha cap 28-0.6-0.4-300 mg                | 3         |                     |                 |           |     |                      |                                                                                |           |                     |                 |           |     |                      |

| Drug Name                                                                    | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                               | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| PROVIDA DHA – prenatal w/o a w/fe fum-fe poly-fa-dha cap 16-16-1.25-110 mg   | 3         |                     |                 |           |     |                      | TARON-C DHA – prenatal w/fe fum-fe poly -fa-omega 3 cap 53.5-38-1 mg                    | 3         |                     |                 |           |     |                      |
| PROVIDA OB – prenatal w/o a w/ fe fum-fe poly-fa cap 20-20-1.25 mg           | 3         |                     |                 |           |     |                      | TARON-PREX – prenatal w/o vit a w/ fe fum-dss-fa-dha cap 30-1.2-265 mg                  | 3         |                     |                 |           |     |                      |
| PUREFE OB PLUS – prenatal w/o a w/fe fum-fe poly-fa cap 162.115.2-1 mg       | 3         |                     |                 |           |     |                      | THRIVITE RX – prenatal vit w/ iron carbonyl-fa tab 29-1 mg                              | 3         |                     |                 |           |     |                      |
| QUFLORA FE – multi vit w/ min & fluoride-iron-fa chew tab 0.25 mg            | 3         |                     |                 |           |     |                      | THRIVITE 19 – prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg                            | 3         |                     |                 |           |     |                      |
| QUFLORA PEDIATRIC – pediatric multiple vitamins w/ fluoride chew tab 0.25 mg | 3         |                     |                 |           |     |                      | TL FOLATE – prenatal vit w/ fe fum-methylfolate-fa tab 27-0.5-0.5 mg                    | 3         |                     |                 |           |     |                      |
| QUFLORA PEDIATRIC – pediatric multiple vitamins w/ fluoride chew tab 0.5 mg  | 3         |                     |                 |           |     |                      | TL G-FOL OS – multiple vit w/ min & calcium-folic acid tab 500-1.1 mg                   | 3         |                     |                 |           |     |                      |
| QUFLORA PEDIATRIC – pediatric multiple vitamins w/ fluoride chew tab 1 mg    | 3         |                     |                 |           |     |                      | TL-CARE DHA – prenatal w/fe fumarate-fa-dss-fish oil cap 27-1-500 mg                    | 3         |                     |                 |           |     |                      |
| QUFLORA PEDIATRIC – pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml  | 3         |                     |                 |           |     |                      | TL-SELECT – prenatal w/o vit a w/ fe fum-dss-fa-dha cap 29-1.25-325 mg                  | 3         |                     |                 |           |     |                      |
| R-NATAL OB – prenatal w/o a w/fe cbn-fa-dha cap 20-1-320 mg                  | 3         |                     |                 |           |     |                      | TRI-TABS DHA – prenatal w/o a w/ fe bisglyc-fa tab 32-1 mg & omega cap pack             | 3         |                     |                 |           |     |                      |
| RELNATE DHA – prenatal vit w/ fe fum-fa-omega 3 cap 28-1-200 mg              | 3         |                     |                 |           |     |                      | TRI-VI-FLOR – ped vit acid & l-methylfol w/ fl biphasic susp 0.25 mg/ml                 | 3         |                     |                 |           |     |                      |
| SE-NATAL 19 – prenatal vit w/ fe fumarate-fa chew tab 29-1 mg                | 3         |                     |                 |           |     |                      | TRI-VIT/FLUORIDE/IRON – pediatric vitamins acid fluoride & fe drops 0.25-10 mg/ml       | 3         |                     |                 |           |     |                      |
| SE-NATAL 19 – prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg                 | 3         |                     |                 |           |     |                      | TRIADVANCE – prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg                           | 3         |                     |                 |           |     |                      |
| SELECT-OB – prenatal vit w/ fe polysac cmplx-fa chew tab 29-1 mg             | 3         |                     |                 |           |     |                      | TRICARE PRENATAL – prenatal w/ o vit a w/ fe pyrophos-methylf chew tab 4.5-1 mg         | 3         |                     |                 |           |     |                      |
| SELECT-OB – prenatal w/ fepolycmplx-methylfol-fa chew tab 29-0.6-0.4 mg      | 3         |                     |                 |           |     |                      | TRICARE PRENATAL COMPLEAT – prenatal w/o a fefum-fa tab 27-1 mg & fish oil chew cap pak | 3         |                     |                 |           |     |                      |
| TARON-BC – prenatal w/o a w/ fe cbn-fa tab 20-1 mg & vit b6 tab pak          | 3         |                     |                 |           |     |                      | TRICARE PRENATAL DHA ONE – prenatal w/fe fumarate-fa-dss-fish oil cap 27-1-500 mg       | 3         |                     |                 |           |     |                      |

| Drug Name                                                                         | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                      | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| TRINATAL GT – prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg                    | 3         |                     |                 |           |     |                      | VIRT-C DHA – prenatal w/fe fum-fe poly -fa-omega 3 cap 53.5-38-1 mg            | 3         |                     |                 |           |     |                      |
| TRINATAL RX 1 – prenatal vit w/ fe fumarate-fa tab 60-1 mg                        | 3         |                     |                 |           |     |                      | VIRT-NATE DHA – prenatal vit w/ fe fum-fa-omega 3 cap 28-1-200 mg              | 3         |                     |                 |           |     |                      |
| TRINATE – prenatal vit w/ fe fumarate-fa tab 28-1 mg                              | 3         |                     |                 |           |     |                      | VIRT-PN – prenatal vit w/ fe fum-methylfolate-fa tab 27-0.6-0.4 mg             | 3         |                     |                 |           |     |                      |
| TRISTART DHA – prenatal w/o a w/fecbn-methylf-fa-dha cap 31-0.6-0.4-200 mg        | 3         |                     |                 |           |     |                      | VIRT-PN DHA – prenatal w/o a w/fefum-methfol-fa-dha cap 27-0.6-0.4-300 mg      | 3         |                     |                 |           |     |                      |
| TRIVEEN-DUO DHA – prenatal- fe bis-fe prot succ-fa-ca tab & omega 3 cap 400 pk    | 3         |                     |                 |           |     |                      | VIRT-PN PLUS – prenatal w/o a w/ fe fumerate-methylfolate-fa-omega 3 cap       | 3         |                     |                 |           |     |                      |
| TRIVEEN-PRX RNF – prenatal w/ o vit a w/ fe fum-dss-fa-dha cap 26-1.2-300 mg      | 3         |                     |                 |           |     |                      | VIRT-SELECT – prenatal w/o vit a w/ fe fum-dss-fa-dha cap 29-1.25-325 mg       | 3         |                     |                 |           |     |                      |
| ULTIMATECARE ONE – prenatal vit w/ fe cbn-fe asp glyc-fa-omega 3 cap 27-1mg       | 3         |                     |                 |           |     |                      | VIRT-VITE GT – prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg                | 3         |                     |                 |           |     |                      |
| ULTIMATECARE ONE NF – prenatal w/fe cbn-yl-fe asp glyc-fa-dss-omega cap 20-7-1 mg | 3         |                     |                 |           |     |                      | VIRTPREX – prenatal w/o vit a w/ fe fum-dss-fa-dha cap 26-1.2-300 mg           | 3         |                     |                 |           |     |                      |
| VEMAVITE-PRX 2 – prenatal w/o vit a w/ fe fum-dss-fa-dha cap 27-1.25-300 mg       | 3         |                     |                 |           |     |                      | VITA-PREN – prenatal vit w/ docusate-iron-fa tab 65-1 mg                       | 3         |                     |                 |           |     |                      |
| VENA-BAL DHA – prenatal w/fe poly-na fered-fa tab 27-1 & omega cap dr 430mg       | 3         |                     |                 |           |     |                      | VITAFOL FE+ – prenatal-fepoly-methol-fa-dha cap 90-1-200 mg & dss 50mg cap     | 2         |                     |                 |           |     |                      |
| VINATE DHA RF – prenatal w/o a w/ fefum-methylfol-omegas cap 27-1.13 mg           | 3         |                     |                 |           |     |                      | VITAFOL GUMMIES – prenatal vit w/ fe phos-fa-omega chew tab 3.33-0.333-34.8 mg | 2         |                     |                 |           |     |                      |
| VINATE II – prenatal vit w/ fe bisglycinate chelate-fa tab 29-1 mg                | 3         |                     |                 |           |     |                      | VITAFOL-NANO – prenatal w/o a w/ fefum-l methylfol-fa tab 18-0.6-0.4 mg        | 2         |                     |                 |           |     |                      |
| VINATE M – prenatal vit w/ sel-fe fumarate-fa tab 27-1 mg                         | 3         |                     |                 |           |     |                      | VITAFOL-OB – prenatal vit w/ fe fumarate-fa tab 65-1 mg                        | 2         |                     |                 |           |     |                      |
| VINATE ONE – prenatal vit w/ fe fumarate-fa tab 60-1 mg                           | 3         |                     |                 |           |     |                      | VITAFOL-OB+DHA – prenatal mv w/fe fum-fa tab 65-1 mg & dha cap 250 mg pack     | 2         |                     |                 |           |     |                      |
| VIRT NATE – prenatal vit w/ fe fumarate-fa tab 28-1 mg                            | 3         |                     |                 |           |     |                      | VITAFOL-ONE – prenatal mv w/ fe polysac cmplx-fa-dha cap 29-1-200 mg           | 2         |                     |                 |           |     |                      |
| VIRT-ADVANCE – prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg                   | 3         |                     |                 |           |     |                      |                                                                                |           |                     |                 |           |     |                      |

| Drug Name                                                                            | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                             | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| VITAL-D RX – b-complex w/ c-biotin-d-zinc & folic acid tab 1 mg                      | 3         |                     |                 |           |     |                      | ZATEAN-PN DHA – prenat w/o a w/feum-methfol-fa-dha cap 27-0.6-0.4-300 mg              | 3         |                     |                 |           |     |                      |
| VITAMEDMD ONE RX/QUATREFO – prenat w/o a w/feum-methfol-fa-dha cap 30-0.6-0.4-200 mg | 3         |                     |                 |           |     |                      | ZATEAN-PN PLUS – prenat w/o a w/ fe fumerate-methylfolate-fa-omega 3 cap              | 3         |                     |                 |           |     |                      |
| VITAMEDMD REDICHEW RX – prenat w/ b2-b6-b12-d3-folic acid chew tab 1.4 mg            | 3         |                     |                 |           |     |                      | MINERALS and ELECTROLYTES                                                             |           |                     |                 |           |     |                      |
| VITAPEARL – prenat w/oa w/ fefum-na fered-fa-dha cap er 30-1.4-200 mg                | 3         |                     |                 |           |     |                      | CALCIUM-FOLIC ACID PLUS D – ca carb-folic acid-vit d-b6-b12-boron-mag wafer 1342-1 mg | 3         |                     |                 |           |     |                      |
| VITATRUE – prenat w/o a w/fe chel-fa tab 30-1.4 mg & dha cap 300mg pk                | 3         |                     |                 |           |     |                      | EFFER-K – potassium bicarbonate-citric acid effer tab 20 meq                          | 3         |                     |                 |           |     |                      |
| VIVA DHA – prenatal vit w/ fe fum-fa-omega 3 cap 28-1-200 mg                         | 3         |                     |                 |           |     |                      | FLORICAL – sodium fluoride w/ calcium carb cap 8.3-364 mg                             | A         |                     |                 |           | •   |                      |
| VOL-NATE – prenatal vit w/ fe fumarate-fa tab 28-1 mg                                | 3         |                     |                 |           |     |                      | FLORICAL – sodium fluoride w/ calcium carb tab 8.3-364 mg                             | A         |                     |                 |           | •   |                      |
| VOL-TAB RX – prenatal vit w/ iron carbonyl-fa tab 29-1 mg                            | 3         |                     |                 |           |     |                      | FLORIVA – sodium fluoride-vitamin d liqd drops 0.25 mg/ml-400 unit/ml                 | 3         |                     |                 |           | •   |                      |
| VP-CH PLUS – prenatal w/o a w/fe cbn-dss-fa-dha cap 29-1-265 mg                      | 3         |                     |                 |           |     |                      | FLUOR-A-DAY – sodium fluoride-xylitol chew tab 0.55 (0.25 mg f)-236.79 mg             | 3         |                     |                 |           | •   |                      |
| VP-CH-PNV – prenatal w/o vit a w/ fe cbn-dss-fa-dha cap 30-1-260 mg                  | 3         |                     |                 |           |     |                      | FLUOR-A-DAY – sodium fluoride-xylitol chew tab 2.2 (1 mg f)-236.79 mg                 | 3         |                     |                 |           | •   |                      |
| VP-GGR-B6 PRENATAL – prenatal w/ calcium-vit b6-fa-ginger tab 1.2 mg                 | 3         |                     |                 |           |     |                      | FLUORABON – sodium fluoride soln 0.25 mg/0.6ml (from 0.55 mg/0.6ml naf)               | 3         |                     |                 |           | •   |                      |
| VP-HEME OB – prenat vit-fe poly cmplx-fe heme poly-fa tab 28-6-1 mg                  | 3         |                     |                 |           |     |                      | FLURA-DROPS – sodium fluoride soln 0.25 mg/drop f (from 0.55 mg/drop naf)             | 3         |                     |                 |           | •   |                      |
| VP-HEME OB + DHA – prenat-fe poly cmplx-fe heme poly-fa tab & omega 3 cap pck        | 3         |                     |                 |           |     |                      | GALZIN – zinc acetate cap 25 mg (elemental zinc)                                      | 3         |                     |                 |           |     |                      |
| VP-HEME ONE – prenat-fe poly cmplx-fe heme poly-fa-dha cap 22-6-1-200 mg             | 3         |                     |                 |           |     |                      | GALZIN – zinc acetate cap 50 mg (elemental zinc)                                      | 3         |                     |                 |           |     |                      |
| VP-PNV-DHA – prenatal vit w/ fe fum-fa-omega 3 cap 28-1-215.8 mg                     | 3         |                     |                 |           |     |                      | IODINE STRONG – iodine solution strong 5% (lugol's)                                   | 1         |                     |                 |           |     |                      |
|                                                                                      |           |                     |                 |           |     |                      | K-PHOS – potassium phosphate monobasic tab 500 mg                                     | 3         |                     |                 |           |     |                      |

| Drug Name                                                                     | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                           | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| K-PHOS NEUTRAL – pot phos monobasic w/sod phos di & monobas tab 155-852-130mg | 3         | •                   |                 |           |     |                      | POTASSIUM CHLORIDE ER – potassium chloride tab er 20 meq (1500 mg)  | 1         |                     |                 |           |     |                      |
| K-TAB – potassium chloride tab er 8 meq (600 mg)                              | 3         |                     |                 |           |     |                      | potassium chloride microencapsulated crys er tab 10 meq             | 1         |                     |                 |           |     |                      |
| K-TAB – potassium chloride tab er 10 meq                                      | 3         | •                   |                 |           |     |                      | potassium chloride microencapsulated crys er tab 20 meq             | 1         |                     |                 |           |     |                      |
| K-TAB – potassium chloride tab er 20 meq (1500 mg)                            | 3         |                     |                 |           |     |                      | potassium chloride oral soln 10% (20 meq/15ml)                      | 1         |                     |                 |           |     |                      |
| KLOR-CON M15 – potassium chloride microencapsulated crys er tab 15 meq        | 3         |                     |                 |           |     |                      | potassium chloride powder packet 20 meq                             | 1         |                     |                 |           |     |                      |
| LOZI-FLUR – sodium fluoride lozenge 1 mg f (from 2.2 mg naf)                  | 3         |                     |                 |           | •   |                      | potassium chloride tab er 8 meq (600 mg)                            | 1         |                     |                 |           |     |                      |
| MAGNEBIND 400 – magnesium-calcium-folic acid tab 400-200-1 mg                 | 3         |                     |                 |           |     |                      | potassium chloride tab er 10 meq (K-tab)                            | 1         |                     |                 |           |     |                      |
| MICRO-K – potassium chloride cap er 8 meq                                     | 3         | •                   |                 |           |     |                      | SODIUM FLUORIDE – sodium fluoride tab 0.5 mg f (from 1.1 mg naf)    | 1         |                     |                 |           | •   |                      |
| MICRO-K – potassium chloride cap er 10 meq                                    | 3         | •                   |                 |           |     |                      | SODIUM FLUORIDE – sodium fluoride tab 1 mg f (from 2.2 mg naf)      | 1         |                     |                 |           | •   |                      |
| MONOCAL – sodium monofluorophosphate-calcium carb tab 22.75-625 mg            | A         |                     |                 |           | •   |                      | sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf) (Luride)      | 1         |                     |                 |           | •   |                      |
| pot bicarbonate & chloride effer tab 25 meq                                   | 1         |                     |                 |           |     |                      | sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf) (Luride)        | 1         |                     |                 |           | •   |                      |
| pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (K-phos neutral) | 1         |                     |                 |           |     |                      | sodium fluoride chew tab 1 mg f (from 2.2 mg naf) (Luride)          | 1         |                     |                 |           | •   |                      |
| potassium bicarbonate effer tab 25 meq                                        | 1         |                     |                 |           |     |                      | sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf)            | 1         |                     |                 |           | •   |                      |
| POTASSIUM CHLORIDE – potassium chloride oral soln 20% (40 meq/15ml)           | 1         |                     |                 |           |     |                      | sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf) (Luride)      | 1         |                     |                 |           | •   |                      |
| potassium chloride cap er 8 meq (Micro-k)                                     | 1         |                     |                 |           |     |                      | <b>NUTRIENTS</b>                                                    |           |                     |                 |           |     |                      |
| potassium chloride cap er 10 meq (Micro-k)                                    | 1         |                     |                 |           |     |                      | amino acids cap                                                     | 1         |                     |                 |           |     |                      |
| POTASSIUM CHLORIDE ER – potassium chloride tab er 8 meq (600 mg)              | 1         |                     |                 |           |     |                      | <b>DIETARY PRODUCTS</b>                                             |           |                     |                 |           |     |                      |
|                                                                               |           |                     |                 |           |     |                      | CEREFOLIN – l-methylfolate w/ vit b12-vit b6-vit b2 tab 6-1-50-5 mg | 3         |                     |                 |           |     |                      |
|                                                                               |           |                     |                 |           |     |                      | folic acid-pyridoxine-cyanocobalamin tab 2.5-25-2 mg                | 1         |                     |                 |           |     |                      |

| Drug Name                                                                    | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                             | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| XYZBAC – dietary management product - tabs                                   | 3         |                     |                 |           |     |                      | ARANESP ALBUMIN FREE – darbepoetin alfa soln inj 40 mcg/ml            | 2         | •                   | •               | •         |     | •                    |
| <b>HEMATOLOGICAL AGENTS</b>                                                  |           |                     |                 |           |     |                      | ARANESP ALBUMIN FREE – darbepoetin alfa soln inj 60 mcg/ml            | 2         | •                   | •               | •         |     | •                    |
| <b>HEMATOPOIETIC AGENTS</b>                                                  |           |                     |                 |           |     |                      | ARANESP ALBUMIN FREE – darbepoetin alfa soln inj 100 mcg/ml           | 2         | •                   | •               | •         |     | •                    |
| ACTIVE FE – fe carbonyl-fa-b complex-a-c-d-e-min tab 75-1.25 mg              | 3         |                     |                 |           |     |                      | ARANESP ALBUMIN FREE – darbepoetin alfa soln inj 200 mcg/ml           | 2         | •                   | •               | •         |     | •                    |
| ANIMI-3 – folic acid-b6-b12-d-omega 3-phytosterols cap 1 mg                  | 3         |                     |                 |           |     |                      | ARANESP ALBUMIN FREE – darbepoetin alfa soln inj 300 mcg/ml           | 2         | •                   | •               | •         |     | •                    |
| ANIMI-3/VITAMIN D – folic acid-b6-b12-d-omega 3-phytosterols cap 1 mg        | 3         |                     |                 |           |     |                      | BIFERARX – polysacch fe cmplx-fe heme poly-fa-b12 tab 22-6-1-0.025 mg | 3         |                     |                 |           |     |                      |
| ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 10 mcg/0.4ml  | 2         | •                   | •               | •         |     | •                    | BP VIT 3 – folic acid-vit b6-vit b12-omega 3-phytosterols cap 1 mg    | 3         |                     |                 |           |     |                      |
| ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 25 mcg/0.42ml | 2         | •                   | •               | •         |     | •                    | carbonyl iron susp 15 mg/1.25ml (elemental iron)                      | A         |                     |                 |           | •   |                      |
| ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 40 mcg/0.4ml  | 2         | •                   | •               | •         |     | •                    | CENTRATEX – ferrous fumarate-fa-b complex-c-zn-mg-mn-cu cap 106-1 mg  | 3         |                     |                 |           |     |                      |
| ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 60 mcg/0.3ml  | 2         | •                   | •               | •         |     | •                    | CERDELGA – eliglustat tartrate cap 84 mg (base equivalent)            | 2         | •                   | •               | •         |     | •                    |
| ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 100 mcg/0.5ml | 2         | •                   | •               | •         |     | •                    | cyanocobalamin inj 1000 mcg/ml                                        | 1         |                     |                 |           |     |                      |
| ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 150 mcg/0.3ml | 2         | •                   | •               | •         |     | •                    | DERMACINRX PUREFOLIX – folic acid-cholecalciferol tab 1 mg-5000 unit  | 3         |                     |                 |           |     |                      |
| ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 200 mcg/0.4ml | 2         | •                   | •               | •         |     | •                    | DROXIA – hydroxyurea cap 200 mg                                       | 3         |                     |                 |           |     |                      |
| ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 300 mcg/0.6ml | 2         | •                   | •               | •         |     | •                    | DROXIA – hydroxyurea cap 300 mg                                       | 3         |                     |                 |           |     |                      |
| ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 500 mcg/ml    | 2         | •                   | •               | •         |     | •                    | DROXIA – hydroxyurea cap 400 mg                                       | 3         |                     |                 |           |     |                      |
| ARANESP ALBUMIN FREE – darbepoetin alfa soln inj 25 mcg/ml                   | 2         | •                   | •               | •         |     | •                    | EPOGEN – epoetin alfa inj 2000 unit/ml                                | 3         | •                   | •               | •         |     | •                    |
|                                                                              |           |                     |                 |           |     |                      | EPOGEN – epoetin alfa inj 3000 unit/ml                                | 3         | •                   | •               | •         |     | •                    |

| Drug Name                                                                    | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| EPOGEN – epoetin alfa inj 4000 unit/ml                                       | 3         | •                   | •               | •         |     | •                    | ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)               | A         |                     |                 |           | •   |                      |
| EPOGEN – epoetin alfa inj 10000 unit/ml                                      | 3         | •                   | •               | •         |     | •                    | ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)                    | A         |                     |                 |           | •   |                      |
| EPOGEN – epoetin alfa inj 20000 unit/ml                                      | 3         | •                   | •               | •         |     | •                    | FOCALGIN DSS – fe carbonyl-fe gluconate-fa-vit b12-vit c-dss tab 90-1 mg | 3         |                     |                 |           |     |                      |
| fe fum-iron polysacch complex-fa-b cmplx-c-zn-mn-cu cap (Tandem plus)        | 1         |                     |                 |           |     |                      | FOLGARD RX – folic acid-vitamin b6-vitamin b12 tab 2.2-25-1 mg           | 3         | •                   |                 |           |     |                      |
| fe fumarate w/ b12-vit c-fa-ifc cap 110-0.015-75-0.5-240 mg                  | 1         |                     |                 |           |     |                      | folic acid cap 0.8 mg                                                    | A         |                     |                 |           | •   |                      |
| fe fumarate-vit c-vit b12-fa cap 460 (151 fe)-60-0.01-1 mg                   | 1         |                     |                 |           |     |                      | folic acid tab 400 mcg                                                   | A         |                     |                 |           | •   |                      |
| FER-IN-SOL – ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)           | A         |                     |                 |           | •   |                      | folic acid tab 800 mcg                                                   | A         |                     |                 |           | •   |                      |
| FERIVA 21/7 – fe asparto gly-b12-fa-c-dss-succinic acid-zn tab 75-1 mg       | 3         |                     |                 |           |     |                      | folic acid tab 1 mg                                                      | 1         |                     |                 |           |     |                      |
| FERIVAFA – iron-c-fa-b12-biotin-copper-docusate cap 110-1 mg                 | 3         |                     |                 |           |     |                      | folic acid-vitamin b6-vitamin b12 tab 2.2-25-0.5 mg                      | 1         |                     |                 |           |     |                      |
| FERRALET 90 – fe carbonyl-fe gluconate-fa-vit b12-vit c-dss tab 90-1 mg      | 3         |                     |                 |           |     |                      | folic acid-vitamin b6-vitamin b12 tab 2.2-25-1 mg (Folgard rx)           | 1         |                     |                 |           |     |                      |
| FERRAPLUS 90 – iron-folic acid-vit b12-vit c-docusate sod tab 90-1 mg        | 3         |                     |                 |           |     |                      | folic acid-vitamin b6-vitamin b12 tab 2.5-25-1 mg                        | 1         |                     |                 |           |     |                      |
| FERRETTS CHEWABLE IRON – carbonyl iron chew tab 18 mg (elemental iron)       | A         |                     |                 |           | •   |                      | FOLIVANE-F – fe fum-fe poly-fa-c-b3 cap 62.5-62.5-1-40-3mg(125 mg fe)    | 3         |                     |                 |           |     |                      |
| FERREX 150 FORTE – polysaccharide iron-fa-vit b12 cap 150 mg-1 mg-25 mcg     | 3         |                     |                 |           |     |                      | FOLIVANE-PLUS – fe fum-iron polysacch complex-fa-b complex-c-biotin cap  | 3         |                     |                 |           |     |                      |
| ferrous fumarate-folic acid tab 324-1 mg                                     | 1         |                     |                 |           |     |                      | FUSION PLUS – fe fum-iron poly cmplx-fa-b cmplx-c-biotin-probiotic cap   | 3         |                     |                 |           |     |                      |
| FERROUS SULFATE – ferrous sulfate syrup 300 mg/5ml (60 mg/5ml elemental fe)  | A         |                     |                 |           | •   |                      | GRANIX – tbo-filgrastim soln prefilled syringe 300 mcg/0.5ml             | 2         | •                   | •               | •         |     | •                    |
| FERROUS SULFATE – ferrous sulfate liquid 220 mg/5ml (44 mg/5ml elemental fe) | A         |                     |                 |           | •   |                      | GRANIX – tbo-filgrastim soln prefilled syringe 480 mcg/0.8ml             | 2         | •                   | •               | •         |     | •                    |
|                                                                              |           |                     |                 |           |     |                      | HEMETAB – polysacch fe cmplx-fe heme poly-fa-b12 tab 22-6-1-0.025 mg     | 3         |                     |                 |           |     |                      |
|                                                                              |           |                     |                 |           |     |                      | HEMOCYTE PLUS – ferrous fumarate-fa-b complex-c-zn-mg-mn-cu cap 106-1 mg | 3         |                     |                 |           |     |                      |
|                                                                              |           |                     |                 |           |     |                      | ICAR PEDIATRIC – carbonyl iron susp 15 mg/1.25ml (elemental iron)        | A         |                     |                 |           | •   |                      |



| Drug Name                                                               | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                 | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| INTEGRA F – fe fum-fe poly-fa-c-b3 cap 62.5-62.5-1-40-3mg(125 mg fe)    | 3         |                     |                 |           |     |                      | MULTIGEN PLUS – fe aspart gly-fe fum-succ acid-c-threonic acid-b12-fa tab | 3         |                     |                 |           |     |                      |
| INTEGRA PLUS – fe fum-iron polysacch complex-fa-b complex-c-biotin cap  | 3         |                     |                 |           |     |                      | MYKIDZ IRON 10 – iron susp 15 mg/1.5ml                                    | A         |                     |                 |           | •   |                      |
| IRON CHEWS PEDIATRIC – carbonyl iron chew tab 15 mg (elemental iron)    | A         |                     |                 |           | •   |                      | NASCOBAL – cyanocobalamin nasal spray 500 mcg/0.1ml                       | 3         |                     |                 |           |     |                      |
| iron combination cap                                                    | 1         |                     |                 |           |     |                      | NEULASTA – pegfilgrastim soln prefilled syringe 6 mg/0.6ml                | 3         | •                   | •               | •         |     | •                    |
| iron polysacch complex-vit b12-fa cap 150-0.025-1 mg                    | 1         |                     |                 |           |     |                      | NEULASTA ONPRO KIT – pegfilgrastim soln prefilled syringe kit 6 mg/0.6ml  | 3         | •                   | •               | •         |     | •                    |
| iron-docusate-b12-folic acid-c-e-cu-biotin tab 150-1 mg (Hematron-af)   | 1         |                     |                 |           |     |                      | NEUPOGEN – filgrastim soln prefilled syringe 300 mcg/0.5ml                | 3         | •                   | •               | •         |     | •                    |
| iron-folic acid-vit c-vit b6-vit b12-zinc tab 150-1.25 mg (Corvite 150) | 1         |                     |                 |           |     |                      | NEUPOGEN – filgrastim soln prefilled syringe 480 mcg/0.8ml (600 mcg/ml)   | 3         | •                   | •               | •         |     | •                    |
| LEUKINE – sargramostim lyophilized for inj 250 mcg                      | 3         | •                   | •               | •         |     | •                    | NEUPOGEN – filgrastim inj 300 mcg/ml                                      | 3         | •                   | •               | •         |     | •                    |
| MAXFE – iron-fa-vit b12-biotin-vit c-docusate-mg-zn tab 160-1 mg        | 3         |                     |                 |           |     |                      | NEUPOGEN – filgrastim inj 480 mcg/1.6ml (300 mcg/ml)                      | 3         | •                   | •               | •         |     | •                    |
| MIRCERA – methoxy peg-epoetin beta soln prefilled syr 30 mcg/0.3ml      | 3         | •                   | •               |           |     |                      | PROCRIT – epoetin alfa inj 2000 unit/ml                                   | 2         | •                   | •               | •         |     | •                    |
| MIRCERA – methoxy peg-epoetin beta soln prefilled syr 50 mcg/0.3ml      | 3         | •                   | •               | •         |     | •                    | PROCRIT – epoetin alfa inj 3000 unit/ml                                   | 2         | •                   | •               | •         |     | •                    |
| MIRCERA – methoxy peg-epoetin beta soln prefilled syr 75 mcg/0.3ml      | 3         | •                   | •               | •         |     | •                    | PROCRIT – epoetin alfa inj 4000 unit/ml                                   | 2         | •                   | •               | •         |     | •                    |
| MIRCERA – methoxy peg-epoetin beta soln prefilled syr 100 mcg/0.3ml     | 3         | •                   | •               | •         |     | •                    | PROCRIT – epoetin alfa inj 10000 unit/ml                                  | 2         | •                   | •               | •         |     | •                    |
| MIRCERA – methoxy peg-epoetin beta soln prefilled syr 150 mcg/0.3ml     | 3         | •                   | •               |           |     |                      | PROCRIT – epoetin alfa inj 20000 unit/ml                                  | 2         | •                   | •               | •         |     | •                    |
| MIRCERA – methoxy peg-epoetin beta soln prefilled syr 200 mcg/0.3ml     | 3         | •                   | •               | •         |     | •                    | PROCRIT – epoetin alfa inj 40000 unit/ml                                  | 2         | •                   | •               | •         |     | •                    |
| MULTIGEN – fe asparto gly-succ acid-c-threonic acid-b12-des stom tab    | 3         |                     |                 |           |     |                      | PROFERRIN-FORTE – iron heme polypeptide-folic acid tab 12-1 mg (fe equiv) | 3         |                     |                 |           |     |                      |
|                                                                         |           |                     |                 |           |     |                      | PROMACTA – eltrombopag olamine tab 12.5 mg (base equiv)                   | 3         | •                   | •               | •         |     | •                    |
|                                                                         |           |                     |                 |           |     |                      | PROMACTA – eltrombopag olamine tab 25 mg (base equiv)                     | 3         | •                   | •               | •         |     | •                    |

| Drug Name                                                                   | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                   | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| PROMACTA – eltrombopag olamine tab 50 mg (base equiv)                       | 3         | •                   | •               | •         |     | •                    | COUMADIN – warfarin sodium tab 7.5 mg                       | 3         | •                   |                 |           |     |                      |
| PROMACTA – eltrombopag olamine tab 75 mg (base equiv)                       | 3         | •                   | •               | •         |     | •                    | COUMADIN – warfarin sodium tab 10 mg                        | 3         | •                   |                 |           |     |                      |
| SPATONE PUR-ABSORB IRON – ferrous sulfate liquid 5 mg/20ml (elemental iron) | 3         |                     |                 |           |     |                      | ELIQUIS – apixaban tab 2.5 mg                               | 2         |                     | •               |           |     |                      |
| TANDEM PLUS – fe fum-iron polysacch complex-fa-b cmplx-c-zn-mn-cu cap       | 3         |                     |                 |           |     |                      | ELIQUIS – apixaban tab 5 mg                                 | 2         |                     | •               |           |     |                      |
| TARON FORTE – fe bisglycinate-fe polysacch-vit c-vit b12-fa cap             | 3         |                     |                 |           |     |                      | enoxaparin sodium inj 30 mg/0.3ml (Lovenox)                 | 1         |                     | •               |           |     |                      |
| ZARXIO – filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml               | 2         | •                   | •               | •         |     | •                    | enoxaparin sodium inj 40 mg/0.4ml (Lovenox)                 | 1         |                     | •               |           |     |                      |
| ZARXIO – filgrastim-sndz soln prefilled syringe 480 mcg/0.8ml               | 2         | •                   | •               | •         |     | •                    | enoxaparin sodium inj 60 mg/0.6ml (Lovenox)                 | 1         |                     | •               |           |     |                      |
| ZAVESCA – miglustat cap 100 mg                                              | 3         |                     | •               | •         |     | •                    | enoxaparin sodium inj 80 mg/0.8ml (Lovenox)                 | 1         |                     | •               |           |     |                      |
| <b>ANTICOAGULANTS</b>                                                       |           |                     |                 |           |     |                      | enoxaparin sodium inj 100 mg/ml (Lovenox)                   | 1         |                     | •               |           |     |                      |
| ARIXTRA – fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml                 | 3         | •                   | •               |           |     |                      | enoxaparin sodium inj 120 mg/0.8ml (Lovenox)                | 1         |                     | •               |           |     |                      |
| ARIXTRA – fondaparinux sodium subcutaneous inj 5 mg/0.4ml                   | 3         | •                   | •               |           |     |                      | enoxaparin sodium inj 150 mg/ml (Lovenox)                   | 1         |                     | •               |           |     |                      |
| ARIXTRA – fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml                 | 3         | •                   | •               |           |     |                      | enoxaparin sodium inj 300 mg/3ml (Lovenox)                  | 1         |                     | •               |           |     |                      |
| ARIXTRA – fondaparinux sodium subcutaneous inj 10 mg/0.8ml                  | 3         | •                   | •               |           |     |                      | fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml (Arixtra) | 1         |                     | •               |           |     |                      |
| COUMADIN – warfarin sodium tab 1 mg                                         | 3         | •                   |                 |           |     |                      | fondaparinux sodium subcutaneous inj 5 mg/0.4ml (Arixtra)   | 1         |                     | •               |           |     |                      |
| COUMADIN – warfarin sodium tab 2 mg                                         | 3         | •                   |                 |           |     |                      | fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml (Arixtra) | 1         |                     | •               |           |     |                      |
| COUMADIN – warfarin sodium tab 2.5 mg                                       | 3         | •                   |                 |           |     |                      | fondaparinux sodium subcutaneous inj 10 mg/0.8ml (Arixtra)  | 1         |                     | •               |           |     |                      |
| COUMADIN – warfarin sodium tab 3 mg                                         | 3         | •                   |                 |           |     |                      | FRAGMIN – dalteparin sodium inj 10000 unit/ml               | 3         |                     | •               |           |     |                      |
| COUMADIN – warfarin sodium tab 4 mg                                         | 3         | •                   |                 |           |     |                      | FRAGMIN – dalteparin sodium inj 2500 unit/0.2ml             | 3         |                     | •               |           |     |                      |
| COUMADIN – warfarin sodium tab 5 mg                                         | 3         | •                   |                 |           |     |                      | FRAGMIN – dalteparin sodium inj 5000 unit/0.2ml             | 3         |                     | •               |           |     |                      |
| COUMADIN – warfarin sodium tab 6 mg                                         | 3         | •                   |                 |           |     |                      |                                                             |           |                     |                 |           |     |                      |

| Drug Name                                               | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                 | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
|---------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|---------------------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|
| FRAGMIN – dalteparin sodium inj 7500 unit/0.3ml         | 3         |                     | •               |           |     |                      | PRADAXA – dabigatran etexilate mesylate cap 75 mg (etexilate base eq)     | 2         |                     | •               |           |     |                      |
| FRAGMIN – dalteparin sodium inj 12500 unit/0.5ml        | 3         |                     | •               |           |     |                      | PRADAXA – dabigatran etexilate mesylate cap 110 mg (etexilate base eq)    | 2         |                     | •               |           |     |                      |
| FRAGMIN – dalteparin sodium inj 15000 unit/0.6ml        | 3         |                     | •               |           |     |                      | PRADAXA – dabigatran etexilate mesylate cap 150 mg (etexilate base eq)    | 2         |                     | •               |           |     |                      |
| FRAGMIN – dalteparin sodium inj 18000 unit/0.72ml       | 3         |                     | •               |           |     |                      | SAVAYSA – edoxaban tosylate tab 15 mg (base equivalent)                   | 3         |                     | •               |           |     |                      |
| FRAGMIN – dalteparin sodium inj 95000 unit/3.8ml        | 3         |                     | •               |           |     |                      | SAVAYSA – edoxaban tosylate tab 30 mg (base equivalent)                   | 3         |                     | •               |           |     |                      |
| heparin sodium (porcine) inj 1000 unit/ml               | 1         |                     |                 |           |     |                      | SAVAYSA – edoxaban tosylate tab 60 mg (base equivalent)                   | 3         |                     | •               |           |     |                      |
| heparin sodium (porcine) inj 5000 unit/ml               | 1         |                     |                 |           |     |                      | warfarin sodium tab 1 mg (Coumadin)                                       | 1         |                     |                 |           |     |                      |
| heparin sodium (porcine) inj 10000 unit/ml              | 1         |                     |                 |           |     |                      | warfarin sodium tab 2 mg (Coumadin)                                       | 1         |                     |                 |           |     |                      |
| heparin sodium (porcine) inj 20000 unit/ml              | 1         |                     |                 |           |     |                      | warfarin sodium tab 2.5 mg (Coumadin)                                     | 1         |                     |                 |           |     |                      |
| heparin sodium (porcine) lock flush iv soln 10 unit/ml  | 1         |                     |                 |           |     |                      | warfarin sodium tab 3 mg (Coumadin)                                       | 1         |                     |                 |           |     |                      |
| heparin sodium (porcine) lock flush iv soln 100 unit/ml | 1         |                     |                 |           |     |                      | warfarin sodium tab 4 mg (Coumadin)                                       | 1         |                     |                 |           |     |                      |
| heparin sodium (porcine) pf inj 5000 unit/0.5ml         | 1         |                     |                 |           |     |                      | warfarin sodium tab 5 mg (Coumadin)                                       | 1         |                     |                 |           |     |                      |
| LOVENOX – enoxaparin sodium inj 30 mg/0.3ml             | 3         | •                   | •               |           |     |                      | warfarin sodium tab 6 mg (Coumadin)                                       | 1         |                     |                 |           |     |                      |
| LOVENOX – enoxaparin sodium inj 40 mg/0.4ml             | 3         | •                   | •               |           |     |                      | warfarin sodium tab 7.5 mg (Coumadin)                                     | 1         |                     |                 |           |     |                      |
| LOVENOX – enoxaparin sodium inj 60 mg/0.6ml             | 3         | •                   | •               |           |     |                      | warfarin sodium tab 10 mg (Coumadin)                                      | 1         |                     |                 |           |     |                      |
| LOVENOX – enoxaparin sodium inj 80 mg/0.8ml             | 3         | •                   | •               |           |     |                      | XARELTO – rivaroxaban tab 10 mg                                           | 2         |                     | •               |           |     |                      |
| LOVENOX – enoxaparin sodium inj 100 mg/ml               | 3         | •                   | •               |           |     |                      | XARELTO – rivaroxaban tab 15 mg                                           | 2         |                     | •               |           |     |                      |
| LOVENOX – enoxaparin sodium inj 120 mg/0.8ml            | 3         | •                   | •               |           |     |                      | XARELTO – rivaroxaban tab 20 mg                                           | 2         |                     | •               |           |     |                      |
| LOVENOX – enoxaparin sodium inj 150 mg/ml               | 3         | •                   | •               |           |     |                      | XARELTO STARTER PACK – rivaroxaban tab starter therapy pack 15 mg & 20 mg | 2         |                     | •               |           |     |                      |
| LOVENOX – enoxaparin sodium inj 300 mg/3ml              | 3         | •                   | •               |           |     |                      |                                                                           |           |                     |                 |           |     |                      |

| Drug Name                                              | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                      | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
|--------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|----------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|
| <b>HEMOSTATICS</b>                                     |           |                     |                 |           |     |                      | EFFIENT – prasugrel hcl tab 5 mg (base equiv)                  | 3         |                     | •               |           |     |                      |
| AMICAR – aminocaproic acid oral soln 0.25 gm/ml        | 3         |                     |                 |           |     |                      | EFFIENT – prasugrel hcl tab 10 mg (base equiv)                 | 3         |                     | •               |           |     |                      |
| AMICAR – aminocaproic acid tab 500 mg                  | 3         |                     |                 |           |     |                      | FIRAZYR – icatibant acetate inj 30 mg/3ml (base equivalent)    | 2         | •                   | •               | •         |     | •                    |
| AMICAR – aminocaproic acid tab 1000 mg                 | 3         |                     |                 |           |     |                      | pentoxifylline tab er 400 mg                                   | 1         |                     |                 |           |     |                      |
| LYSTEDA – tranexamic acid tab 650 mg                   | 3         |                     |                 |           |     |                      | PLAVIX – clopidogrel bisulfate tab 75 mg (base equiv)          | 3         | •                   | •               |           |     |                      |
| RAPLIXA – fibrinogen-thrombin powder 79-699 mg-unit/gm | 3         |                     |                 |           |     |                      | prasugrel hcl tab 5 mg (base equiv) (Effient)                  | 1         |                     | •               |           |     |                      |
| tranexamic acid tab 650 mg (Lysteda)                   | 1         |                     |                 |           |     |                      | prasugrel hcl tab 10 mg (base equiv) (Effient)                 | 1         |                     | •               |           |     |                      |
| <b>HEMATOLOGICAL AGENTS - MISC.</b>                    |           |                     |                 |           |     |                      | YOSPRALA – aspirin-omeprazole tab delayed release 81-40 mg     | 3         | •                   | •               |           |     |                      |
| AGGRENOLX – aspirin-dipyridamole cap er 12hr 25-200 mg | 3         |                     | •               |           |     |                      | YOSPRALA – aspirin-omeprazole tab delayed release 325-40 mg    | 3         | •                   | •               |           |     |                      |
| AGRYLIN – anagrelide hcl cap 0.5 mg                    | 3         | •                   | •               |           |     |                      | ZONTIVITY – vorapaxar sulfate tab 2.08 mg (base equivalent)    | 3         |                     | •               |           |     |                      |
| anagrelide hcl cap 0.5 mg (Agraylin)                   | 1         |                     | •               |           |     |                      | <b>TOPICAL PRODUCTS</b>                                        |           |                     |                 |           |     |                      |
| anagrelide hcl cap 1 mg                                | 1         |                     | •               |           |     |                      | <b>OPHTHALMIC AGENTS</b>                                       |           |                     |                 |           |     |                      |
| aspirin-dipyridamole cap er 12hr 25-200 mg (Aggrenox)  | 1         |                     | •               |           |     |                      | ACULAR – ketorolac tromethamine ophth soln 0.5%                | 3         | •                   |                 |           |     |                      |
| BRILINTA – ticagrelor tab 60 mg                        | 2         |                     | •               |           |     |                      | ACULAR LS – ketorolac tromethamine ophth soln 0.4%             | 3         | •                   |                 |           |     |                      |
| BRILINTA – ticagrelor tab 90 mg                        | 2         |                     | •               |           |     |                      | ACUVAIL – ketorolac tromethamine ophth soln 0.45%              | 3         |                     | •               |           |     |                      |
| cilostazol tab 50 mg (Pletal)                          | 1         |                     | •               |           |     |                      | ALOCRIAL – nedocromil sodium ophth soln 2%                     | 2         |                     |                 |           |     |                      |
| cilostazol tab 100 mg (Pletal)                         | 1         |                     | •               |           |     |                      | ALOMIDE – Iodoxamide tromethamine ophth soln 0.1%              | 3         |                     |                 |           |     |                      |
| clopidogrel bisulfate tab 75 mg (base equiv) (Plavix)  | 1         |                     | •               |           |     |                      | ALPHAGAN P – brimonidine tartrate ophth soln 0.1%              | 2         |                     |                 |           |     |                      |
| clopidogrel bisulfate tab 300 mg (base equiv) (Plavix) | 1         |                     |                 |           |     |                      | ALPHAGAN P – brimonidine tartrate ophth soln 0.15%             | 3         |                     |                 |           |     |                      |
| dipyridamole tab 25 mg (Persantine)                    | 1         |                     | •               |           |     |                      | ALREX – Ioteprednol etabonate ophth susp 0.2%                  | 3         |                     |                 |           |     |                      |
| dipyridamole tab 50 mg (Persantine)                    | 1         |                     | •               |           |     |                      | apraclonidine hcl ophth soln 0.5% (base equivalent) (Iopidine) | 1         |                     |                 |           |     |                      |
| dipyridamole tab 75 mg (Persantine)                    | 1         |                     | •               |           |     |                      | ATROPINE SULFATE – atropine sulfate ophth soln 1%              | 1         | •                   |                 |           |     |                      |
| DURLAZA – aspirin capsule er 24hr 162.5 mg             | 3         |                     |                 |           |     |                      |                                                                |           |                     |                 |           |     |                      |

| Drug Name                                                                | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                  | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
|--------------------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|----------------------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|
| AZASITE – azithromycin ophth soln 1%                                     | 3         |                     |                 |           |     |                      | bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)                | 1         |                     |                 |           |     |                      |
| azelastine hcl ophth soln 0.05%                                          | 1         |                     | •               |           |     |                      | BROMSITE – bromfenac sodium ophth soln 0.075% (base equivalent)            | 3         |                     |                 |           |     |                      |
| AZOPT – brinzolamide ophth susp 1%                                       | 3         |                     |                 |           |     |                      | carteolol hcl ophth soln 1%                                                | 1         |                     |                 |           |     |                      |
| BACITRACIN – bacitracin ophth oint 500 unit/gm                           | 1         |                     |                 |           |     |                      | CILOXAN – ciprofloxacin hcl ophth soln 0.3%                                | 3         | •                   |                 |           |     |                      |
| bacitracin-polymyxin b ophth oint                                        | 1         |                     |                 |           |     |                      | CILOXAN – ciprofloxacin hcl ophth oint 0.3%                                | 3         |                     |                 |           |     |                      |
| bacitracin-polymyxin-neomycin-hc ophth oint 1%                           | 1         |                     |                 |           |     |                      | ciprofloxacin hcl ophth soln 0.3% (Ciloxan)                                | 1         |                     |                 |           |     |                      |
| BEPREVE – bepotastine besilate ophth soln 1.5%                           | 3         | •                   | •               |           |     |                      | COMBIGAN – brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%        | 3         |                     | •               |           |     |                      |
| BESIVANCE – besifloxacin hcl ophth susp 0.6% (base equiv)                | 3         |                     |                 |           |     |                      | COSOPT – dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml         | 3         | •                   | •               |           |     |                      |
| BETAGAN – levobunolol hcl ophth soln 0.5%                                | 3         | •                   |                 |           |     |                      | COSOPT PF – dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf    | 3         |                     | •               |           |     |                      |
| betaxolol hcl ophth soln 0.5%                                            | 1         |                     |                 |           |     |                      | cromolyn sodium ophth soln 4%                                              | 1         |                     |                 |           |     |                      |
| BETIMOL – timolol ophth soln 0.25%                                       | 3         |                     |                 |           |     |                      | CYSTARAN – cysteamine hcl ophth soln 0.44% (base equivalent)               | 3         |                     |                 |           |     |                      |
| BETIMOL – timolol ophth soln 0.5%                                        | 3         |                     |                 |           |     |                      | DEXAMETHASONE SODIUM PHOS – dexamethasone sodium phosphate ophth soln 0.1% | 1         |                     |                 |           |     |                      |
| BETOPTIC-S – betaxolol hcl ophth susp 0.25%                              | 2         |                     |                 |           |     |                      | diclofenac sodium ophth soln 0.1%                                          | 1         |                     |                 |           |     |                      |
| BIMATOPROST – bimatoprost ophth soln 0.03%                               | 1         | •                   | •               |           |     |                      | dorzolamide hcl ophth soln 2% (Trusopt)                                    | 1         |                     |                 |           |     |                      |
| BLEPH-10 – sulfacetamide sodium ophth soln 10%                           | 3         | •                   |                 |           |     |                      | dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml (Cosopt)         | 1         |                     | •               |           |     |                      |
| BLEPHAMIDE – sulfacetamide sodium-prednisolone ophth susp 10-0.2%        | 3         |                     |                 |           |     |                      | DUREZOL – difluprednate ophth emulsion 0.05%                               | 3         |                     |                 |           |     |                      |
| BLEPHAMIDE S.O.P. – sulfacetamide sodium-prednisolone ophth oint 10-0.2% | 2         |                     |                 |           |     |                      | ELESTAT – epinastine hcl ophth soln 0.05%                                  | 3         | •                   | •               |           |     |                      |
| brimonidine tartrate ophth soln 0.15% (Alphagan p)                       | 1         |                     |                 |           |     |                      | EMADINE – emedastine difumarate ophth soln 0.05% (base equiv)              | 3         | •                   | •               |           |     |                      |
| brimonidine tartrate ophth soln 0.2%                                     | 1         |                     |                 |           |     |                      |                                                                            |           |                     |                 |           |     |                      |
| BROMFENAC – bromfenac sodium ophth soln 0.09% (base equivalent)          | 1         |                     |                 |           |     |                      |                                                                            |           |                     |                 |           |     |                      |

| Drug Name                                                             | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                       | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| <b>epinastine hcl ophth soln 0.05%</b><br>(Elestat)                   | 1         |                     | •               |           |     |                      | <b>ketorolac tromethamine ophth soln 0.5%</b> (Acular)                          | 1         |                     |                 |           |     |                      |
| <b>erythromycin ophth oint 5 mg/gm</b>                                | 1         |                     |                 |           |     |                      | <b>LASTACRAFT – alcaftadine ophth soln 0.25%</b>                                | 3         | •                   | •               |           |     |                      |
| <b>FLAREX – fluorometholone acetate ophth susp 0.1%</b>               | 3         |                     |                 |           |     |                      | <b>latanoprost ophth soln 0.005%</b><br>(Xalatan)                               | 1         |                     | •               |           |     |                      |
| <b>fluorometholone ophth susp 0.1%</b><br>(Fml liquifilm)             | 1         |                     |                 |           |     |                      | <b>levobunolol hcl ophth soln 0.5%</b><br>(Betagan)                             | 1         |                     |                 |           |     |                      |
| <b>flurbiprofen sodium ophth soln 0.03%</b> (Ocufen)                  | 1         |                     |                 |           |     |                      | <b>levofloxacin ophth soln 0.5%</b>                                             | 1         |                     |                 |           |     |                      |
| <b>FML – fluorometholone ophth oint 0.1%</b>                          | 2         |                     |                 |           |     |                      | <b>LOTEMAX – loteprednol etabonate ophth gel 0.5%</b>                           | 3         |                     |                 |           |     |                      |
| <b>FML FORTE – fluorometholone ophth susp 0.25%</b>                   | 3         |                     |                 |           |     |                      | <b>LOTEMAX – loteprednol etabonate ophth oint 0.5%</b>                          | 2         |                     |                 |           |     |                      |
| <b>FML LIQUIFILM – fluorometholone ophth susp 0.1%</b>                | 3         |                     |                 |           |     |                      | <b>LOTEMAX – loteprednol etabonate ophth susp 0.5%</b>                          | 2         |                     |                 |           |     |                      |
| <b>gatifloxacin ophth soln 0.5%</b><br>(Zymaxid)                      | 1         |                     |                 |           |     |                      | <b>LUMIGAN – bimatoprost ophth soln 0.01%</b>                                   | 2         | •                   | •               |           |     |                      |
| <b>GENTAK – gentamicin sulfate ophth oint 0.3%</b>                    | 1         |                     |                 |           |     |                      | <b>MAXIDEX – dexamethasone ophth susp 0.1%</b>                                  | 2         |                     |                 |           |     |                      |
| <b>gentamicin sulfate ophth soln 0.3%</b> (Garamycin)                 | 1         |                     |                 |           |     |                      | <b>MAXITROL – neomycin-polymyxin-dexamethasone ophth susp 0.1%</b>              | 3         | •                   |                 |           |     |                      |
| <b>homatropine hbr ophth soln 5%</b><br>(Isopto homatropine)          | 1         |                     |                 |           |     |                      | <b>MAXITROL – neomycin-polymyxin-dexamethasone ophth oint 0.1%</b>              | 3         | •                   |                 |           |     |                      |
| <b>ILEVRO – nepafenac ophth susp 0.3%</b>                             | 3         |                     |                 |           |     |                      | <b>METIPRANOLOL – metipranolol ophth soln 0.3%</b>                              | 1         |                     |                 |           |     |                      |
| <b>IOPIDINE – apraclonidine hcl ophth soln 0.5% (base equivalent)</b> | 3         | •                   |                 |           |     |                      | <b>MOXEZA – moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)</b>      | 3         |                     |                 |           |     |                      |
| <b>IOPIDINE – apraclonidine hcl ophth soln 1% (base equivalent)</b>   | 2         |                     |                 |           |     |                      | <b>moxifloxacin hcl ophth soln 0.5% (base equiv)</b> (Vigamox)                  | 1         |                     |                 |           |     |                      |
| <b>ISOPTO CARPINE – pilocarpine hcl ophth soln 1%</b>                 | 3         |                     |                 |           |     |                      | <b>NATACYN – natamycin ophth susp 5%</b>                                        | 2         |                     |                 |           |     |                      |
| <b>ISOPTO CARPINE – pilocarpine hcl ophth soln 2%</b>                 | 3         |                     |                 |           |     |                      | <b>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</b>             | 1         |                     |                 |           |     |                      |
| <b>ISOPTO CARPINE – pilocarpine hcl ophth soln 4%</b>                 | 3         |                     |                 |           |     |                      | <b>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</b> (Neosporin) | 1         |                     |                 |           |     |                      |
| <b>ISTALOL – timolol maleate ophth soln 0.5% (once-daily)</b>         | 3         |                     | •               |           |     |                      |                                                                                 |           |                     |                 |           |     |                      |
| <b>ketorolac tromethamine ophth soln 0.4%</b> (Acular Is)             | 1         |                     |                 |           |     |                      |                                                                                 |           |                     |                 |           |     |                      |

| Drug Name                                                                | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                   | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| <b>neomycin-polymyxin-dexamethasone ophth oint 0.1%</b><br>(Maxitrol)    | 1         |                     |                 |           |     |                      | <b>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</b><br>(Polytrim) | 1         |                     |                 |           |     |                      |
| <b>neomycin-polymyxin-dexamethasone ophth susp 0.1%</b> (Maxitrol)       | 1         |                     |                 |           |     |                      | POLYTRIM – polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%           | 3         | •                   |                 |           |     |                      |
| NEOMYCIN/POLYMYXIN/HYDROC – neomycin-polymyxin-hc ophth susp             | 1         |                     |                 |           |     |                      | PRED FORTE – prednisolone acetate ophth susp 1%                             | 3         |                     |                 |           |     |                      |
| NEOSPORIN – neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml | 3         | •                   |                 |           |     |                      | PRED MILD – prednisolone acetate ophth susp 0.12%                           | 3         |                     |                 |           |     |                      |
| NEVANAC – nepafenac ophth susp 0.1%                                      | 2         |                     |                 |           |     |                      | PRED-G – gentamicin-prednisolone ace ophth susp 0.3-1%                      | 2         |                     |                 |           |     |                      |
| OCUFLOX – ofloxacin ophth soln 0.3%                                      | 3         | •                   |                 |           |     |                      | PRED-G S.O.P. – gentamicin-prednisolone ace ophth oint 0.3-0.6%             | 2         |                     |                 |           |     |                      |
| <b>ofloxacin ophth soln 0.3%</b><br>(Ocuflox)                            | 1         |                     |                 |           |     |                      | <b>prednisolone acetate ophth susp 1%</b> (Pred forte)                      | 1         |                     |                 |           |     |                      |
| <b>olopatadine hcl ophth soln 0.1%</b><br>(base equivalent) (Patanol)    | 1         |                     | •               |           |     |                      | PREDNISOLONE SODIUM PHOSP – prednisolone sodium phosphate ophth soln 1%     | 1         |                     |                 |           |     |                      |
| <b>olopatadine hcl ophth soln 0.2%</b><br>(base equivalent) (Pataday)    | 1         |                     | •               |           |     |                      | PROLENSA – bromfenac sodium ophth soln 0.07% (base equivalent)              | 3         |                     |                 |           |     |                      |
| OMNIPRED – prednisolone acetate ophth susp 1%                            | 3         |                     |                 |           |     |                      | RESCULA – unoprostone isopropyl ophth soln 0.15%                            | 3         | •                   | •               |           |     |                      |
| PATADAY – olopatadine hcl ophth soln 0.2% (base equivalent)              | 3         | •                   | •               |           |     |                      | RESTASIS – cyclosporine (ophth) emulsion 0.05%                              | 2         | •                   | •               |           |     |                      |
| PATANOL – olopatadine hcl ophth soln 0.1% (base equivalent)              | 3         | •                   | •               |           |     |                      | RESTASIS MULTIDOSE – cyclosporine (ophth) emulsion 0.05%                    | 2         | •                   | •               |           |     |                      |
| PAZEO – olopatadine hcl ophth soln 0.7% (base equivalent)                | 3         | •                   | •               |           |     |                      | SIMBRINZA – brinzolamide-brimonidine tartrate ophth susp 1-0.2%             | 2         |                     | •               |           |     |                      |
| <b>phenylephrine hcl ophth soln 2.5%</b>                                 | 1         |                     |                 |           |     |                      | SULFACETAMIDE SODIUM – sulfacetamide sodium ophth oint 10%                  | 1         |                     |                 |           |     |                      |
| <b>phenylephrine hcl ophth soln 10%</b>                                  | 1         |                     |                 |           |     |                      | <b>sulfacetamide sodium ophth soln 10%</b> (Bleph-10)                       | 1         |                     |                 |           |     |                      |
| PHOSPHOLINE IODIDE – echothiophate iodide ophth for soln 0.125%          | 2         |                     |                 |           |     |                      | <b>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</b>          | 1         |                     |                 |           |     |                      |
| <b>pilocarpine hcl ophth soln 1%</b><br>(Isopto carpine)                 | 1         |                     |                 |           |     |                      |                                                                             |           |                     |                 |           |     |                      |
| <b>pilocarpine hcl ophth soln 2%</b><br>(Isopto carpine)                 | 1         |                     |                 |           |     |                      |                                                                             |           |                     |                 |           |     |                      |
| <b>pilocarpine hcl ophth soln 4%</b><br>(Isopto carpine)                 | 1         |                     |                 |           |     |                      |                                                                             |           |                     |                 |           |     |                      |

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| <b>timolol maleate ophth gel forming soln 0.25% (Timoptic-xe)</b>               | 1         |                     |                 |           |     |                      | <b>trifluridine ophth soln 1% (Viroptic)</b>                                       | 1         |                     |                 |           |     |                      |
| <b>timolol maleate ophth gel forming soln 0.5% (Timoptic-xe)</b>                | 1         |                     |                 |           |     |                      | <b>TRUSOPT – dorzolamide hcl ophth soln 2%</b>                                     | 3         | •                   |                 |           |     |                      |
| <b>timolol maleate ophth soln 0.25% (Timoptic)</b>                              | 1         |                     |                 |           |     |                      | <b>VIGAMOX – moxifloxacin hcl ophth soln 0.5% (base equiv)</b>                     | 3         |                     |                 |           |     |                      |
| <b>timolol maleate ophth soln 0.5% (Timoptic)</b>                               | 1         |                     |                 |           |     |                      | <b>VIROPTIC – trifluridine ophth soln 1%</b>                                       | 3         |                     |                 |           |     |                      |
| <b>TIMOPTIC – timolol maleate ophth soln 0.25%</b>                              | 3         | •                   |                 |           |     |                      | <b>XALATAN – latanoprost ophth soln 0.005%</b>                                     | 3         | •                   | •               |           |     |                      |
| <b>TIMOPTIC – timolol maleate ophth soln 0.5%</b>                               | 3         | •                   |                 |           |     |                      | <b>XIIDRA – lifitegrast ophth soln 5%</b>                                          | 2         | •                   | •               |           |     |                      |
| <b>TIMOPTIC OCUDOSE – timolol maleate preservative free ophth soln 0.25%</b>    | 3         |                     |                 |           |     |                      | <b>ZIOPTAN – tafluprost ophth soln 0.0015%</b>                                     | 3         | •                   | •               |           |     |                      |
| <b>TIMOPTIC OCUDOSE – timolol maleate preservative free ophth soln 0.5%</b>     | 3         |                     |                 |           |     |                      | <b>ZIRGAN – ganciclovir ophth gel 0.15%</b>                                        | 3         |                     |                 |           |     |                      |
| <b>TIMOPTIC-XE – timolol maleate ophth gel forming soln 0.25%</b>               | 3         | •                   |                 |           |     |                      | <b>ZYLET – loteprednol etabonate-tobramycin ophth susp 0.5-0.3%</b>                | 3         |                     |                 |           |     |                      |
| <b>TIMOPTIC-XE – timolol maleate ophth gel forming soln 0.5%</b>                | 3         | •                   |                 |           |     |                      | <b>ZYMAXID – gatifloxacin ophth soln 0.5%</b>                                      | 3         |                     |                 |           |     |                      |
| <b>TOBRADEX – tobramycin-dexamethasone ophth oint 0.3-0.1%</b>                  | 3         |                     |                 |           |     |                      | <b>OTIC AGENTS</b>                                                                 |           |                     |                 |           |     |                      |
| <b>TOBRADEX – tobramycin-dexamethasone ophth susp 0.3-0.1%</b>                  | 3         | •                   |                 |           |     |                      | <b>acetic acid otic soln 2%</b>                                                    | 1         |                     |                 |           |     |                      |
| <b>TOBRADEX ST – tobramycin-dexamethasone ophth susp 0.3-0.05%</b>              | 3         |                     |                 |           |     |                      | <b>CETRAXAL – ciprofloxacin hcl otic soln 0.2% (base equivalent)</b>               | 3         |                     |                 |           |     |                      |
| <b>tobramycin ophth soln 0.3% (Tobrex)</b>                                      | 1         |                     |                 |           |     |                      | <b>CIPRO HC – ciprofloxacin-hydrocortisone otic susp 0.2-1%</b>                    | 3         |                     |                 |           |     |                      |
| <b>tobramycin-dexamethasone ophth susp 0.3-0.1% (Tobradex)</b>                  | 1         |                     |                 |           |     |                      | <b>CIPRODEX – ciprofloxacin-dexamethasone otic susp 0.3-0.1%</b>                   | 2         |                     |                 |           |     |                      |
| <b>TOBREX – tobramycin ophth soln 0.3%</b>                                      | 3         | •                   |                 |           |     |                      | <b>CIPROFLOXACIN – ciprofloxacin hcl otic soln 0.2% (base equivalent)</b>          | 1         |                     |                 |           |     |                      |
| <b>TOBREX – tobramycin ophth oint 0.3%</b>                                      | 3         |                     |                 |           |     |                      | <b>COLY-MYCIN S – neomycin-colistin-hc-thonzonium otic susp 3.3-3-10-0.5 mg/ml</b> | 3         |                     |                 |           |     |                      |
| <b>TRAVATAN Z – travoprost ophth soln 0.004% (benzalkonium free) (bak free)</b> | 2         | •                   | •               |           |     |                      | <b>DERMOTIC – fluocinolone acetone (otic) oil 0.01%</b>                            | 3         |                     |                 |           |     |                      |
|                                                                                 |           |                     |                 |           |     |                      | <b>FLOXIN OTIC – ofloxacin otic soln 0.3%</b>                                      | 3         |                     |                 |           |     |                      |
|                                                                                 |           |                     |                 |           |     |                      | <b>fluocinolone acetone (otic) oil 0.01% (Dermotic)</b>                            | 1         |                     |                 |           |     |                      |



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| <b>hydrocortisone w/ acetic acid otic soln 1-2%</b>                                          | 1         |                     |                 |           |     |                      | <b>LISTERINE SMART RINSE – sodium fluoride rinse 0.0221% (0.01% f)</b>                         | A         |                     |                 |           | •   |                      |
| <b>neomycin-polymyxin-hc otic soln 1% (Cortisporin)</b>                                      | 1         |                     |                 |           |     |                      | <b>LISTERINE TOTAL CARE – sodium fluoride rinse 0.0221% (0.01% f)</b>                          | A         |                     |                 |           | •   |                      |
| <b>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</b>                            | 1         |                     |                 |           |     |                      | <b>LISTERINE TOTAL CARE PLUS – sodium fluoride rinse 0.0221% (0.01% f)</b>                     | A         |                     |                 |           | •   |                      |
| <b>ofloxacin otic soln 0.3%</b>                                                              | 1         |                     |                 |           |     |                      | <b>LISTERINE TOTAL CARE ZERO – sodium fluoride rinse 0.02%</b>                                 | A         |                     |                 |           | •   |                      |
| <b>OTOVEL – ciprofloxacin-fluocinolone acetone (pf) otic soln 0.3-0.025%</b>                 | 3         |                     |                 |           |     |                      | <b>LISTERINE WHITENING/RESTO – sodium fluoride rinse 0.0221% (0.01% f)</b>                     | A         |                     |                 |           | •   |                      |
| <b>MOUTH/THROAT/DENTAL AGENTS</b>                                                            |           |                     |                 |           |     |                      | <b>MUCOTROL – oral wound care products - wafer</b>                                             | 3         |                     |                 |           |     |                      |
| <b>ACT TOTAL CARE DRY MOUTH – sodium fluoride rinse 0.02%</b>                                | A         |                     |                 |           | •   |                      | <b>NAFRINSE DAILY/ACIDULATED – sodium fluoride-phosphoric acid for soln 1 mg/5ml (f equiv)</b> | 3         |                     |                 |           | •   |                      |
| <b>cevimeline hcl cap 30 mg (Evoxac)</b>                                                     | 1         |                     |                 |           |     |                      | <b>NAFRINSE DAILY/NEUTRAL – sodium fluoride for soln rinse 0.05%</b>                           | 3         |                     |                 |           | •   |                      |
| <b>chlorhexidine gluconate soln 0.12% (Peridex)</b>                                          | 1         |                     |                 |           |     |                      | <b>NAFRINSE WEEKLY – sodium fluoride for soln rinse 0.2%</b>                                   | 3         |                     |                 |           | •   |                      |
| <b>clotrimazole troche 10 mg</b>                                                             | 1         |                     |                 |           |     |                      | <b>nystatin susp 100000 unit/ml</b>                                                            | 1         |                     |                 |           |     |                      |
| <b>COLGATE DRY MOUTH RELIEF – sodium fluoride mouthwash 2.1 mg/10ml</b>                      | A         |                     |                 |           | •   |                      | <b>OMNI GEL – stannous fluoride gel 0.4%</b>                                                   | A         |                     |                 |           | •   |                      |
| <b>CREST COMPLETE – sodium fluoride paste 0.243%</b>                                         | A         |                     |                 |           | •   |                      | <b>ORAMAGICRX – oral wound care products - for susp rinse</b>                                  | 3         |                     |                 |           |     |                      |
| <b>EQL TRAVEL TOOTHBRUSH/TOO – sodium monofluorophosphate paste 0.15%</b>                    | 3         |                     |                 |           |     |                      | <b>ORAVIG – miconazole buccal tab 50 mg (mouth-throat)</b>                                     | 3         |                     |                 |           |     |                      |
| <b>EVOXAC – cevimeline hcl cap 30 mg</b>                                                     | 3         | •                   |                 |           |     |                      | <b>PARODONTAX – stannous fluoride paste 0.454%</b>                                             | 3         |                     |                 |           |     |                      |
| <b>GEL-KAM – stannous fluoride gel 0.4%</b>                                                  | A         |                     |                 |           | •   |                      | <b>PERIDEX – chlorhexidine gluconate soln 0.12%</b>                                            | 3         | •                   |                 |           |     |                      |
| <b>GEL-KAM ORAL CARE RINSE – stannous fluoride conc 0.63%</b>                                | 3         |                     |                 |           | •   |                      | <b>PHOS FLUR – sodium fluoride rinse 0.044%</b>                                                | A         |                     |                 |           | •   |                      |
| <b>lidocaine hcl viscous soln 2%</b>                                                         | 1         |                     |                 |           |     |                      | <b>PHOS-FLUR ORTHO DEFENSE – sodium fluoride rinse 0.044%</b>                                  | A         |                     |                 |           | •   |                      |
| <b>LISTERINE ESSENTIAL CARE – sod monofluorophosph-eucal-men-methyl sal-thymol gel 0.76%</b> | A         |                     |                 |           | •   |                      | <b>pilocarpine hcl tab 5 mg (Salagen)</b>                                                      | 1         |                     |                 |           |     |                      |
| <b>LISTERINE NATURALS WITH F – sodium fluoride rinse 0.02%</b>                               | 3         |                     |                 |           | •   |                      | <b>pilocarpine hcl tab 7.5 mg (Salagen)</b>                                                    | 1         |                     |                 |           |     |                      |
| <b>LISTERINE RESTORING – sodium fluoride rinse 0.0221% (0.01% f)</b>                         | A         |                     |                 |           | •   |                      |                                                                                                |           |                     |                 |           |     |                      |

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| PREVIDENT FLUORIDE – sodium fluoride gel 1.1% (0.5% f)                     | 3         |                     |                 |           | •   |                      | sodium fluoride-potassium nitrate paste 1.1-5% (Prevident 5000 sensi)         | 1         |                     |                 |           | •   |                      |
| PREVIDENT 5000 BOOSTER – sodium fluoride paste 1.1%                        | 3         |                     |                 |           | •   |                      | stannous fluoride conc 0.63% (Gel-kam oral care ri)                           | A         |                     |                 |           | •   |                      |
| PREVIDENT 5000 BOOSTER PL – sodium fluoride paste 1.1%                     | 3         |                     |                 |           | •   |                      | stannous fluoride gel 0.4%                                                    | A         |                     |                 |           | •   |                      |
| PREVIDENT 5000 DRY MOUTH – sodium fluoride gel 1.1% (0.5% f)               | 3         |                     |                 |           | •   |                      | STANNOUS FLUORIDE RINSE – stannous fluoride liq 0.1%                          | A         |                     |                 |           | •   |                      |
| PREVIDENT 5000 ENAMEL PRO – sodium fluoride-potassium nitrate paste 1.1-5% | 3         |                     |                 |           | •   |                      | THERA-FLUR-N – sodium fluoride gel 1.1% (0.5% f)                              | 3         |                     |                 |           | •   |                      |
| PREVIDENT 5000 PLUS – sodium fluoride cream 1.1%                           | 3         |                     |                 |           | •   |                      | triamcinolone acetonide dental paste 0.1%                                     | 1         |                     |                 |           |     |                      |
| PREVIDENT 5000 SENSITIVE – sodium fluoride-potassium nitrate paste 1.1-5%  | 3         |                     |                 |           | •   |                      | ANORECTAL AGENTS                                                              |           |                     |                 |           |     |                      |
| REMBRANDT DEEPLY WHITE+PE – sodium monofluorophosphate paste 0.884%        | A         |                     |                 |           | •   |                      | ANALPRAM HC – hydrocortisone acetate w/ pramoxine rectal cream 2.5-1%         | 3         | •                   |                 |           |     |                      |
| SALAGEN – pilocarpine hcl tab 5 mg                                         | 3         | •                   |                 |           |     |                      | ANALPRAM HC SINGLES – hydrocortisone acetate w/ pramoxine rectal cream 2.5-1% | 3         | •                   |                 |           |     |                      |
| SALAGEN – pilocarpine hcl tab 7.5 mg                                       | 3         | •                   |                 |           |     |                      | ANALPRAM-HC – hydrocortisone acetate w/ pramoxine rectal lotn 2.5-1%          | 2         |                     |                 |           |     |                      |
| SALICEPT – oral wound care products - for susp rinse                       | 3         |                     |                 |           |     |                      | ANALPRAM-HC – hydrocortisone acetate w/ pramoxine rectal cream 1-1%           | 3         | •                   |                 |           |     |                      |
| SENSODYNE REPAIR & PROTEC – stannous fluoride paste 0.454%                 | 3         |                     |                 |           |     |                      | ANUSOL-HC – hydrocortisone rectal cream 2.5%                                  | 3         |                     |                 |           |     |                      |
| sodium fluoride cream 1.1% (Prevident 5000 plus)                           | 1         |                     |                 |           | •   |                      | CORTENEMA – hydrocortisone enema 100 mg/60ml                                  | 3         | •                   |                 |           |     |                      |
| sodium fluoride gel 1.1% (0.5% f) (Prevident fluoride)                     | 1         |                     |                 |           | •   |                      | CORTIFOAM – hydrocortisone acetate rectal foam 10% (90 mg/ dose)              | 2         |                     |                 |           |     |                      |
| sodium fluoride paste 1.1% (Prevident 5000 boost)                          | 1         |                     |                 |           | •   |                      | hydrocortisone acetate suppos 25 mg (Anusol-hc)                               | 1         |                     |                 |           |     |                      |
| sodium fluoride rinse 0.0221% (0.01% f)                                    | A         |                     |                 |           | •   |                      | hydrocortisone acetate suppos 30 mg (Proctocort)                              | 1         |                     |                 |           |     |                      |
| sodium fluoride rinse 0.05%                                                | A         |                     |                 |           | •   |                      | hydrocortisone acetate w/ pramoxine rectal cream 1-1% (Analpram-hc)           | 1         |                     |                 |           |     |                      |
| sodium fluoride rinse 0.2% (Prevident)                                     | 1         |                     |                 |           | •   |                      | hydrocortisone acetate w/ pramoxine rectal cream 2.5-1% (Analpram-hc)         | 1         |                     |                 |           |     |                      |

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| <b>hydrocortisone enema 100 mg/60ml (Cortenema)</b>                                      | 1         |                     |                 |           |     |                      | <b>acitretin cap 17.5 mg (Soriatane)</b>                                          | 1         |                     |                 |           |     |                      |
| <b>hydrocortisone rectal cream 1% (Proctocort)</b>                                       | 1         |                     |                 |           |     |                      | <b>acitretin cap 25 mg (Soriatane)</b>                                            | 1         |                     |                 |           |     |                      |
| <b>hydrocortisone rectal cream 2.5% (Anusol-hc)</b>                                      | 1         |                     |                 |           |     |                      | <b>acyclovir oint 5% (Zovirax)</b>                                                | 1         |                     |                 |           |     |                      |
| <b>LIDOCAINE HCL-HYDROCORTIS – lidocaine-hydrocortisone acetate rectal gel 2.8-0.55%</b> | 1         |                     |                 |           |     |                      | <b>ACZONE – dapsone gel 5%</b>                                                    | 3         | •                   |                 |           |     |                      |
| <b>lidocaine-hydrocortisone acetate rectal cream 3-0.5%</b>                              | 1         |                     |                 |           |     |                      | <b>ACZONE – dapsone gel 7.5%</b>                                                  | 3         | •                   |                 |           |     |                      |
| <b>PROCORT – hydrocortisone acetate w/ pramoxine rectal cream 1.85-1.15%</b>             | 3         |                     |                 |           |     |                      | <b>ADAPALENE – adapalene lotion 0.1%</b>                                          | 1         | •                   |                 |           |     |                      |
| <b>PROCTOCORT – hydrocortisone acetate suppos 30 mg</b>                                  | 3         |                     |                 |           |     |                      | <b>adapalene cream 0.1% (Differin)</b>                                            | 1         | •                   |                 |           |     |                      |
| <b>PROCTOCORT – hydrocortisone rectal cream 1%</b>                                       | 3         | •                   |                 |           |     |                      | <b>adapalene gel 0.1% (Differin)</b>                                              | 1         | •                   |                 |           |     |                      |
| <b>PROCTOFOAM HC – hydrocortisone acetate w/ pramoxine rectal foam 1-1%</b>              | 2         |                     |                 |           |     |                      | <b>adapalene gel 0.3% (Differin)</b>                                              | 1         | •                   |                 |           |     |                      |
| <b>RECTIV – nitroglycerin oint 0.4%</b>                                                  | 3         |                     |                 |           |     |                      | <b>adapalene-benzoyl peroxide gel 0.1-2.5%</b>                                    | 1         | •                   |                 |           |     |                      |
| <b>UCERIS – budesonide rectal foam 2 mg/act</b>                                          | 3         |                     |                 |           |     |                      | <b>AKTIPAK – benzoyl peroxide-erythromycin gel pack 5-3%</b>                      | 3         | •                   |                 |           |     |                      |
| <b>DERMATOLOGICALS</b>                                                                   |           |                     |                 |           |     |                      | <b>ALA SCALP – hydrocortisone lotion 2%</b>                                       | 3         | •                   |                 |           |     |                      |
| <b>ABSORICA – isotretinoin cap 10 mg</b>                                                 | 3         | •                   |                 |           |     |                      | <b>ALA-QUIN – clioquinol-hc cream 3-0.5%</b>                                      | 3         | •                   |                 |           |     |                      |
| <b>ABSORICA – isotretinoin cap 20 mg</b>                                                 | 3         | •                   |                 |           |     |                      | <b>alclometasone dipropionate cream 0.05% (Aclovate)</b>                          | 1         |                     |                 |           |     |                      |
| <b>ABSORICA – isotretinoin cap 25 mg</b>                                                 | 3         | •                   |                 |           |     |                      | <b>alclometasone dipropionate oint 0.05%</b>                                      | 1         |                     |                 |           |     |                      |
| <b>ABSORICA – isotretinoin cap 30 mg</b>                                                 | 3         | •                   |                 |           |     |                      | <b>ALDARA – imiquimod cream 5%</b>                                                | 3         | •                   | •               |           |     |                      |
| <b>ABSORICA – isotretinoin cap 35 mg</b>                                                 | 3         | •                   |                 |           |     |                      | <b>ALTABAX – retapamulin oint 1%</b>                                              | 3         |                     |                 |           |     |                      |
| <b>ABSORICA – isotretinoin cap 40 mg</b>                                                 | 3         | •                   |                 |           |     |                      | <b>AMCINONIDE – amcinonide cream 0.1%</b>                                         | 1         | •                   |                 |           |     |                      |
| <b>ACANYA – clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</b>                      | 3         | •                   |                 |           |     |                      | <b>AMCINONIDE – amcinonide lotion 0.1%</b>                                        | 1         | •                   |                 |           |     |                      |
| <b>acitretin cap 10 mg (Soriatane)</b>                                                   | 1         |                     |                 |           |     |                      | <b>AMCINONIDE – amcinonide oint 0.1%</b>                                          | 1         | •                   |                 |           |     |                      |
|                                                                                          |           |                     |                 |           |     |                      | <b>APEXICON E – diflorasone diacetate emollient base cream 0.05%</b>              | 3         | •                   |                 |           |     |                      |
|                                                                                          |           |                     |                 |           |     |                      | <b>ASTERO – lidocaine hcl gel 4%</b>                                              | 3         |                     |                 |           |     |                      |
|                                                                                          |           |                     |                 |           |     |                      | <b>ATRALIN – tretinoin gel 0.05%</b>                                              | 3         | •                   |                 |           |     |                      |
|                                                                                          |           |                     |                 |           |     |                      | <b>AUGMENTED BETAMETHASONE D – betamethasone dipropionate augmented gel 0.05%</b> | 1         |                     |                 |           |     |                      |

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| AVAR – sulfacetamide sodium w/ sulfur foam 9.5-5%                     | 3         | •                   |                 |           |     |                      | betamethasone dipropionate augmented oint 0.05% (Diprolene)            | 1         |                     |                 |           |     |                      |
| AVAR – sulfacetamide sodium w/ sulfur cleansing pad 9.5-5%            | 3         | •                   |                 |           |     |                      | betamethasone dipropionate cream 0.05%                                 | 1         |                     |                 |           |     |                      |
| AVAR LS – sulfacetamide sodium w/ sulfur foam 10-2%                   | 3         | •                   |                 |           |     |                      | betamethasone dipropionate lotion 0.05%                                | 1         |                     |                 |           |     |                      |
| AVAR LS – sulfacetamide sodium w/ sulfur cleansing pad 10-2%          | 3         | •                   |                 |           |     |                      | betamethasone dipropionate oint 0.05%                                  | 1         |                     |                 |           |     |                      |
| AVAR LS CLEANSER – sulfacetamide sodium w/ sulfur cleanser 10-2%      | 3         | •                   |                 |           |     |                      | betamethasone valerate aerosol foam 0.12% (Luxiq)                      | 1         |                     |                 |           |     |                      |
| AVAR-E LS – sulfacetamide sodium w/ sulfur cream 10-2%                | 3         | •                   |                 |           |     |                      | betamethasone valerate cream 0.1%                                      | 1         |                     |                 |           |     |                      |
| AZELEX – azelaic acid cream 20%                                       | 3         | •                   |                 |           |     |                      | betamethasone valerate lotion 0.1%                                     | 1         |                     |                 |           |     |                      |
| BACTROBAN – mupirocin calcium cream 2%                                | 3         | •                   |                 |           |     |                      | betamethasone valerate oint 0.1%                                       | 1         |                     |                 |           |     |                      |
| BENSAL HP – salicylic acid & benzoic acid oint 3-6%                   | 3         |                     |                 |           |     |                      | BIONECT – hyaluronate sodium cream 0.2%                                | 3         |                     |                 |           |     |                      |
| BENZACLIN – clindamycin phosphate-benzoyl peroxide gel 1-5%           | 3         | •                   |                 |           |     |                      | BIONECT – hyaluronate sodium foam 0.2%                                 | 3         |                     |                 |           |     |                      |
| BENZACLIN WITH PUMP – clindamycin phosphate-benzoyl peroxide gel 1-5% | 3         | •                   |                 |           |     |                      | BIONECT – hyaluronate sodium gel 0.2%                                  | 3         |                     |                 |           |     |                      |
| BENZAMYCIN – benzoyl peroxide-erythromycin gel 5-3%                   | 3         | •                   |                 |           |     |                      | BP CLEANSING WASH – sulfacetamide sodium-sulfur in urea emulsion 10-4% | 3         | •                   |                 |           |     |                      |
| BENZEFOAM ULTRA – benzoyl peroxide foam 9.8%                          | 3         | •                   |                 |           |     |                      | calcipotriene cream 0.005% (Dovonex)                                   | 1         |                     |                 |           |     |                      |
| benzoyl peroxide cloth 6%                                             | 1         |                     |                 |           |     |                      | calcipotriene oint 0.005%                                              | 1         |                     |                 |           |     |                      |
| benzoyl peroxide foam 9.8% (Benzefoamultra)                           | 1         |                     |                 |           |     |                      | calcipotriene soln 0.005% (50 mcg/ml)                                  | 1         |                     |                 |           |     |                      |
| benzoyl peroxide liq 7%                                               | 1         |                     |                 |           |     |                      | calcipotriene-betamethasone dipropionate oint 0.005-0.064% (Taclonex)  | 1         | •                   |                 |           |     |                      |
| benzoyl peroxide-erythromycin gel 5-3% (Benzamycin)                   | 1         |                     |                 |           |     |                      | CALCITRIOL – calcitriol oint 3 mcg/gm                                  | 1         |                     |                 |           |     |                      |
| betamethasone dipropionate augmented cream 0.05% (Diprolene af)       | 1         |                     |                 |           |     |                      | CAPEX – fluocinolone acetonide shampoo 0.01%                           | 3         | •                   |                 |           |     |                      |
| betamethasone dipropionate augmented lotion 0.05% (Diprolene)         | 1         |                     |                 |           |     |                      | CARAC – fluorouracil cream 0.5%                                        | 3         | •                   | •               |           |     |                      |
|                                                                       |           |                     |                 |           |     |                      | CENTANY – mupirocin oint 2%                                            | 3         | •                   |                 |           |     |                      |
|                                                                       |           |                     |                 |           |     |                      | ciclopirox gel 0.77%                                                   | 1         |                     |                 |           |     |                      |

| Drug Name                                                                 | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                           | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| <b>ciclopirox olamine cream 0.77% (base equiv)</b>                        | 1         |                     |                 |           |     |                      | <b>clobetasol propionate foam 0.05% (Olux)</b>                      | 1         |                     |                 |           |     |                      |
| <b>ciclopirox olamine susp 0.77% (base equiv)</b>                         | 1         |                     |                 |           |     |                      | <b>clobetasol propionate gel 0.05% (Temovate)</b>                   | 1         |                     |                 |           |     |                      |
| <b>ciclopirox shampoo 1% (Loprox shampoo)</b>                             | 1         |                     |                 |           |     |                      | <b>clobetasol propionate lotion 0.05% (Clobex)</b>                  | 1         |                     |                 |           |     |                      |
| <b>ciclopirox solution 8% (Penlac nail lacquer)</b>                       | 1         | •                   |                 |           |     |                      | <b>clobetasol propionate oint 0.05% (Temovate)</b>                  | 1         |                     |                 |           |     |                      |
| <b>CLEOCIN-T – clindamycin phosphate soln 1%</b>                          | 3         | •                   |                 |           |     |                      | <b>clobetasol propionate shampoo 0.05% (Clobex)</b>                 | 1         |                     |                 |           |     |                      |
| <b>CLEOCIN-T – clindamycin phosphate lotion 1%</b>                        | 3         | •                   |                 |           |     |                      | <b>clobetasol propionate soln 0.05% (Temovate)</b>                  | 1         |                     |                 |           |     |                      |
| <b>CLEOCIN-T – clindamycin phosphate swab 1%</b>                          | 3         | •                   |                 |           |     |                      | <b>clobetasol propionate spray 0.05% (Clobex)</b>                   | 1         |                     |                 |           |     |                      |
| <b>CLEOCIN-T – clindamycin phosphate gel 1%</b>                           | 3         | •                   |                 |           |     |                      | <b>CLOBEX – clobetasol propionate spray 0.05%</b>                   | 3         | •                   |                 |           |     |                      |
| <b>CLINDAGEL – clindamycin phosphate gel 1%</b>                           | 3         | •                   |                 |           |     |                      | <b>CLOBEX – clobetasol propionate lotion 0.05%</b>                  | 3         | •                   |                 |           |     |                      |
| <b>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% (Duac)</b> | 1         |                     |                 |           |     |                      | <b>CLOBEX – clobetasol propionate shampoo 0.05%</b>                 | 3         | •                   |                 |           |     |                      |
| <b>clindamycin phosphate foam 1% (Evoclin)</b>                            | 1         |                     |                 |           |     |                      | <b>CLOCORTOLONE PIVALATE – clocortolone pivalate cream 0.1%</b>     | 1         | •                   |                 |           |     |                      |
| <b>clindamycin phosphate gel 1% (Cleocin-t)</b>                           | 1         |                     |                 |           |     |                      | <b>CLOCORTOLONE PIVALATE PUM – clocortolone pivalate cream 0.1%</b> | 1         | •                   |                 |           |     |                      |
| <b>clindamycin phosphate lotion 1% (Cleocin-t)</b>                        | 1         |                     |                 |           |     |                      | <b>CLODERM – clocortolone pivalate cream 0.1%</b>                   | 3         | •                   |                 |           |     |                      |
| <b>clindamycin phosphate soln 1% (Cleocin-t)</b>                          | 1         |                     |                 |           |     |                      | <b>CLODERM PUMP – clocortolone pivalate cream 0.1%</b>              | 3         | •                   |                 |           |     |                      |
| <b>clindamycin phosphate swab 1% (Cleocin-t)</b>                          | 1         |                     |                 |           |     |                      | <b>clotrimazole w/ betamethasone cream 1-0.05% (Lotrisone)</b>      | 1         |                     |                 |           |     |                      |
| <b>clindamycin phosphate-benzoyl peroxide gel 1-5% (Benzacilin)</b>       | 1         |                     |                 |           |     |                      | <b>clotrimazole w/ betamethasone lotion 1-0.05%</b>                 | 1         |                     |                 |           |     |                      |
| <b>clindamycin phosphate-tretinoin gel 1.2-0.025% (Ziana)</b>             | 1         | •                   |                 |           |     |                      | <b>CONDYLOX – podofilox gel 0.5%</b>                                | 2         |                     |                 |           |     |                      |
| <b>clobetasol propionate cream 0.05% (Temovate)</b>                       | 1         |                     |                 |           |     |                      | <b>CORDRAN – flurandrenolide cream 0.05%</b>                        | 3         | •                   |                 |           |     |                      |
| <b>clobetasol propionate emollient base cream 0.05% (Temovate e)</b>      | 1         |                     |                 |           |     |                      | <b>CORDRAN – flurandrenolide lotion 0.05%</b>                       | 3         | •                   |                 |           |     |                      |
| <b>clobetasol propionate emulsion foam 0.05% (Olux-e)</b>                 | 1         |                     |                 |           |     |                      | <b>CORDRAN – flurandrenolide oint 0.05%</b>                         | 3         |                     |                 |           |     |                      |

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| <b>CORDRAN – flurandrenolide tape 4 mcg/sqcm</b>                                       | 2         | •                   |                 |           |     |                      | <b>desoximetasone gel 0.05%</b> (Topicort)                                | 1         |                     |                 |           |     |                      |
| <b>CORTISPORIN – neomycin-polymyxin-hc crm 3.5 mg/gm-10000 unt/gm-0.5%</b>             | 3         |                     |                 |           |     |                      | <b>desoximetasone oint 0.05%</b> (Topicort)                               | 1         |                     |                 |           |     |                      |
| <b>CORTISPORIN – bacitracin-polymyxin-neomycin hc oint 1%</b>                          | 3         |                     |                 |           |     |                      | <b>desoximetasone oint 0.25%</b> (Topicort)                               | 1         |                     |                 |           |     |                      |
| <b>COSENTYX – secukinumab subcutaneous soln prefilled syringe 150 mg/ml</b>            | 3         | •                   | •               | •         |     | •                    | <b>diclofenac sodium (actinic keratoses) gel 3%</b> (Solaraze)            | 1         | •                   | •               |           |     |                      |
| <b>COSENTYX SENSOREADY PEN – secukinumab subcutaneous soln auto-injector 150 mg/ml</b> | 3         | •                   | •               | •         |     | •                    | <b>diclofenac sodium gel 1%</b> (Voltaren)                                | 1         |                     | •               |           |     |                      |
| <b>CUTIVATE – fluticasone propionate cream 0.05%</b>                                   | 3         | •                   |                 |           |     |                      | <b>diclofenac sodium soln 1.5%</b> (Pennsaid)                             | 1         |                     | •               |           |     |                      |
| <b>CUTIVATE – fluticasone propionate lotion 0.05%</b>                                  | 3         |                     |                 |           |     |                      | <b>DIFFERIN – adapalene gel 0.3%</b>                                      | 3         | •                   |                 |           |     |                      |
| <b>DENAVIR – penciclovir cream 1%</b>                                                  | 2         |                     |                 |           |     |                      | <b>DIFLORASONE DIACETATE – diflorasone diacetate oint 0.05%</b>           | 1         | •                   |                 |           |     |                      |
| <b>DERMA-SMOOTH/FS BODY – fluocinolone acetonide oil 0.01% (body oil)</b>              | 3         | •                   |                 |           |     |                      | <b>DIFLORASONE DIACETATE – diflorasone diacetate cream 0.05%</b>          | 1         | •                   |                 |           |     |                      |
| <b>DERMA-SMOOTH/FS SCALP – fluocinolone acetonide oil 0.01% (scalp oil)</b>            | 3         | •                   |                 |           |     |                      | <b>DIPROLENE – betamethasone dipropionate augmented lotion 0.05%</b>      | 3         | •                   |                 |           |     |                      |
| <b>DERMATOP – prednicarbate cream 0.1%</b>                                             | 3         | •                   |                 |           |     |                      | <b>DIPROLENE – betamethasone dipropionate augmented oint 0.05%</b>        | 3         | •                   |                 |           |     |                      |
| <b>DERMATOP – prednicarbate oint 0.1%</b>                                              | 3         | •                   |                 |           |     |                      | <b>DIPROLENE AF – betamethasone dipropionate augmented cream 0.05%</b>    | 3         | •                   |                 |           |     |                      |
| <b>DESONATE – desonide gel 0.05%</b>                                                   | 3         | •                   |                 |           |     |                      | <b>DOVONEX – calcipotriene cream 0.005%</b>                               | 3         | •                   |                 |           |     |                      |
| <b>desonide cream 0.05%</b> (Desowen)                                                  | 1         |                     |                 |           |     |                      | <b>DOXEPIN HYDROCHLORIDE – doxepin hcl cream 5%</b>                       | 3         |                     |                 |           |     |                      |
| <b>desonide lotion 0.05%</b> (Desowen)                                                 | 1         |                     |                 |           |     |                      | <b>DOXYCYCLINE – doxycycline (rosacea) cap delayed release 40 mg</b>      | 1         | •                   | •               |           |     |                      |
| <b>desonide oint 0.05%</b> (Desowen)                                                   | 1         |                     |                 |           |     |                      | <b>DRITHO-CREME HP – anthralin cream 1%</b>                               | 3         |                     |                 |           |     |                      |
| <b>DESOWEN – desonide lotion 0.05%</b>                                                 | 3         | •                   |                 |           |     |                      | <b>DRYSOL – aluminum chloride soln 20%</b>                                | 3         |                     |                 |           |     |                      |
| <b>DESOWEN – desonide cream 0.05%</b>                                                  | 3         | •                   |                 |           |     |                      | <b>DUAC – clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</b> | 3         | •                   |                 |           |     |                      |
| <b>desoximetasone cream 0.05%</b> (Topicort)                                           | 1         |                     |                 |           |     |                      |                                                                           |           |                     |                 |           |     |                      |
| <b>desoximetasone cream 0.25%</b> (Topicort)                                           | 1         |                     |                 |           |     |                      |                                                                           |           |                     |                 |           |     |                      |

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| DUPIXENT – dupilumab subcutaneous soln prefilled syringe 300 mg/2ml   | 3         | •                   | •               |           |     |                      | FINACEA – azelaic acid foam 15%                                   | 3         |                     |                 |           |     |                      |
| econazole nitrate cream 1%                                            | 1         |                     |                 |           |     |                      | FINACEA – azelaic acid gel 15%                                    | 3         |                     |                 |           |     |                      |
| ECOZA – econazole nitrate foam 1%                                     | 3         | •                   |                 |           |     |                      | FLECTOR – diclofenac epolamine patch 1.3%                         | 3         | •                   | •               |           |     |                      |
| EFUDEX – fluorouracil cream 5%                                        | 3         | •                   | •               |           |     |                      | fluocinolone acetone cream 0.01%                                  | 1         |                     |                 |           |     |                      |
| ELIDEL – pimecrolimus cream 1%                                        | 3         |                     |                 |           |     |                      | fluocinolone acetone cream 0.025% (Synalar)                       | 1         |                     |                 |           |     |                      |
| ELIMITE – permethrin cream 5%                                         | 3         | •                   |                 |           |     |                      | fluocinolone acetone oil 0.01% (body oil) (Derma-smoothe/fs bod)  | 1         |                     |                 |           |     |                      |
| ELOCON – mometasone furoate cream 0.1%                                | 3         | •                   |                 |           |     |                      | fluocinolone acetone oil 0.01% (scalp oil) (Derma-smoothe/fs sca) | 1         |                     |                 |           |     |                      |
| ELOCON – mometasone furoate oint 0.1%                                 | 3         | •                   |                 |           |     |                      | fluocinolone acetone oint 0.025% (Synalar)                        | 1         |                     |                 |           |     |                      |
| ENSTILAR – calcipotriene-betamethasone dipropionate foam 0.005-0.064% | 3         | •                   |                 |           |     |                      | fluocinolone acetone soln 0.01% (Synalar)                         | 1         |                     |                 |           |     |                      |
| EPIDUO – adapalene-benzoyl peroxide gel 0.1-2.5%                      | 3         | •                   |                 |           |     |                      | fluocinonide cream 0.05%                                          | 1         |                     |                 |           |     |                      |
| EPIDUO FORTE – adapalene-benzoyl peroxide gel 0.3-2.5%                | 3         | •                   |                 |           |     |                      | fluocinonide cream 0.1% (Vanos)                                   | 1         |                     |                 |           |     |                      |
| EPIFOAM – pramoxine-hc aerosol foam 1-1%                              | 3         |                     |                 |           |     |                      | fluocinonide emulsified base cream 0.05%                          | 1         |                     |                 |           |     |                      |
| ERTACZO – sertaconazole nitrate cream 2%                              | 3         | •                   |                 |           |     |                      | fluocinonide gel 0.05%                                            | 1         |                     |                 |           |     |                      |
| ERYGEL – erythromycin gel 2%                                          | 3         | •                   |                 |           |     |                      | fluocinonide oint 0.05%                                           | 1         |                     |                 |           |     |                      |
| erythromycin gel 2% (Erygel)                                          | 1         |                     |                 |           |     |                      | fluocinonide soln 0.05%                                           | 1         |                     |                 |           |     |                      |
| erythromycin pads 2%                                                  | 1         |                     |                 |           |     |                      | FLUOROPLEX – fluorouracil cream 1%                                | 3         | •                   | •               |           |     |                      |
| erythromycin soln 2%                                                  | 1         |                     |                 |           |     |                      | FLUOROURACIL – fluorouracil soln 2%                               | 1         |                     |                 |           |     |                      |
| EUCRISA – crisaborole oint 2%                                         | 3         |                     |                 |           |     |                      | FLUOROURACIL – fluorouracil soln 5%                               | 1         |                     |                 |           |     |                      |
| EURAX – crotamiton cream 10%                                          | 3         |                     |                 |           |     |                      | FLUOROURACIL – fluorouracil cream 0.5%                            | 3         | •                   | •               |           |     |                      |
| EURAX – crotamiton lotion 10%                                         | 3         |                     |                 |           |     |                      | fluorouracil cream 5% (Efudex)                                    | 1         |                     | •               |           |     |                      |
| EVOCLIN – clindamycin phosphate foam 1%                               | 3         | •                   |                 |           |     |                      | flurandrenolide cream 0.05%                                       | 1         |                     |                 |           |     |                      |
| EXELDERM – sulconazole nitrate solution 1%                            | 3         | •                   |                 |           |     |                      | flurandrenolide lotion 0.05% (Cordran)                            | 1         |                     |                 |           |     |                      |
| EXELDERM – sulconazole nitrate cream 1%                               | 3         | •                   |                 |           |     |                      | flurandrenolide oint 0.05% (Cordran)                              | 1         |                     |                 |           |     |                      |
| EXTINA – ketoconazole foam 2%                                         | 3         | •                   |                 |           |     |                      |                                                                   |           |                     |                 |           |     |                      |
| FABIOR – tazarotene (acne) foam 0.1%                                  | 3         | •                   |                 |           |     |                      |                                                                   |           |                     |                 |           |     |                      |

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| <b>fluticasone propionate cream 0.05%</b> (Cutivate)                               | 1         |                     |                 |           |     |                      | <b>JUBLIA – efinaconazole soln 10%</b>                                             | 3         | •                   | •               |           |     |                      |
| <b>fluticasone propionate lotion 0.05%</b> (Cutivate)                              | 1         |                     |                 |           |     |                      | <b>KENALOG – triamcinolone acetonide aerosol soln 0.147 mg/gm</b>                  | 3         |                     |                 |           |     |                      |
| <b>fluticasone propionate oint 0.005%</b>                                          | 1         |                     |                 |           |     |                      | <b>KERALAC – urea cream 47%</b>                                                    | 3         |                     |                 |           |     |                      |
| <b>GENTAMICIN SULFATE – gentamicin sulfate oint 0.1%</b>                           | 1         |                     |                 |           |     |                      | <b>KERALYT – salicylic acid gel 6%</b>                                             | 3         |                     |                 |           |     |                      |
| <b>gentamicin sulfate cream 0.1%</b>                                               | 1         |                     |                 |           |     |                      | <b>KERYDIN – tavaborole soln 5%</b>                                                | 3         | •                   | •               |           |     |                      |
| <b>halobetasol propionate cream 0.05%</b> (Ultravate)                              | 1         |                     |                 |           |     |                      | <b>ketoconazole cream 2%</b>                                                       | 1         |                     |                 |           |     |                      |
| <b>halobetasol propionate oint 0.05%</b> (Ultravate)                               | 1         |                     |                 |           |     |                      | <b>ketoconazole foam 2%</b> (Extina)                                               | 1         |                     |                 |           |     |                      |
| <b>HALOG – halcinonide cream 0.1%</b>                                              | 3         | •                   |                 |           |     |                      | <b>ketoconazole shampoo 2%</b> (Nizoral)                                           | 1         |                     |                 |           |     |                      |
| <b>HALOG – halcinonide oint 0.1%</b>                                               | 3         | •                   |                 |           |     |                      | <b>KLARON – sulfacetamide sodium lotion 10% (acne)</b>                             | 3         | •                   |                 |           |     |                      |
| <b>HYDRO 35 – urea in lactic acid vehicle foam 35%</b>                             | 3         |                     |                 |           |     |                      | <b>lactic acid (ammonium lactate) lotion 12%</b> (Lac-hydrin)                      | 1         |                     |                 |           |     |                      |
| <b>hydrocortisone butyrate cream 0.1%</b> (Locoid)                                 | 1         |                     |                 |           |     |                      | <b>lidocaine hcl gel 2%</b>                                                        | 1         |                     |                 |           |     |                      |
| <b>hydrocortisone butyrate hydrophilic lipo base cream 0.1%</b> (Locoid lipocream) | 1         |                     |                 |           |     |                      | <b>lidocaine hcl soln 4%</b> (Xylocaine)                                           | 1         |                     |                 |           |     |                      |
| <b>hydrocortisone butyrate oint 0.1%</b> (Locoid)                                  | 1         |                     |                 |           |     |                      | <b>lidocaine oint 5%</b>                                                           | 1         |                     |                 |           |     |                      |
| <b>hydrocortisone butyrate soln 0.1%</b> (Locoid)                                  | 1         |                     |                 |           |     |                      | <b>lidocaine patch 5%</b> (Lidoderm)                                               | 1         |                     | •               |           |     |                      |
| <b>hydrocortisone cream 2.5%</b>                                                   | 1         |                     |                 |           |     |                      | <b>lidocaine-prilocaine cream 2.5-2.5%</b> (Emla)                                  | 1         |                     |                 |           |     |                      |
| <b>hydrocortisone lotion 2.5%</b>                                                  | 1         |                     |                 |           |     |                      | <b>LIDODERM – lidocaine patch 5%</b>                                               | 3         |                     | •               |           |     |                      |
| <b>hydrocortisone oint 2.5%</b>                                                    | 1         |                     |                 |           |     |                      | <b>LINDANE – lindane shampoo 1%</b>                                                | 1         |                     |                 |           |     |                      |
| <b>hydrocortisone valerate cream 0.2%</b>                                          | 1         |                     |                 |           |     |                      | <b>LOCOID – hydrocortisone butyrate soln 0.1%</b>                                  | 3         | •                   |                 |           |     |                      |
| <b>hydrocortisone valerate oint 0.2%</b> (Westcort)                                | 1         |                     |                 |           |     |                      | <b>LOCOID – hydrocortisone butyrate cream 0.1%</b>                                 | 3         | •                   |                 |           |     |                      |
| <b>imiquimod cream 5%</b> (Aldara)                                                 | 1         |                     | •               |           |     |                      | <b>LOCOID – hydrocortisone butyrate lotion 0.1%</b>                                | 3         | •                   |                 |           |     |                      |
| <b>iodoquinol-hc cream 1%</b>                                                      | 1         |                     |                 |           |     |                      | <b>LOCOID – hydrocortisone butyrate oint 0.1%</b>                                  | 3         | •                   |                 |           |     |                      |
| <b>isotretinoin cap 10 mg</b>                                                      | 1         | •                   |                 |           |     |                      | <b>LOCOID LIPOCREAM – hydrocortisone butyrate hydrophilic lipo base cream 0.1%</b> | 3         | •                   |                 |           |     |                      |
| <b>isotretinoin cap 20 mg</b>                                                      | 1         | •                   |                 |           |     |                      | <b>LOPROX – ciclopirox olamine susp 0.77% (base equiv)</b>                         | 3         |                     |                 |           |     |                      |
| <b>isotretinoin cap 30 mg</b>                                                      | 1         | •                   |                 |           |     |                      | <b>LOPROX – ciclopirox olamine cream 0.77% (base equiv)</b>                        | 3         |                     |                 |           |     |                      |
| <b>isotretinoin cap 40 mg</b>                                                      | 1         | •                   |                 |           |     |                      |                                                                                    |           |                     |                 |           |     |                      |



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| LOPROX SHAMPOO – ciclopirox shampoo 1%                  | 3         | •                   |                 |           |     |                      | NEO-SYNALAR – neomycin sulfate-fluocinolone acetonide cream 0.5-0.025% | 3         |                     |                 |           |     |                      |
| LOTRISONE – clotrimazole w/ betamethasone cream 1-0.05% | 3         | •                   |                 |           |     |                      | NIZORAL – ketoconazole shampoo 2%                                      | 3         | •                   |                 |           |     |                      |
| LUXIQ – betamethasone valerate aerosol foam 0.12%       | 3         | •                   |                 |           |     |                      | NORITATE – metronidazole cream 1%                                      | 3         | •                   |                 |           |     |                      |
| LUZU – luliconazole cream 1%                            | 3         | •                   |                 |           |     |                      | NUCORT – hydrocortisone acetate lotion 2%                              | 3         | •                   |                 |           |     |                      |
| malathion lotion 0.5% (Ovide)                           | 1         |                     |                 |           |     |                      | nystatin cream 100000 unit/gm                                          | 1         |                     |                 |           |     |                      |
| methoxsalen rapid cap 10 mg (Oxsoralen ultra)           | 1         |                     |                 |           |     |                      | nystatin oint 100000 unit/gm                                           | 1         |                     |                 |           |     |                      |
| METROCREAM – metronidazole cream 0.75%                  | 3         | •                   |                 |           |     |                      | nystatin topical powder 100000 unit/gm                                 | 1         |                     |                 |           |     |                      |
| METROGEL – metronidazole gel 1%                         | 3         | •                   |                 |           |     |                      | nystatin-triamcinolone cream 100000-0.1 unit/gm-%                      | 1         |                     |                 |           |     |                      |
| METROLOTION – metronidazole lotion 0.75%                | 3         | •                   |                 |           |     |                      | nystatin-triamcinolone oint 100000-0.1 unit/gm-%                       | 1         |                     |                 |           |     |                      |
| metronidazole cream 0.75% (Metrocream)                  | 1         |                     |                 |           |     |                      | OLUX – clobetasol propionate foam 0.05%                                | 3         | •                   |                 |           |     |                      |
| metronidazole gel 0.75%                                 | 1         |                     |                 |           |     |                      | OLUX-E – clobetasol propionate emulsion foam 0.05%                     | 3         | •                   |                 |           |     |                      |
| metronidazole gel 1% (Metrogel)                         | 1         |                     |                 |           |     |                      | ONEXTON – clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%         | 3         | •                   |                 |           |     |                      |
| metronidazole lotion 0.75% (Metrolotion)                | 1         |                     |                 |           |     |                      | ORACEA – doxycycline (rosacea) cap delayed release 40 mg               | 3         | •                   | •               |           |     |                      |
| MICORT-HC – hydrocortisone acetate cream 2.5%           | 3         | •                   |                 |           |     |                      | OVACE PLUS – sulfacetamide sodium cream 10%                            | 3         |                     |                 |           |     |                      |
| mometasone furoate cream 0.1% (Elocon)                  | 1         |                     |                 |           |     |                      | OVACE PLUS – sulfacetamide sodium foam 9.8%                            | 3         |                     |                 |           |     |                      |
| mometasone furoate oint 0.1% (Elocon)                   | 1         |                     |                 |           |     |                      | OVACE PLUS – sulfacetamide sodium lotion 9.8%                          | 3         |                     |                 |           |     |                      |
| mometasone furoate solution 0.1% (lotion) (Elocon)      | 1         |                     |                 |           |     |                      | OVACE PLUS WASH – sulfacetamide sodium cleansing gel 10%               | 3         | •                   |                 |           |     |                      |
| mupirocin calcium cream 2% (Bactroban)                  | 1         |                     |                 |           |     |                      | OVACE PLUS WASH – sulfacetamide sodium liquid 10%                      | 3         | •                   |                 |           |     |                      |
| mupirocin oint 2% (Bactroban)                           | 1         |                     |                 |           |     |                      | OVACE WASH – sulfacetamide sodium liquid 10%                           | 3         | •                   |                 |           |     |                      |
| naftifine hcl cream 1%                                  | 1         |                     |                 |           |     |                      | OVIDE – malathion lotion 0.5%                                          | 3         |                     |                 |           |     |                      |
| naftifine hcl cream 2% (Naftin)                         | 1         |                     |                 |           |     |                      |                                                                        |           |                     |                 |           |     |                      |
| NAFTIN – naftifine hcl cream 2%                         | 3         |                     |                 |           |     |                      |                                                                        |           |                     |                 |           |     |                      |
| NAFTIN – naftifine hcl gel 1%                           | 3         |                     |                 |           |     |                      |                                                                        |           |                     |                 |           |     |                      |
| NAFTIN – naftifine hcl gel 2%                           | 3         |                     |                 |           |     |                      |                                                                        |           |                     |                 |           |     |                      |
| NATROBA – spinosad susp 0.9%                            | 3         |                     |                 |           |     |                      |                                                                        |           |                     |                 |           |     |                      |

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| <b>oxiconazole nitrate cream 1%</b><br>(Oxistat)                                          | 1         |                     |                 |           |     |                      | <b>PRAMOSONE – pramoxine-hc oint 1-1%</b>                     | 3         |                     |                 |           |     |                      |
| <b>OXISTAT – oxiconazole nitrate cream 1%</b>                                             | 3         | •                   |                 |           |     |                      | <b>PRAMOSONE – pramoxine-hc oint 1-2.5%</b>                   | 3         |                     |                 |           |     |                      |
| <b>OXISTAT – oxiconazole nitrate lotion 1%</b>                                            | 3         | •                   |                 |           |     |                      | <b>PRAMOSONE E – pramoxine-hc emollient base cream 1-2.5%</b> | 3         |                     |                 |           |     |                      |
| <b>OXSORALEN ULTRA – methoxsalen rapid cap 10 mg</b>                                      | 3         | •                   |                 |           |     |                      | <b>pramoxine-hc cream 1-2.5%</b><br>(Pramosone)               | 1         |                     |                 |           |     |                      |
| <b>PANDEL – hydrocortisone probutate cream 0.1%</b>                                       | 3         | •                   |                 |           |     |                      | <b>prednicarbate cream 0.1%</b><br>(Dermatop)                 | 1         |                     |                 |           |     |                      |
| <b>PANRETIN – alitretinoin gel 0.1%</b>                                                   | 3         |                     |                 |           |     |                      | <b>prednicarbate oint 0.1%</b><br>(Dermatop)                  | 1         |                     |                 |           |     |                      |
| <b>PENLAC NAIL LACQUER – ciclopirox solution 8%</b>                                       | 3         | •                   | •               |           |     |                      | <b>PROTOPIC – tacrolimus oint 0.03%</b>                       | 3         |                     |                 |           |     |                      |
| <b>PENNSAID – diclofenac sodium soln 2%</b>                                               | 3         | •                   | •               |           |     |                      | <b>PROTOPIC – tacrolimus oint 0.1%</b>                        | 3         |                     |                 |           |     |                      |
| <b>permethrin cream 5%</b> (Elimite)                                                      | 1         |                     |                 |           |     |                      | <b>PRUDOXIN – doxepin hcl cream 5%</b>                        | 3         |                     |                 |           |     |                      |
| <b>PICATO – ingenol mebutate gel 0.015%</b>                                               | 3         | •                   | •               |           |     |                      | <b>PSORCON – diflorasone diacetate cream 0.05%</b>            | 3         | •                   |                 |           |     |                      |
| <b>PICATO – ingenol mebutate gel 0.05%</b>                                                | 3         | •                   | •               |           |     |                      | <b>REGRANEX – becaplermin gel 0.01%</b>                       | 2         |                     | •               |           |     |                      |
| <b>PLEXION – sulfacetamide sodium w/ sulfur cream 9.8-4.8%</b>                            | 3         | •                   |                 |           |     |                      | <b>RETIN-A – tretinoin cream 0.025%</b>                       | 3         | •                   |                 |           |     |                      |
| <b>PLEXION – sulfacetamide sodium w/ sulfur lotion 9.8-4.8%</b>                           | 3         | •                   |                 |           |     |                      | <b>RETIN-A – tretinoin cream 0.05%</b>                        | 3         | •                   |                 |           |     |                      |
| <b>PLEXION CLEANSER – sulfacetamide sodium w/ sulfur cleanser 9.8-4.8%</b>                | 3         | •                   |                 |           |     |                      | <b>RETIN-A – tretinoin cream 0.1%</b>                         | 3         | •                   |                 |           |     |                      |
| <b>PLEXION CLEANSING CLOTHS – sulfacetamide sodium w/ sulfur cleansing cloth 9.8-4.8%</b> | 3         | •                   |                 |           |     |                      | <b>RETIN-A – tretinoin gel 0.01%</b>                          | 3         | •                   |                 |           |     |                      |
| <b>PLIAGLIS – lidocaine-tetracaine cream 7-7%</b>                                         | 3         |                     |                 |           |     |                      | <b>RETIN-A – tretinoin gel 0.025%</b>                         | 3         | •                   |                 |           |     |                      |
| <b>podofilox soln 0.5%</b> (Condylox)                                                     | 1         |                     |                 |           |     |                      | <b>RETIN-A MICRO – tretinoin microsphere gel 0.04%</b>        | 3         | •                   |                 |           |     |                      |
| <b>PRAMOSONE – pramoxine-hc cream 1-1%</b>                                                | 3         |                     |                 |           |     |                      | <b>RETIN-A MICRO – tretinoin microsphere gel 0.1%</b>         | 3         | •                   |                 |           |     |                      |
| <b>PRAMOSONE – pramoxine-hc cream 1-2.5%</b>                                              | 3         | •                   |                 |           |     |                      | <b>RETIN-A MICRO PUMP – tretinoin microsphere gel 0.04%</b>   | 3         | •                   |                 |           |     |                      |
| <b>PRAMOSONE – pramoxine-hc lotion 1-1%</b>                                               | 3         |                     |                 |           |     |                      | <b>RETIN-A MICRO PUMP – tretinoin microsphere gel 0.08%</b>   | 3         | •                   |                 |           |     |                      |
| <b>PRAMOSONE – pramoxine-hc lotion 1-2.5%</b>                                             | 3         |                     |                 |           |     |                      | <b>RETIN-A MICRO PUMP – tretinoin microsphere gel 0.1%</b>    | 3         | •                   |                 |           |     |                      |
|                                                                                           |           |                     |                 |           |     |                      | <b>RHOFADE – oxymetazoline hcl cream 1%</b>                   | 3         |                     |                 |           |     |                      |
|                                                                                           |           |                     |                 |           |     |                      | <b>RIAX – benzoyl peroxide foam 5.5%</b>                      | 3         | •                   |                 |           |     |                      |

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| RIAX – benzoyl peroxide foam 9.5%                                       | 3         | •                   |                 |           |     |                      | SODIUM SULFACETAMIDE/SULF – sulfacetamide sodium-sulfur in urea emulsion 10-5% | 1         | •                   |                 |           |     |                      |
| SALEX – salicylic acid shampoo 6%                                       | 3         | •                   |                 |           |     |                      | SOLARAZE – diclofenac sodium (actinic keratoses) gel 3%                        | 3         | •                   | •               |           |     |                      |
| salicylic acid cream 6%                                                 | 1         |                     |                 |           |     |                      | SOOLANTRA – ivermectin cream 1%                                                | 3         |                     |                 |           |     |                      |
| salicylic acid er film-forming soln 28.5% (Ultrasal-er)                 | 1         |                     |                 |           |     |                      | SORIATANE – acitretin cap 10 mg                                                | 3         | •                   |                 |           |     |                      |
| salicylic acid film forming liquid 27.5% (Virasal)                      | 1         |                     |                 |           |     |                      | SORIATANE – acitretin cap 17.5 mg                                              | 3         | •                   |                 |           |     |                      |
| salicylic acid foam 6% (Salvax)                                         | 1         |                     |                 |           |     |                      | SORIATANE – acitretin cap 25 mg                                                | 3         | •                   |                 |           |     |                      |
| salicylic acid gel 6% (Keralyt)                                         | 1         |                     |                 |           |     |                      | SORILUX – calcipotriene foam 0.005%                                            | 3         |                     |                 |           |     |                      |
| salicylic acid lotion 6%                                                | 1         |                     |                 |           |     |                      | SPINOSAD – spinosad susp 0.9%                                                  | 1         |                     |                 |           |     |                      |
| salicylic acid shampoo 6% (Salex)                                       | 1         |                     |                 |           |     |                      | SSS 10-5 – sulfacetamide sodium w/ sulfur foam 10-5%                           | 3         | •                   |                 |           |     |                      |
| salicylic acid soln 26%                                                 | 1         |                     |                 |           |     |                      | STELARA – ustekinumab inj 45 mg/0.5ml                                          | 2         | •                   | •               | •         |     | •                    |
| SALVAX – salicylic acid foam 6%                                         | 3         |                     |                 |           |     |                      | STELARA – ustekinumab soln prefilled syringe 45 mg/0.5ml                       | 2         | •                   | •               | •         |     | •                    |
| SANTYL – collagenase oint 250 unit/gm                                   | 2         |                     |                 |           |     |                      | STELARA – ustekinumab soln prefilled syringe 90 mg/ml                          | 2         | •                   | •               | •         |     | •                    |
| selenium sulfide lotion 2.5%                                            | 1         |                     |                 |           |     |                      | sulfacetamide sodium cleansing gel 10% (Ovace plus wash)                       | 1         |                     |                 |           |     |                      |
| SELENIUM SULFIDE SHAMPOO – selenium sulfide lotion 2.25%                | 3         |                     |                 |           |     |                      | sulfacetamide sodium liquid 10% (Ovace wash)                                   | 1         |                     |                 |           |     |                      |
| selenium sulfide-pyrithione zinc in urea shampoo 2.25%                  | 1         |                     |                 |           |     |                      | sulfacetamide sodium lotion 10% (acne) (Klaron)                                | 1         |                     |                 |           |     |                      |
| SELRX – selenium sulfide-pyrithione zinc in urea shampoo 2.3%           | 3         |                     |                 |           |     |                      | sulfacetamide sodium shampoo 10% (Ovace plus)                                  | 1         |                     |                 |           |     |                      |
| SERNIVO – betamethasone dipropionate spray emulsion 0.05% (base equiv)  | 3         | •                   |                 |           |     |                      | sulfacetamide sodium w/ sulfur cleanser 9.8-4.8% (Plexion cleanser)            | 1         |                     |                 |           |     |                      |
| SILIQ – brodalumab subcutaneous soln prefilled syringe 210 mg/1.5ml     | 3         | •                   | •               |           |     |                      | sulfacetamide sodium w/ sulfur cleanser 10-2% (Avar Is cleanser)               | 1         |                     |                 |           |     |                      |
| SILVADENE – silver sulfadiazine cream 1%                                | 3         | •                   |                 |           |     |                      | sulfacetamide sodium w/ sulfur cleansing pad 10-4% (Sumaxin)                   | 1         |                     |                 |           |     |                      |
| silver sulfadiazine cream 1% (Silvadene)                                | 1         |                     |                 |           |     |                      | sulfacetamide sodium w/ sulfur cream 9.8-4.8% (Plexion)                        | 1         |                     |                 |           |     |                      |
| skin protectants misc - cream                                           | 1         |                     |                 |           |     |                      |                                                                                |           |                     |                 |           |     |                      |
| SKLICE – ivermectin lotion 0.5%                                         | 3         |                     |                 |           |     |                      |                                                                                |           |                     |                 |           |     |                      |
| SODIUM SULFACETAMIDE/SULF – sulfacetamide sodium w/ sulfur lotion 10-5% | 1         |                     |                 |           |     |                      |                                                                                |           |                     |                 |           |     |                      |

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| <b>sulfacetamide sodium w/ sulfur cream 10-2%</b> (Avar-e ls)                | 1         |                     |                 |           |     |                      | <b>tacrolimus oint 0.03%</b> (Protopic)                                | 1         |                     |                 |           |     |                      |
| <b>sulfacetamide sodium w/ sulfur cream 10-5%</b>                            | 1         |                     |                 |           |     |                      | <b>tacrolimus oint 0.1%</b> (Protopic)                                 | 1         |                     |                 |           |     |                      |
| <b>sulfacetamide sodium w/ sulfur emulsion 10-1%</b>                         | 1         |                     |                 |           |     |                      | <b>TALTZ – ixekizumab subcutaneous soln auto-injector 80 mg/ml</b>     | 3         | •                   | •               | •         |     | •                    |
| <b>sulfacetamide sodium w/ sulfur emulsion 10-5%</b>                         | 1         |                     |                 |           |     |                      | <b>TALTZ – ixekizumab subcutaneous soln prefilled syringe 80 mg/ml</b> | 3         | •                   | •               | •         |     | •                    |
| <b>sulfacetamide sodium w/ sulfur lotion 9.8-4.8%</b> (Plexion)              | 1         |                     |                 |           |     |                      | <b>TARGRETIN – bexarotene gel 1%</b>                                   | 3         | •                   |                 |           |     |                      |
| <b>sulfacetamide sodium w/ sulfur susp 8-4%</b> (Sumaxin ts)                 | 1         |                     |                 |           |     |                      | <b>tazarotene cream 0.1%</b> (Tazorac)                                 | 1         | •                   |                 |           |     |                      |
| <b>sulfacetamide sodium w/ sulfur wash 9-4%</b> (Sumaxin wash)               | 1         |                     |                 |           |     |                      | <b>TAZORAC – tazarotene cream 0.05%</b>                                | 2         | •                   |                 |           |     |                      |
| <b>sulfacetamide sodium w/ sulfur wash 9-4.5%</b> (Sumadan wash)             | 1         |                     |                 |           |     |                      | <b>TAZORAC – tazarotene cream 0.1%</b>                                 | 3         | •                   |                 |           |     |                      |
| <b>SULFAMYLON – mafenide acetate packet for topical soln 5% (50 gm)</b>      | 3         |                     |                 |           |     |                      | <b>TAZORAC – tazarotene gel 0.05%</b>                                  | 2         | •                   |                 |           |     |                      |
| <b>SULFAMYLON – mafenide acetate cream 85 mg/gm</b>                          | 3         |                     |                 |           |     |                      | <b>TAZORAC – tazarotene gel 0.1%</b>                                   | 2         | •                   |                 |           |     |                      |
| <b>SUMADAN WASH – sulfacetamide sodium w/ sulfur wash 9-4.5%</b>             | 3         | •                   |                 |           |     |                      | <b>TEMOVATE – clobetasol propionate soln 0.05%</b>                     | 3         | •                   |                 |           |     |                      |
| <b>SUMAXIN – sulfacetamide sodium w/ sulfur cleansing pad 10-4%</b>          | 3         | •                   |                 |           |     |                      | <b>TEMOVATE – clobetasol propionate cream 0.05%</b>                    | 3         | •                   |                 |           |     |                      |
| <b>SUMAXIN WASH – sulfacetamide sodium w/ sulfur wash 9-4%</b>               | 3         | •                   |                 |           |     |                      | <b>TEMOVATE – clobetasol propionate gel 0.05%</b>                      | 3         | •                   |                 |           |     |                      |
| <b>SYNALAR – fluocinolone acetonide soln 0.01%</b>                           | 3         |                     |                 |           |     |                      | <b>TEMOVATE – clobetasol propionate oint 0.05%</b>                     | 3         | •                   |                 |           |     |                      |
| <b>SYNALAR – fluocinolone acetonide cream 0.025%</b>                         | 3         |                     |                 |           |     |                      | <b>TEXACORT – hydrocortisone soln 2.5%</b>                             | 3         | •                   |                 |           |     |                      |
| <b>SYNALAR – fluocinolone acetonide oint 0.025%</b>                          | 3         |                     |                 |           |     |                      | <b>TOLAK – fluorouracil cream 4%</b>                                   | 3         | •                   | •               |           |     |                      |
| <b>SYNERA – lidocaine-tetracaine topical patch 70-70 mg</b>                  | 3         |                     |                 |           |     |                      | <b>TOPICORT – desoximetasone spray 0.25%</b>                           | 3         | •                   |                 |           |     |                      |
| <b>TACLONEX – calcipotriene-betamethasone dipropionate susp 0.005-0.064%</b> | 3         | •                   |                 |           |     |                      | <b>TOPICORT – desoximetasone gel 0.05%</b>                             | 3         | •                   |                 |           |     |                      |
| <b>TACLONEX – calcipotriene-betamethasone dipropionate oint 0.005-0.064%</b> | 3         | •                   |                 |           |     |                      | <b>TOPICORT – desoximetasone cream 0.05%</b>                           | 3         | •                   |                 |           |     |                      |
|                                                                              |           |                     |                 |           |     |                      | <b>TOPICORT – desoximetasone cream 0.25%</b>                           | 3         | •                   |                 |           |     |                      |
|                                                                              |           |                     |                 |           |     |                      | <b>TOPICORT – desoximetasone oint 0.05%</b>                            | 3         | •                   |                 |           |     |                      |
|                                                                              |           |                     |                 |           |     |                      | <b>TOPICORT – desoximetasone oint 0.25%</b>                            | 3         | •                   |                 |           |     |                      |

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| TREMFYA – guselkumab soln prefilled syringe 100 mg/ml      | 3         | •                   | •               |           |     |                      | ULTRAVATE – halobetasol propionate lotion 0.05%                     | 3         | •                   |                 |           |     |                      |
| TRETIN-X – tretinoin cream 0.075%                          | 3         | •                   |                 |           |     |                      | ULTRAVATE – halobetasol propionate oint 0.05%                       | 3         | •                   |                 |           |     |                      |
| tretinoin cream 0.025% (Retin-a)                           | 1         | •                   |                 |           |     |                      | urea cream 39% (Aluvea)                                             | 1         |                     |                 |           |     |                      |
| tretinoin cream 0.05% (Retin-a)                            | 1         | •                   |                 |           |     |                      | urea cream 40%                                                      | 1         |                     |                 |           |     |                      |
| tretinoin cream 0.1% (Retin-a)                             | 1         | •                   |                 |           |     |                      | urea cream 45% (Uramaxin)                                           | 1         |                     |                 |           |     |                      |
| tretinoin gel 0.01% (Retin-a)                              | 1         | •                   |                 |           |     |                      | urea foam 40% (Hydro 40 foam)                                       | 1         |                     |                 |           |     |                      |
| tretinoin gel 0.025% (Retin-a)                             | 1         | •                   |                 |           |     |                      | urea gel 45% (Uramaxin)                                             | 1         |                     |                 |           |     |                      |
| tretinoin gel 0.05% (Atralin)                              | 1         | •                   |                 |           |     |                      | urea in lactic acid vehicle foam 35% (Hydro 35)                     | 1         |                     |                 |           |     |                      |
| tretinoin microsphere gel 0.04% (Retin-a micro)            | 1         | •                   |                 |           |     |                      | urea lotion 40%                                                     | 1         |                     |                 |           |     |                      |
| tretinoin microsphere gel 0.1% (Retin-a micro pump)        | 1         | •                   |                 |           |     |                      | urea lotion 45% (Uramaxin)                                          | 1         |                     |                 |           |     |                      |
| triamcinolone acetonide aerosol soln 0.147 mg/gm (Kenalog) | 1         |                     |                 |           |     |                      | UREA NAIL – urea in zinc undecylenate-lactic acid vehicle stick 50% | 3         |                     |                 |           |     |                      |
| triamcinolone acetonide cream 0.025%                       | 1         |                     |                 |           |     |                      | UREVAZ – urea cream 44%                                             | 3         |                     |                 |           |     |                      |
| triamcinolone acetonide cream 0.1%                         | 1         |                     |                 |           |     |                      | UTOPIC – urea cream 41%                                             | 3         |                     |                 |           |     |                      |
| triamcinolone acetonide cream 0.5%                         | 1         |                     |                 |           |     |                      | VALCHLOR – mechlorethamine hcl gel 0.016% (base equivalent)         | 2         |                     |                 | •         |     | •                    |
| triamcinolone acetonide lotion 0.025%                      | 1         |                     |                 |           |     |                      | VANOS – fluocinonide cream 0.1%                                     | 3         | •                   |                 |           |     |                      |
| triamcinolone acetonide lotion 0.1%                        | 1         |                     |                 |           |     |                      | VANOXIDE-HC – benzoyl peroxide-hc lotion 5-0.5%                     | 3         | •                   |                 |           |     |                      |
| triamcinolone acetonide oint 0.025%                        | 1         |                     |                 |           |     |                      | VECTICAL – calcitriol oint 3 mcg/gm                                 | 3         |                     |                 |           |     |                      |
| triamcinolone acetonide oint 0.1%                          | 1         |                     |                 |           |     |                      | VELTIN – clindamycin phosphate-tretinoin gel 1.2-0.025%             | 3         | •                   |                 |           |     |                      |
| triamcinolone acetonide oint 0.5%                          | 1         |                     |                 |           |     |                      | VERDESO – desonide foam 0.05%                                       | 3         | •                   |                 |           |     |                      |
| TRIANEX – triamcinolone acetonide oint 0.05%               | 3         | •                   |                 |           |     |                      | VEREGEN – sinecatechins oint 15%                                    | 3         |                     |                 |           |     |                      |
| TRIDESILON – desonide cream 0.05%                          | 1         | •                   |                 |           |     |                      | VIRASAL – salicylic acid film forming liquid 27.5%                  | 3         |                     |                 |           |     |                      |
| ULESFIA – benzyl alcohol lotion 5%                         | 2         |                     |                 |           |     |                      | VOLTAREN – diclofenac sodium gel 1%                                 | 3         | •                   | •               |           |     |                      |
| ULTRASAL-ER – salicylic acid er film-forming soln 28.5%    | 3         |                     |                 |           |     |                      | VUSION – miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35% | 3         | •                   |                 |           |     |                      |
| ULTRAVATE – halobetasol propionate cream 0.05%             | 3         | •                   |                 |           |     |                      |                                                                     |           |                     |                 |           |     |                      |

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| VYTONE – iodoquinol-hydrocortisone in aloe vehicle cream 1-1.9% | 3         | •                   |                 |           |     |                      | FERRIPROX – deferiprone tab 500 mg                   | 3         | •                   | •               | •         |     | •                    |
| WESTCORT – hydrocortisone valerate oint 0.2%                    | 3         | •                   |                 |           |     |                      | FERRIPROX – deferiprone oral soln 100 mg/ml          | 3         | •                   | •               | •         |     | •                    |
| XOLEGEL – ketoconazole gel 2%                                   | 3         | •                   |                 |           |     |                      | JADENU – deferasirox tab 90 mg                       | 2         | •                   | •               | •         |     | •                    |
| XYLOCAINE – lidocaine hcl soln 4%                               | 3         | •                   |                 |           |     |                      | JADENU – deferasirox tab 180 mg                      | 2         | •                   | •               | •         |     | •                    |
| ZIANA – clindamycin phosphate-tretinoin gel 1.2-0.025%          | 3         | •                   |                 |           |     |                      | JADENU – deferasirox tab 360 mg                      | 2         | •                   | •               | •         |     | •                    |
| ZITHRANOL – anthralin shampoo 1%                                | 3         |                     |                 |           |     |                      | JADENU SPRINKLE – deferasirox granules packet 90 mg  | 2         | •                   | •               |           |     |                      |
| ZONALON – doxepin hcl cream 5%                                  | 3         |                     |                 |           |     |                      | JADENU SPRINKLE – deferasirox granules packet 180 mg | 2         | •                   | •               |           |     |                      |
| ZOVIRAX – acyclovir cream 5%                                    | 3         |                     |                 |           |     |                      | JADENU SPRINKLE – deferasirox granules packet 360 mg | 2         | •                   | •               |           |     |                      |
| ZOVIRAX – acyclovir oint 5%                                     | 3         | •                   |                 |           |     |                      | naltrexone hcl tab 50 mg (Revia)                     | 1         |                     |                 |           |     |                      |
| ZYCLARA – imiquimod cream 3.75%                                 | 3         | •                   | •               |           |     |                      | NARCAN – naloxone hcl nasal spray 4 mg/0.1ml         | 2         |                     | •               |           |     |                      |
| ZYCLARA PUMP – imiquimod cream 2.5%                             | 3         | •                   | •               |           |     |                      | <b>DIAGNOSTIC PRODUCTS</b>                           |           |                     |                 |           |     |                      |
| ZYCLARA PUMP – imiquimod cream 3.75%                            | 3         | •                   | •               |           |     |                      | ACCU-CHEK AVIVA PLUS – glucose blood test strip      | 3         |                     | •               |           |     |                      |
| <b>MISCELLANEOUS PRODUCTS</b>                                   |           |                     |                 |           |     |                      | ACCU-CHEK COMPACT PLUS – glucose blood test strip    | 3         |                     | •               |           |     |                      |
| <b>ANTIDOTES</b>                                                |           |                     |                 |           |     |                      | ACCU-CHEK COMPACT STRIPS – glucose blood test strip  | 3         |                     | •               |           |     |                      |
| CETYLEV – acetylcysteine effervescent tab 500 mg                | 3         |                     |                 |           |     |                      | ACCU-CHEK COMPACT TEST DR – glucose blood test strip | 3         |                     | •               |           |     |                      |
| CETYLEV – acetylcysteine effervescent tab 2.5 gm                | 3         |                     |                 |           |     |                      | ACCU-CHEK GUIDE – glucose blood test strip           | 3         |                     | •               |           |     |                      |
| CHEMET – succimer cap 100 mg                                    | 2         |                     |                 |           |     |                      | ACCU-CHEK SMARTVIEW STRIP – glucose blood test strip | 3         |                     | •               |           |     |                      |
| EVZIO – naloxone hcl solution auto-injector 0.4 mg/0.4ml        | 3         | •                   | •               |           |     |                      | ACCUTREND GLUCOSE – glucose blood test strip         | 3         |                     | •               |           |     |                      |
| EVZIO – naloxone hcl solution auto-injector 2 mg/0.4ml          | 3         | •                   | •               |           |     |                      | ADVANCE INTUITION TEST ST – glucose blood test strip | 3         |                     | •               |           |     |                      |
| EXJADE – deferasirox tab for oral susp 125 mg                   | 2         | •                   | •               | •         |     | •                    | ADVANCE MICRO-DRAW TEST S – glucose blood test strip | 3         |                     | •               |           |     |                      |
| EXJADE – deferasirox tab for oral susp 250 mg                   | 2         | •                   | •               | •         |     | •                    | ADVOCATE REDI-CODE – glucose blood test strip        | 3         |                     | •               |           |     |                      |
| EXJADE – deferasirox tab for oral susp 500 mg                   | 2         | •                   | •               | •         |     | •                    | ADVOCATE REDI-CODE+ TEST – glucose blood test strip  | 3         |                     | •               |           |     |                      |

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| ADVOCATE TEST STRIPS – glucose blood test strip      | 3         |                     | •               |           |     |                      | CARESENS N BLOOD GLUCOSE – glucose blood test strip  | 3         |                     | •               |           |     |                      |
| AGAMATRIX AMP NO CODE TES – glucose blood test strip | 3         |                     | •               |           |     |                      | CLEVER CHEK AUTO-CODE TES – glucose blood test strip | 3         |                     | •               |           |     |                      |
| AGAMATRIX JAZZ TEST STRIP – glucose blood test strip | 3         |                     | •               |           |     |                      | CLEVER CHEK AUTO-CODE VOI – glucose blood test strip | 3         |                     | •               |           |     |                      |
| AGAMATRIX KEYNOTE TEST ST – glucose blood test strip | 3         |                     | •               |           |     |                      | CLEVER CHEK TEST STRIPS – glucose blood test strip   | 3         |                     | •               |           |     |                      |
| AGAMATRIX PRESTO TEST STR – glucose blood test strip | 3         |                     | •               |           |     |                      | CLEVER CHOICE AUTO-CODE P – glucose blood test strip | 3         |                     | •               |           |     |                      |
| ASSURE II – glucose blood test strip                 | 3         |                     | •               |           |     |                      | CLEVER CHOICE MICRO TEST – glucose blood test strip  | 3         |                     | •               |           |     |                      |
| ASSURE II CHECK STRIP – glucose blood test strip     | 3         |                     | •               |           |     |                      | COOL BLOOD GLUCOSE TEST S – glucose blood test strip | 3         |                     | •               |           |     |                      |
| ASSURE II TEST STRIPS – glucose blood test strip     | 3         |                     | •               |           |     |                      | CVS ADVANCED GLUCOSE METE – glucose blood test strip | 3         |                     | •               |           |     |                      |
| ASSURE PLATINUM TEST STRI – glucose blood test strip | 3         |                     | •               |           |     |                      | DIATRUE PLUS BLOOD GLUCOS – glucose blood test strip | 3         |                     | •               |           |     |                      |
| ASSURE PRISM MULTI TEST S – glucose blood test strip | 3         |                     | •               |           |     |                      | DUO-CARE TEST STRIPS – glucose blood test strip      | 3         |                     | •               |           |     |                      |
| ASSURE PRO TEST STRIPS – glucose blood test strip    | 3         |                     | •               |           |     |                      | EASY PLUS BLOOD GLUCOSE T – glucose blood test strip | 3         |                     | •               |           |     |                      |
| ASSURE 3 TEST STRIPS – glucose blood test strip      | 3         |                     | •               |           |     |                      | EASY PLUS II BLOOD GLUCOS – glucose blood test strip | 3         |                     | •               |           |     |                      |
| ASSURE 4 TEST STRIPS – glucose blood test strip      | 3         |                     | •               |           |     |                      | EASY STEP TEST STRIPS – glucose blood test strip     | 3         |                     | •               |           |     |                      |
| AT LAST TEST STRIPS – glucose blood test strip       | 3         |                     | •               |           |     |                      | EASY TALK BLOOD GLUCOSE T – glucose blood test strip | 3         |                     | •               |           |     |                      |
| BAYER BREEZE 2 TEST DISC – glucose blood test disk   | 2         |                     | •               |           |     |                      | EASY TOUCH GLUCOSE TEST S – glucose blood test strip | 3         |                     | •               |           |     |                      |
| BAYER CONTOUR BLOOD GLUCO – glucose blood test strip | 2         |                     | •               |           |     |                      | EASY TOUCH HEALTHPRO GLUC – glucose blood test strip | 3         |                     | •               |           |     |                      |
| BAYER CONTOUR NEXT BLOOD – glucose blood test strip  | 2         |                     | •               |           |     |                      | EASY TRAK BLOOD GLUCOSE T – glucose blood test strip | 3         |                     | •               |           |     |                      |
| BIOSCANNER GLUCOSE TEST S – glucose blood test strip | 3         |                     | •               |           |     |                      | EASYGLUCO – glucose blood test strip                 | 3         |                     | •               |           |     |                      |
| BLOOD GLUCOSE TEST STRIPS – glucose blood test strip | 3         |                     | •               |           |     |                      | EASYGLUCO PLUS – glucose blood test strip            | 3         |                     | •               |           |     |                      |
| CAREONE BLOOD GLUCOSE TES – glucose blood test strip | 3         |                     | •               |           |     |                      | EASYMAX TEST STRIPS – glucose blood test strip       | 3         |                     | •               |           |     |                      |

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| EASYMAX 15 TEST STRIPS –<br>glucose blood test strip       | 3         |                     | •               |           |     |                      | EZ SMART PLUS BLOOD GLUCO<br>– glucose blood test strip | 3         |                     | •               |           |     |                      |
| EASYPLUS BLOOD GLUCOSE TE<br>– glucose blood test strip    | 3         |                     | •               |           |     |                      | FIFTY50 GLUCOSE TEST STRI –<br>glucose blood test strip | 3         |                     | •               |           |     |                      |
| EASYPRO BLOOD GLUCOSE TES<br>– glucose blood test strip    | 3         |                     | •               |           |     |                      | FORA BLOOD GLUCOSE TEST S<br>– glucose blood test strip | 3         |                     | •               |           |     |                      |
| EASYPRO PLUS – glucose blood<br>test strip                 | 3         |                     | •               |           |     |                      | FORA D15G BLOOD GLUCOSE T<br>– glucose blood test strip | 3         |                     | •               |           |     |                      |
| ELEMENT COMPACT TEST STRI –<br>glucose blood test strip    | 3         |                     | •               |           |     |                      | FORA D20 BLOOD GLUCOSE TE –<br>glucose blood test strip | 3         |                     | •               |           |     |                      |
| ELEMENT TEST STRIPS –<br>glucose blood test strip          | 3         |                     | •               |           |     |                      | FORA D40/G31 BLOOD GLUCOS –<br>glucose blood test strip | 3         |                     | •               |           |     |                      |
| EMBRACE BLOOD GLUCOSE TES<br>– glucose blood test strip    | 3         |                     | •               |           |     |                      | FORA GD20 TEST STRIPS –<br>glucose blood test strip     | 3         |                     | •               |           |     |                      |
| EMBRACE EVO BLOOD<br>GLUCOSE – glucose blood test<br>strip | 3         |                     | •               |           |     |                      | FORA GD50 BLOOD GLUCOSE T<br>– glucose blood test strip | 3         |                     | •               |           |     |                      |
| EMBRACE PRO BLOOD<br>GLUCOSE – glucose blood test<br>strip | 3         |                     | •               |           |     |                      | FORA G20 BLOOD GLUCOSE TE<br>– glucose blood test strip | 3         |                     | •               |           |     |                      |
| EQ BLOOD GLUCOSE TEST STR<br>– glucose blood test strip    | 3         |                     | •               |           |     |                      | FORA G30A BLOOD GLUCOSE T<br>– glucose blood test strip | 3         |                     | •               |           |     |                      |
| EVENCARE + BLOOD GLUCOSE –<br>glucose blood test strip     | 3         |                     | •               |           |     |                      | FORA TN'G/TN'G VOICE BLOO –<br>glucose blood test strip | 3         |                     | •               |           |     |                      |
| EVENCARE BLOOD GLUCOSE TE<br>– glucose blood test strip    | 3         |                     | •               |           |     |                      | FORA V10 BLOOD GLUCOSE TE –<br>glucose blood test strip | 3         |                     | •               |           |     |                      |
| EVENCARE G2 TEST STRIPS –<br>glucose blood test strip      | 3         |                     | •               |           |     |                      | FORA V12 BLOOD GLUCOSE TE –<br>glucose blood test strip | 3         |                     | •               |           |     |                      |
| EVENCARE G3 TEST STRIPS –<br>glucose blood test strip      | 3         |                     | •               |           |     |                      | FORA V20 BLOOD GLUCOSE TE –<br>glucose blood test strip | 3         |                     | •               |           |     |                      |
| EVENCARE MINI BLOOD GLUCO<br>– glucose blood test strip    | 3         |                     | •               |           |     |                      | FORA V30A BLOOD GLUCOSE T –<br>glucose blood test strip | 3         |                     | •               |           |     |                      |
| EVOLUTION AUTOCODE –<br>glucose blood test strip           | 3         |                     | •               |           |     |                      | FORACARE GD40 – glucose<br>blood test strip             | 3         |                     | •               |           |     |                      |
| EXACTECH R-S-G TEST STRIP –<br>glucose blood test strip    | 3         |                     | •               |           |     |                      | FORACARE PREMIUM V10 TEST<br>– glucose blood test strip | 3         |                     | •               |           |     |                      |
| EXACTECH TEST STRIPS –<br>glucose blood test strip         | 3         |                     | •               |           |     |                      | FORACARE TEST N GO TEST S –<br>glucose blood test strip | 3         |                     | •               |           |     |                      |
| EZ SMART BLOOD GLUCOSE TE<br>– glucose blood test strip    | 3         |                     | •               |           |     |                      | FORTISCARE BLOOD GLUCOSE –<br>glucose blood test strip  | 3         |                     | •               |           |     |                      |
|                                                            |           |                     |                 |           |     |                      | FREESTYLE INSULINX BLOOD –<br>glucose blood test strip  | 3         |                     | •               |           |     |                      |



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| FREESTYLE LITE TEST STRIP – glucose blood test strip                           | 3         |                     | •               |           |     |                      | KROGER BLOOD GLUCOSE TEST – glucose blood test strip | 3         |                     | •               |           |     |                      |
| FREESTYLE PRECISION NEO B – glucose blood test strip                           | 3         |                     | •               |           |     |                      | KROGER PREMIUM BLOOD GLUC – glucose blood test strip | 3         |                     | •               |           |     |                      |
| FREESTYLE TEST STRIPS – glucose blood test strip                               | 3         |                     | •               |           |     |                      | KROGER TEST STRIPS – glucose blood test strip        | 3         |                     | •               |           |     |                      |
| GENSTRIP 50 – glucose blood test strip                                         | 3         |                     | •               |           |     |                      | LIBERTY NEXT GENERATION B – glucose blood test strip | 3         |                     | •               |           |     |                      |
| GENULTIMATE TEST STRIPS – glucose blood test strip                             | 3         |                     | •               |           |     |                      | LIBERTY TEST STRIPS – glucose blood test strip       | 3         |                     | •               |           |     |                      |
| GE100 BLOOD GLUCOSE TEST – glucose blood test strip                            | 3         |                     | •               |           |     |                      | MEIJER BLOOD GLUCOSE TEST – glucose blood test strip | 3         |                     | •               |           |     |                      |
| GHT TEST STRIPS – glucose blood test strip                                     | 3         |                     | •               |           |     |                      | MEIJER ESSENTIAL BLOOD GL – glucose blood test strip | 3         |                     | •               |           |     |                      |
| GLUCAGEN DIAGNOSTIC – glucagon hcl (rdna) diagnostic for inj 1 mg (base equiv) | 2         |                     |                 |           |     |                      | MEIJER PREMIUM BLOOD GLUC – glucose blood test strip | 3         |                     | •               |           |     |                      |
| GLUCO PERFECT 3 TEST STRI – glucose blood test strip                           | 3         |                     | •               |           |     |                      | MEIJER TRUETEST BLOOD GLU – glucose blood test strip | 3         |                     | •               |           |     |                      |
| GLUCOCARD EXPRESSION BLOO – glucose blood test strip                           | 3         |                     | •               |           |     |                      | MEIJER TRUETRACK BLOOD GL – glucose blood test strip | 3         |                     | •               |           |     |                      |
| GLUCOCARD SHINE TEST STRI – glucose blood test strip                           | 3         |                     | •               |           |     |                      | MICRODOT TEST STRIPS – glucose blood test strip      | 3         |                     | •               |           |     |                      |
| GLUCOCARD VITAL TEST STRI – glucose blood test strip                           | 3         |                     | •               |           |     |                      | MYGLUCOHEALTH BLOOD GLUCO – glucose blood test strip | 3         |                     | •               |           |     |                      |
| GLUCOCARD X-SENSOR – glucose blood test strip                                  | 3         |                     | •               |           |     |                      | NEUTEK 2TEK TEST STRIPS – glucose blood test strip   | 3         |                     | •               |           |     |                      |
| GLUCOCARD 01 SENSOR PLUS – glucose blood test strip                            | 3         |                     | •               |           |     |                      | NEXGEN TEST STRIPS – glucose blood test strip        | 3         |                     | •               |           |     |                      |
| GLUCOCOM TEST STRIPS – glucose blood test strip                                | 3         |                     | •               |           |     |                      | NOVA MAX GLUCOSE TEST STR – glucose blood test strip | 3         |                     | •               |           |     |                      |
| GLUCONAVII BLOOD GLUCOSE – glucose blood test strip                            | 3         |                     | •               |           |     |                      | ON CALL EXPRESS BLOOD GLU – glucose blood test strip | 3         |                     | •               |           |     |                      |
| GLUCOSE METER TEST STRIPS – glucose blood test strip                           | 3         |                     | •               |           |     |                      | ON CALL PLUS BLOOD GLUCOS – glucose blood test strip | 3         |                     | •               |           |     |                      |
| GNP EASY TOUCH GLUCOSE TE – glucose blood test strip                           | 3         |                     | •               |           |     |                      | ON CALL VIVID BLOOD GLUCO – glucose blood test strip | 3         |                     | •               |           |     |                      |
| IN TOUCH BLOOD GLUCOSE TE – glucose blood test strip                           | 3         |                     | •               |           |     |                      | ONETOUCH ULTRA BLUE – glucose blood test strip       | 2         |                     | •               |           |     |                      |
| INFINITY BLOOD GLUCOSE TE – glucose blood test strip                           | 3         |                     | •               |           |     |                      | ONETOUCH ULTRA TEST STRIP – glucose blood test strip | 2         |                     | •               |           |     |                      |

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| ONETOUCH VERIO TEST STRIP – glucose blood test strip | 2         |                     | •               |           |     |                      | RA TRUETEST STRIPS – glucose blood test strip        | 3         |                     | •               |           |     |                      |
| OPTIUM TEST STRIPS – glucose blood test strip        | 3         |                     | •               |           |     |                      | REFUAH PLUS BLOOD GLUCOSE – glucose blood test strip | 3         |                     | •               |           |     |                      |
| OPTIUMEZ TEST STRIPS – glucose blood test strip      | 3         |                     | •               |           |     |                      | RELION BLOOD GLUCOSE TEST – glucose blood test strip | 3         |                     | •               |           |     |                      |
| OPTUMRX BLOOD GLUCOSE TES – glucose blood test strip | 3         |                     | •               |           |     |                      | RELION CONFIRM/MICRO TEST – glucose blood test strip | 3         |                     | •               |           |     |                      |
| PHARMACIST CHOICE AUTOCOD – glucose blood test strip | 3         |                     | •               |           |     |                      | RELION PRIME BLOOD GLUCOS – glucose blood test strip | 3         |                     | •               |           |     |                      |
| PHARMACIST CHOICE NO CODI – glucose blood test strip | 3         |                     | •               |           |     |                      | RELION ULTIMA BLOOD GLUCO – glucose blood test strip | 3         |                     | •               |           |     |                      |
| POCKETCHEM EZ BLOOD GLUCO – glucose blood test strip | 3         |                     | •               |           |     |                      | RELION ULTIMA TEST STRIPS – glucose blood test strip | 3         |                     | •               |           |     |                      |
| PRECISION PCX – glucose blood test strip             | 3         |                     | •               |           |     |                      | REVEAL BLOOD GLUCOSE TEST – glucose blood test strip | 3         |                     | •               |           |     |                      |
| PRECISION PCX PLUS TEST S – glucose blood test strip | 3         |                     | •               |           |     |                      | REXALL BLOOD GLUCOSE TEST – glucose blood test strip | 3         |                     | •               |           |     |                      |
| PRECISION POINT OF CARE T – glucose blood test strip | 3         |                     | •               |           |     |                      | RIGHTEST GS100 BLOOD GLUC – glucose blood test strip | 3         |                     | •               |           |     |                      |
| PRECISION QID TEST STRIPS – glucose blood test strip | 3         |                     | •               |           |     |                      | RIGHTEST GS300 BLOOD GLUC – glucose blood test strip | 3         |                     | •               |           |     |                      |
| PRECISION SOF-TACT TEST S – glucose blood test strip | 3         |                     | •               |           |     |                      | RIGHTEST GS550 BLOOD GLUC – glucose blood test strip | 3         |                     | •               |           |     |                      |
| PRECISION XTRA BLOOD GLUC – glucose blood test strip | 3         |                     | •               |           |     |                      | SMART SENSE PREMIUM BLOOD – glucose blood test strip | 3         |                     | •               |           |     |                      |
| PREMIUM BLOOD GLUCOSE TES – glucose blood test strip | 3         |                     | •               |           |     |                      | SMART SENSE VALUE BLOOD G – glucose blood test strip | 3         |                     | •               |           |     |                      |
| PRESTIGE TEST STRIPS – glucose blood test strip      | 3         |                     | •               |           |     |                      | SMARTEST BLOOD GLUCOSE TE – glucose blood test strip | 3         |                     | •               |           |     |                      |
| PRODIGY NO CODING BLOOD G – glucose blood test strip | 3         |                     | •               |           |     |                      | SOLUS V2 AUDIBLE TEST – glucose blood test strip     | 3         |                     | •               |           |     |                      |
| PTS PANELS GLUCOSE TEST – glucose blood test strip   | 3         |                     | •               |           |     |                      | SUPREME TEST STRIPS – glucose blood test strip       | 3         |                     | •               |           |     |                      |
| QUICKTEK TEST STRIPS – glucose blood test strip      | 3         |                     | •               |           |     |                      | SURE EDGE BLOOD GLUCOSE T – glucose blood test strip | 3         |                     | •               |           |     |                      |
| QUINTET AC BLOOD GLUCOSE – glucose blood test strip  | 3         |                     | •               |           |     |                      | SURE-TEST EASYPLUS MINI B – glucose blood test strip | 3         |                     | •               |           |     |                      |
| QUINTET BLOOD GLUCOSE TES – glucose blood test strip | 3         |                     | •               |           |     |                      | SURECHEK BLOOD GLUCOSE TE – glucose blood test strip | 3         |                     | •               |           |     |                      |

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| TELCARE BLOOD GLUCOSE TES<br>– glucose blood test strip                 | 3         |                     | •               |           |     |                      | <b>MEDICAL DEVICES</b>                                                  |           |                     |                 |           |     |                      |
| TGT BLOOD GLUCOSE TEST ST –<br>glucose blood test strip                 | 3         |                     | •               |           |     |                      | ACCU-CHEK AVIVA – blood<br>glucose calibration - liquid                 | 3         |                     |                 |           |     |                      |
| TRUE METRIX BLOOD GLUCOSE<br>– glucose blood test strip                 | 3         |                     | •               |           |     |                      | ACCU-CHEK AVIVA CONNECT –<br>blood glucose monitoring kit w/<br>device  | 3         |                     |                 |           |     |                      |
| TRUE METRIX SELF MONITORI –<br>glucose blood test strip                 | 3         |                     | •               |           |     |                      | ACCU-CHEK AVIVA PLUS – blood<br>glucose monitoring kit w/<br>device     | 3         |                     |                 |           |     |                      |
| TRUETEST STRIPS – glucose<br>blood test strip                           | 3         |                     | •               |           |     |                      | ACCU-CHEK COMPACT PLUS CA<br>– blood glucose monitoring kit             | 3         |                     |                 |           |     |                      |
| TRUETRACK BLOOD GLUCOSE T<br>– glucose blood test strip                 | 3         |                     | •               |           |     |                      | ACCU-CHEK COMPACT PLUS CL<br>– blood glucose calibration -<br>liquid    | 3         |                     |                 |           |     |                      |
| TRUETRACK TEST – glucose<br>blood test strip                            | 3         |                     | •               |           |     |                      | ACCU-CHEK FASTCLIX LANCET –<br>lancets                                  | 3         |                     |                 |           |     |                      |
| ULTIMA TEST STRIPS – glucose<br>blood test strip                        | 3         |                     | •               |           |     |                      | ACCU-CHEK GUIDE – blood<br>glucose monitoring kit w/<br>device          | 3         |                     |                 |           |     |                      |
| ULTRATRAK PRO TEST STRIPS –<br>glucose blood test strip                 | 3         |                     | •               |           |     |                      | ACCU-CHEK GUIDE CONTROL<br>L – blood glucose calibration -<br>liquid    | 3         |                     |                 |           |     |                      |
| ULTRATRAK ULTIMATE TEST S –<br>glucose blood test strip                 | 3         |                     | •               |           |     |                      | ACCU-CHEK MULTICLIX LANCE –<br>lancets                                  | 3         |                     |                 |           |     |                      |
| UNISTRIPI1 GENERIC – glucose<br>blood test strip                        | 3         |                     | •               |           |     |                      | ACCU-CHEK NANO SMARTVIEW<br>– blood glucose monitoring kit<br>w/ device | 3         |                     |                 |           |     |                      |
| VERASENS BLOOD GLUCOSE TE<br>– glucose blood test strip                 | 3         |                     | •               |           |     |                      | ACCU-CHEK SAFE-T-PRO LANC –<br>lancets                                  | 3         |                     |                 |           |     |                      |
| VICTORY AGM-4000 TEST STR –<br>glucose blood test strip                 | 3         |                     | •               |           |     |                      | ACCU-CHEK SAFE-T-PRO PLUS –<br>lancets                                  | 3         |                     |                 |           |     |                      |
| VOCAL POINT BLOOD GLUCOSE<br>– glucose blood test strip                 | 3         |                     | •               |           |     |                      | ACCU-CHEK SMARTVIEW CONTR<br>– blood glucose calibration -<br>liquid    | 3         |                     |                 |           |     |                      |
| WAVESENSE PRESTO TEST STR<br>– glucose blood test strip                 | 3         |                     | •               |           |     |                      | ACCU-CHEK SOFT TOUCH LANC<br>– lancets                                  | 3         |                     |                 |           |     |                      |
| PROGESTERONE MICRONIZED –<br>progesterone micronized (bulk)<br>powder   | 3         |                     |                 |           |     |                      | ACCU-CHEK SOFTCLIX LANCET –<br>lancets                                  | 3         |                     |                 |           |     |                      |
| PROGESTERONE MICRONIZED<br>( – progesterone micronized<br>(bulk) powder | 3         |                     |                 |           |     |                      | ACCUTREND GLUCOSE<br>CONTROL – blood glucose<br>calibration - liquid    | 3         |                     |                 |           |     |                      |
| PROGESTERONE MICRONIZED<br>P – progesterone micronized<br>(bulk) powder | 3         |                     |                 |           |     |                      |                                                                         |           |                     |                 |           |     |                      |
| PROGESTERONE ULTRA<br>MICRON – progesterone<br>micronized (bulk) powder | 3         |                     |                 |           |     |                      |                                                                         |           |                     |                 |           |     |                      |

| Drug Name                                                                  | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                  | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| ACTI-LANCE LANCETS 28G – lancets                                           | 3         |                     |                 |           |     |                      | ADVOCATE INSULIN PEN NEED – insulin pen needle 33 g x 4 mm (5/32")         | 2         |                     |                 |           |     |                      |
| ACTI-LANCE LITE SAFETY LA – lancets                                        | 3         |                     |                 |           |     |                      | ADVOCATE INSULIN SYRINGE/ – insulin syringe/needle u-100 0.3 ml 29 x 1/2"  | 2         |                     |                 |           |     |                      |
| ACTI-LANCE SPECIAL SAFETY – lancets                                        | 3         |                     |                 |           |     |                      | ADVOCATE INSULIN SYRINGE/ – insulin syringe/needle u-100 0.3 ml 30 x 5/16" | 2         |                     |                 |           |     |                      |
| ACTI-LANCE UNIVERSAL SAFE – lancets                                        | 3         |                     |                 |           |     |                      | ADVOCATE INSULIN SYRINGE/ – insulin syringe/needle u-100 1/2 ml 31 x 5/16" | 2         |                     |                 |           |     |                      |
| ACTIVE 1ST BLOOD LANCETS – lancets                                         | 3         |                     |                 |           |     |                      | ADVOCATE INSULIN SYRINGE/ – insulin syringe/needle u-100 1/2 ml 29 x 1/2"  | 2         |                     |                 |           |     |                      |
| ADJUSTABLE LANCING DEVICE – lancet devices                                 | 1         |                     |                 |           |     |                      | ADVOCATE INSULIN SYRINGE/ – insulin syringe/needle u-100 1/2 ml 30 x 5/16" | 2         |                     |                 |           |     |                      |
| ADVANCE INTUITION BLOOD G – blood glucose monitoring kit w/ device         | 3         |                     |                 |           |     |                      | ADVOCATE INSULIN SYRINGE/ – insulin syringe/needle u-100 1 ml 29 x 1/2"    | 2         |                     |                 |           |     |                      |
| ADVANCE INTUITION CONTROL – blood glucose calibration - liquid - normal    | 3         |                     |                 |           |     |                      | ADVOCATE INSULIN SYRINGE/ – insulin syringe/needle u-100 1 ml 31 x 5/16"   | 2         |                     |                 |           |     |                      |
| ADVANCE MICRO-DRAW CONTRO – blood glucose calibration - liquid             | 3         |                     |                 |           |     |                      | ADVOCATE INSULIN SYRINGE/ – insulin syringe/needle u-100 0.3 ml 31 x 5/16" | 2         |                     |                 |           |     |                      |
| ADVANCE MICRO-DRAW NORMAL – blood glucose calibration - liquid             | 3         |                     |                 |           |     |                      | ADVOCATE LANCETS – lancets                                                 | 3         |                     |                 |           |     |                      |
| ADVOCATE BLOOD GLUCOSE MO – blood glucose monitoring kit w/ device         | 3         |                     |                 |           |     |                      | ADVOCATE LANCETS 30G – lancets                                             | 3         |                     |                 |           |     |                      |
| ADVOCATE CONTROL SOLUTION – blood glucose calibration - liquid - high      | 3         |                     |                 |           |     |                      | ADVOCATE LANCING DEVICE – lancet devices                                   | 3         |                     |                 |           |     |                      |
| ADVOCATE CONTROL SOLUTION – blood glucose calibration - liquid - low       | 3         |                     |                 |           |     |                      | ADVOCATE RAPID-SAFE LANCI – lancet devices                                 | 3         |                     |                 |           |     |                      |
| ADVOCATE INSULIN PEN NEED – insulin pen needle 29 g x 12.7 mm              | 2         |                     |                 |           |     |                      | ADVOCATE REDI-CODE+ CONTR – blood glucose calibration - liquid - high      | 3         |                     |                 |           |     |                      |
| ADVOCATE INSULIN PEN NEED – insulin pen needle 31 g x 5 mm (3/16")         | 2         |                     |                 |           |     |                      | ADVOCATE REDI-CODE+ CONTR – blood glucose calibration - liquid - low       | 3         |                     |                 |           |     |                      |
| ADVOCATE INSULIN PEN NEED – insulin pen needle 31 g x 8 mm (1/3" or 5/16") | 2         |                     |                 |           |     |                      |                                                                            |           |                     |                 |           |     |                      |

| Drug Name                                                             | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                 | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| ADVOCATE REDI-CODE+/ TALK – blood glucose monitoring kit w/ device    | 3         |                     |                 |           |     |                      | AGAMATRIX CONTROL HIGH – blood glucose calibration - liquid - high        | 3         |                     |                 |           |     |                      |
| ADVOCATE REDI-CODE/TALKIN – blood glucose monitoring kit w/ device    | 3         |                     |                 |           |     |                      | AGAMATRIX CONTROL NORMAL – blood glucose calibration - liquid             | 3         |                     |                 |           |     |                      |
| ADVOCATE SAFETY LANCETS – lancets                                     | 3         |                     |                 |           |     |                      | AGAMATRIX CONTROL NORMAL – blood glucose calibration - liquid - normal    | 3         |                     |                 |           |     |                      |
| ADVOCATE SAFETY LANCETS 2 – lancets                                   | 3         |                     |                 |           |     |                      | AGAMATRIX JAZZ WIRELESS 2 – blood glucose monitoring kit w/ device        | 3         |                     |                 |           |     |                      |
| AEROCHAMBER MINI AEROSOL – spacer/aerosol-holding chambers - device   | 3         |                     |                 |           |     |                      | AGAMATRIX PRESTO – blood glucose monitoring kit w/ device                 | 3         |                     |                 |           |     |                      |
| AEROCHAMBER MV – spacer/aerosol-holding chambers - device             | 3         |                     |                 |           |     |                      | AGAMATRIX ULTRA-THIN LANC – lancets                                       | 3         |                     |                 |           |     |                      |
| AEROCHAMBER PLUS FLOW-VU – spacer/aerosol-holding chambers - device   | 3         |                     |                 |           |     |                      | ALTERNATE SITE LANCING DE – lancet devices                                | 1         |                     |                 |           |     |                      |
| AEROCHAMBER PLUS FLOW-VU/ – spacer/aerosol-holding chambers - device  | 3         |                     |                 |           |     |                      | ANTI-STICK INSULIN SYRING – insulin syringe/needle u-100 1/2 ml 28 x 1/2" | 2         |                     |                 |           |     |                      |
| AEROCHAMBER Z-STAT PLUS V – spacer/aerosol-holding chambers - device  | 3         |                     |                 |           |     |                      | ANTI-STICK INSULIN SYRING – insulin syringe/needle u-100 1/2 ml 29 x 1/2" | 2         |                     |                 |           |     |                      |
| AEROCHAMBER Z-STAT PLUS/ F – spacer/aerosol-holding chambers - device | 3         |                     |                 |           |     |                      | ANTI-STICK INSULIN SYRING – insulin syringe/needle u-100 1 ml 29 x 1/2"   | 2         |                     |                 |           |     |                      |
| AEROCHAMBER Z-STAT PLUS/ L – spacer/aerosol-holding chambers - device | 3         |                     |                 |           |     |                      | AQUA LANCE ADJUSTABLE LAN – lancet devices                                | 3         |                     |                 |           |     |                      |
| AEROCHAMBER Z-STAT PLUS/ M – spacer/aerosol-holding chambers - device | 3         |                     |                 |           |     |                      | ASSURE COMFORT LANCETS UL – lancets                                       | 3         |                     |                 |           |     |                      |
| AEROCHAMBER Z-STAT PLUS/ S – spacer/aerosol-holding chambers - device | 3         |                     |                 |           |     |                      | ASSURE DOSE NORMAL CONTRO – blood glucose calibration - liquid - normal   | 3         |                     |                 |           |     |                      |
| AEROVENT PLUS HOLDING CHA – spacer/aerosol-holding chambers - device  | 3         |                     |                 |           |     |                      | ASSURE DOSE NORMAL/HIGH C – blood glucose calibration - liquid            | 3         |                     |                 |           |     |                      |
| AF LANCETS SUPER THIN – lancets                                       | 3         |                     |                 |           |     |                      | ASSURE HAEMOLANCE PLUS HI – lancets                                       | 3         |                     |                 |           |     |                      |
|                                                                       |           |                     |                 |           |     |                      | ASSURE HAEMOLANCE PLUS LO – lancets                                       | 3         |                     |                 |           |     |                      |

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| ASSURE HAEMOLANCE PLUS MI – lancets                                      | 3         |                     |                 |           |     |                      | AURORA PEN NEEDLES 29GX12 – insulin pen needle 29 g x 12 mm (1/2")         | 2         |                     |                 |           |     |                      |
| ASSURE HAEMOLANCE PLUS NO – lancets                                      | 3         |                     |                 |           |     |                      | AURORA PEN NEEDLES 31G X – insulin pen needle 31 g x 6 mm (1/4")           | 2         |                     |                 |           |     |                      |
| ASSURE HAEMOLANCE PLUS PE – lancets                                      | 3         |                     |                 |           |     |                      | AURORA PEN NEEDLES 31G X – insulin pen needle 31 g x 8 mm (1/3" or 5/16")  | 2         |                     |                 |           |     |                      |
| ASSURE ID INSULIN SAFETY – insulin syringe/needle u-100 1/2 ml 29 x 1/2" | 2         |                     |                 |           |     |                      | AURORA UNIFINE PENTIPS/MI – insulin pen needle 31 g x 5 mm (3/16")         | 2         |                     |                 |           |     |                      |
| ASSURE ID INSULIN SAFETY – insulin syringe/needle u-100 1 ml 29 x 1/2"   | 2         |                     |                 |           |     |                      | AURORA UNIFINE PENTIPS/32 – insulin pen needle 32 g x 4 mm (5/32")         | 2         |                     |                 |           |     |                      |
| ASSURE II CONTROL LEVEL 1 – blood glucose calibration - liquid           | 3         |                     |                 |           |     |                      | AUTO-LANCET – lancet devices                                               | 3         |                     |                 |           |     |                      |
| ASSURE LANCE LANCETS – lancets                                           | 3         |                     |                 |           |     |                      | AUTO-LANCET MINI – lancet devices                                          | 3         |                     |                 |           |     |                      |
| ASSURE LANCE LANCETS 21G – lancets                                       | 3         |                     |                 |           |     |                      | AUTOLET IMPRESSION LANCIN – lancet devices                                 | 3         |                     |                 |           |     |                      |
| ASSURE LANCE PLUS SAFETY – lancets                                       | 3         |                     |                 |           |     |                      | AUTOLET LANCING DEVICE – lancet devices                                    | 3         |                     |                 |           |     |                      |
| ASSURE LANCETS – lancets                                                 | 3         |                     |                 |           |     |                      | AUTOLET MINI – lancet devices                                              | 3         |                     |                 |           |     |                      |
| ASSURE PRISM CONTROL LEV – blood glucose calibration - liquid            | 3         |                     |                 |           |     |                      | AUTOLET PLUS – lancet devices                                              | 3         |                     |                 |           |     |                      |
| ASSURE PRO CONTROL LEVEL – blood glucose calibration - liquid            | 3         |                     |                 |           |     |                      | AUTOPEN – injection device for insulin                                     | 1         |                     |                 |           |     |                      |
| ASSURE 3 CONTROL LEVEL 1/ – blood glucose calibration - liquid           | 3         |                     |                 |           |     |                      | AUTOPEN – injection device for insulin                                     | 3         |                     |                 |           |     |                      |
| ASSURE 4 CONTROL LEVEL 1/ – blood glucose calibration - liquid           | 3         |                     |                 |           |     |                      | B-D INSULIN SYRINGE MICRO – insulin syringe/needle u-100 1 ml 28 x 1/2"    | 2         |                     |                 |           |     |                      |
| AT LAST CONTROL SOLUTION – blood glucose calibration - liquid            | 3         |                     |                 |           |     |                      | B-D INSULIN SYRINGE ULTRA – insulin syringe/needle u-100 0.3 ml 30 x 1/2"  | 2         |                     |                 |           |     |                      |
| AT LAST LANCETS – lancets                                                | 3         |                     |                 |           |     |                      | B-D INSULIN SYRINGE ULTRA – insulin syringe/needle u-100 1/2 ml 31 x 5/16" | 2         |                     |                 |           |     |                      |
| AURORA LANCET SUPER THIN – lancets                                       | 3         |                     |                 |           |     |                      | B-D INSULIN SYRINGE ULTRA – insulin syringe/needle u-100 1/2 ml 30 x 1/2"  | 2         |                     |                 |           |     |                      |
| AURORA LANCET THIN 23G – lancets                                         | 3         |                     |                 |           |     |                      |                                                                            |           |                     |                 |           |     |                      |

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| B-D INSULIN SYRINGE ULTRA –<br>insulin syringe/needle u-100 1<br>ml 30 x 1/2"    | 2         |                     |                 |           |     |                      | BAYER CONTOUR NEXT EZ BLO<br>– blood glucose monitoring kit<br>w/ device        | 2         |                     |                 |           |     |                      |
| B-D INSULIN SYRINGE ULTRA –<br>insulin syringe/needle u-100 1<br>ml 31 x 5/16"   | 2         |                     |                 |           |     |                      | BAYER CONTOUR NEXT LINK B –<br>blood glucose monitoring kit w/<br>device        | 2         |                     |                 |           |     |                      |
| B-D INSULIN SYRINGE ULTRA –<br>insulin syringe/needle u-100 0.3<br>ml 31 x 5/16" | 2         |                     |                 |           |     |                      | BAYER CONTOUR NEXT LINK W –<br>blood glucose monitoring kit w/<br>device        | 2         |                     |                 |           |     |                      |
| BAYER BREEZE 2 BLOOD GLUC –<br>blood glucose monitoring kit w/<br>device         | 2         |                     |                 |           |     |                      | BAYER CONTOUR NORMAL<br>CONT – blood glucose<br>calibration - liquid - normal   | 2         |                     |                 |           |     |                      |
| BAYER BREEZE 2 HIGH CONTR<br>– blood glucose calibration -<br>liquid - high      | 2         |                     |                 |           |     |                      | BAYER MICROLET LANCETS –<br>lancets                                             | 2         |                     |                 |           |     |                      |
| BAYER BREEZE 2 LOW CONTRO<br>– blood glucose calibration -<br>liquid - low       | 2         |                     |                 |           |     |                      | BAYER MICROLET 2 LANCING –<br>lancet devices                                    | 2         |                     |                 |           |     |                      |
| BAYER BREEZE 2 NORMAL CON<br>– blood glucose calibration -<br>liquid - normal    | 2         |                     |                 |           |     |                      | BD LO-DOSE INSULIN SYRIN –<br>insulin syringe/needle u-100 1/2<br>ml 28 x 1/2"  | 2         |                     |                 |           |     |                      |
| BAYER CONTOUR BLOOD<br>GLUCO – blood glucose<br>monitoring kit w/ device         | 2         |                     |                 |           |     |                      | BD AUTOSHIELD DUO 30G X 3 –<br>insulin pen needle 30 g x 5 mm<br>(3/16")        | 2         |                     |                 |           |     |                      |
| BAYER CONTOUR HIGH CONTRO<br>– blood glucose calibration -<br>liquid - high      | 2         |                     |                 |           |     |                      | BD AUTOSHIELD 29G X 3/16" –<br>insulin pen needle 29 g x 5 mm<br>(3/16")        | 2         |                     |                 |           |     |                      |
| BAYER CONTOUR LINK BLOOD –<br>blood glucose monitoring kit w/<br>device          | 2         |                     |                 |           |     |                      | BD AUTOSHIELD 29G X 5/16" –<br>insulin pen needle 29 g x 8 mm<br>(5/16")        | 2         |                     |                 |           |     |                      |
| BAYER CONTOUR LOW<br>CONTROL – blood glucose<br>calibration - liquid - low       | 2         |                     |                 |           |     |                      | BD INSULIN SYRINGE LUER-L –<br>insulin syringe (disp) u-100 1 ml                | 2         |                     |                 |           |     |                      |
| BAYER CONTOUR NEXT BLOOD –<br>blood glucose monitoring kit w/<br>device          | 2         |                     |                 |           |     |                      | BD INSULIN SYRINGE MICROF –<br>insulin syringe/needle u-100 0.3<br>ml 28 x 1/2" | 2         |                     |                 |           |     |                      |
| BAYER CONTOUR NEXT CONTRO<br>– blood glucose calibration -<br>liquid - normal    | 2         |                     |                 |           |     |                      | BD INSULIN SYRINGE MICROF –<br>insulin syringe/needle u-100 1/2<br>ml 28 x 1/2" | 2         |                     |                 |           |     |                      |
| BAYER CONTOUR NEXT CONTRO<br>– blood glucose calibration -<br>liquid - low       | 2         |                     |                 |           |     |                      | BD INSULIN SYRINGE MICROF –<br>insulin syringe/needle u-100 1<br>ml 27 x 5/8"   | 2         |                     |                 |           |     |                      |
|                                                                                  |           |                     |                 |           |     |                      | BD INSULIN SYRINGE MICROF –<br>insulin syringe/needle u-100 1<br>ml 28 x 1/2"   | 2         |                     |                 |           |     |                      |

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| BD INSULIN SYRINGE SAFETY –<br>insulin syringe/needle u-100 0.3<br>ml 31 x 15/64" | 2         |                     |                 |           |     |                      | BD INSULIN SYRINGE ULTRAF –<br>insulin syringe/needle u-100 1/2<br>ml 31 x 15/64"        | 2         |                     |                 |           |     |                      |
| BD INSULIN SYRINGE SAFETY –<br>insulin syringe/needle u-100 1<br>ml 29 x 1/2"     | 2         |                     |                 |           |     |                      | BD INSULIN SYRINGE ULTRAF –<br>insulin syringe/needle u-100 1<br>ml 31 x 15/64"          | 2         |                     |                 |           |     |                      |
| BD INSULIN SYRINGE SAFETY –<br>insulin syringe/needle u-100 0.3<br>ml 31 x 5/16"  | 2         |                     |                 |           |     |                      | BD INSULIN SYRINGE/DETACH –<br>insulin syringe/needle u-100 1<br>ml 25 x 5/8"            | 2         |                     |                 |           |     |                      |
| BD INSULIN SYRINGE SLIP T –<br>insulin syringe (disp) u-100 1 ml                  | 2         |                     |                 |           |     |                      | BD INSULIN SYRINGE/DETACH –<br>insulin syringe/needle u-100 1<br>ml 25 x 1"              | 2         |                     |                 |           |     |                      |
| BD INSULIN SYRINGE ULTRAF –<br>insulin syringe/needle u-100 0.3<br>ml 29 x 1/2"   | 2         |                     |                 |           |     |                      | BD INSULIN SYRINGE/DETACH –<br>insulin syringe/needle u-100 1<br>ml 26 x 1/2"            | 2         |                     |                 |           |     |                      |
| BD INSULIN SYRINGE ULTRAF –<br>insulin syringe/needle u-100 0.3<br>ml 30 x 1/2"   | 2         |                     |                 |           |     |                      | BD INSULIN SYRINGE/U-100/ –<br>insulin syringe/needle u-100 1/2<br>ml 30 x 1/2"          | 2         |                     |                 |           |     |                      |
| BD INSULIN SYRINGE ULTRAF –<br>insulin syringe/needle u-100 1/2<br>ml 31 x 5/16"  | 2         |                     |                 |           |     |                      | BD INSULIN SYRINGE/U-100/ –<br>insulin syringe/needle u-100 1<br>ml 27 x 1/2"            | 2         |                     |                 |           |     |                      |
| BD INSULIN SYRINGE ULTRAF –<br>insulin syringe/needle u-100 1/2<br>ml 29 x 1/2"   | 2         |                     |                 |           |     |                      | BD INSULIN SYRINGE/U-100/ –<br>insulin syringe/needle u-100 2<br>ml 27.5 x 5/8"          | 2         |                     |                 |           |     |                      |
| BD INSULIN SYRINGE ULTRAF –<br>insulin syringe/needle u-100 1/2<br>ml 30 x 1/2"   | 2         |                     |                 |           |     |                      | BD INSULIN SYRINGE/U-500/ –<br>insulin syringe/needle u-500 0.5<br>ml 31g x 6mm (15/64") | 2         |                     |                 |           |     |                      |
| BD INSULIN SYRINGE ULTRAF –<br>insulin syringe/needle u-100 0.3<br>ml 31 x 15/64" | 2         |                     |                 |           |     |                      | BD LANCET ULTRAFINE 30G –<br>lancets                                                     | 3         |                     |                 |           |     |                      |
| BD INSULIN SYRINGE ULTRAF –<br>insulin syringe/needle u-100 1<br>ml 29 x 1/2"     | 2         |                     |                 |           |     |                      | BD LANCET ULTRAFINE 33G –<br>lancets                                                     | 3         |                     |                 |           |     |                      |
| BD INSULIN SYRINGE ULTRAF –<br>insulin syringe/needle u-100 1<br>ml 30 x 1/2"     | 2         |                     |                 |           |     |                      | BD LATITUDE DIABETES MANA –<br>blood glucose monitoring kit w/<br>device                 | 3         |                     |                 |           |     |                      |
| BD INSULIN SYRINGE ULTRAF –<br>insulin syringe/needle u-100 1<br>ml 31 x 5/16"    | 2         |                     |                 |           |     |                      | BD LOGIC BLOOD GLUCOSE MO<br>– blood glucose monitoring kit<br>w/ device                 | 3         |                     |                 |           |     |                      |
| BD INSULIN SYRINGE ULTRAF –<br>insulin syringe/needle u-100 0.3<br>ml 31 x 5/16"  | 2         |                     |                 |           |     |                      | BD MICROTAINER LANCETS –<br>lancets                                                      | 3         |                     |                 |           |     |                      |
|                                                                                   |           |                     |                 |           |     |                      | BD PEN – injection device for<br>insulin                                                 | 3         |                     |                 |           |     |                      |
|                                                                                   |           |                     |                 |           |     |                      | BD PEN MINI – injection device<br>for insulin                                            | 3         |                     |                 |           |     |                      |



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| BD PEN NEEDLE/MINI/ULTRAF – insulin pen needle 31 g x 5 mm (3/16")         | 2         |                     |                 |           |     |                      | BREATHERITE W/MEDIUM MASK – spacer/aerosol-holding chambers - device       | 3         |                     |                 |           |     |                      |
| BD PEN NEEDLE/NANO/ULTRA – insulin pen needle 32 g x 4 mm (5/32")          | 2         |                     |                 |           |     |                      | BREATHERITE W/SMALL MASK – spacer/aerosol-holding chambers - device        | 3         |                     |                 |           |     |                      |
| BD PEN NEEDLE/SHORT/ULTRA – insulin pen needle 31 g x 8 mm (1/3" or 5/16") | 2         |                     |                 |           |     |                      | BULLSEYE MINI SAFETY LANC – lancets                                        | 3         |                     |                 |           |     |                      |
| BD PEN NEEDLE/ULTRAFINE/2 – insulin pen needle 29 g x 12.7 mm              | 2         |                     |                 |           |     |                      | BULLSEYE SAFETY LANCETS – lancets                                          | 3         |                     |                 |           |     |                      |
| BD PEN NEEDLES SHORT/ULTR – insulin pen needle 31 g x 8 mm (1/3" or 5/16") | 2         |                     |                 |           |     |                      | CARDIOCOM LANCING DEVICE – lancet devices                                  | 3         |                     |                 |           |     |                      |
| BD SAFETY-GLIDE INSULIN S – insulin syringe/needle u-100 1/2 ml 29 x 1/2"  | 2         |                     |                 |           |     |                      | CAREFINE PEN NEEDLE 32GX4 – insulin pen needle 32 g x 4 mm (5/32")         | 2         |                     |                 |           |     |                      |
| BD SAFETY-LOK INSULIN SYR – insulin syringe/needle u-100 1 ml 29 x 1/2"    | 2         |                     |                 |           |     |                      | CAREFINE PEN NEEDLES 29GX – insulin pen needle 29 g x 12 mm (1/2")         | 2         |                     |                 |           |     |                      |
| BD SAFETYGLIDE INSULIN SY – insulin syringe/needle u-100 1/2 ml 30 x 5/16" | 2         |                     |                 |           |     |                      | CAREFINE PEN NEEDLES 30GX – insulin pen needle 30 g x 8 mm (1/3" or 5/16") | 2         |                     |                 |           |     |                      |
| BLOOD GLUCOSE MONITORING – blood glucose monitoring kit w/ device          | 1         |                     |                 |           |     |                      | CAREFINE PEN NEEDLES 31GX – insulin pen needle 31 g x 6 mm (1/4")          | 2         |                     |                 |           |     |                      |
| BLOOD GLUCOSE SYSTEM PAK – blood glucose monitoring kit w/ device          | 1         |                     |                 |           |     |                      | CAREFINE PEN NEEDLES 31GX – insulin pen needle 31 g x 8 mm (1/3" or 5/16") | 2         |                     |                 |           |     |                      |
| BREATHERITE – spacer/aerosol-holding chambers - device                     | 3         |                     |                 |           |     |                      | CAREFINE PEN NEEDLES 32GX – insulin pen needle 32 g x 5 mm (1/5" or 3/16") | 2         |                     |                 |           |     |                      |
| BREATHERITE COLLAPSIBLE – spacer/aerosol-holding chambers - device         | 3         |                     |                 |           |     |                      | CAREFINE PEN NEEDLES 32GX – insulin pen needle 32 g x 6 mm (1/4")          | 2         |                     |                 |           |     |                      |
| BREATHERITE RIGID SPACER – spacer/aerosol-holding chambers - device        | 3         |                     |                 |           |     |                      | CAREONE ADVANCED LANCING – lancet devices                                  | 3         |                     |                 |           |     |                      |
| BREATHERITE W/LARGE MASK – spacer/aerosol-holding chambers - device        | 3         |                     |                 |           |     |                      | CAREONE BLOOD GLUCOSE MON – blood glucose monitoring kit w/ device         | 3         |                     |                 |           |     |                      |
|                                                                            |           |                     |                 |           |     |                      | CAREONE INSULIN SYRINGES/ – insulin syringe/needle u-100 0.3 ml 30 x 1/2"  | 2         |                     |                 |           |     |                      |

| Drug Name                                                                        | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                        | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| CAREONE INSULIN SYRINGES/ –<br>insulin syringe/needle u-100 1/2<br>ml 31 x 5/16" | 2         |                     |                 |           |     |                      | CAREONE UNIFINE PENTIPS 3 –<br>insulin pen needle 31 g x 8 mm<br>(1/3" or 5/16") | 2         |                     |                 |           |     |                      |
| CAREONE INSULIN SYRINGES/ –<br>insulin syringe/needle u-100 1/2<br>ml 30 x 1/2"  | 2         |                     |                 |           |     |                      | CARESENS CONTROL A SOLUTI<br>– blood glucose calibration -<br>liquid             | 3         |                     |                 |           |     |                      |
| CAREONE INSULIN SYRINGES/ –<br>insulin syringe/needle u-100 1<br>ml 30 x 1/2"    | 2         |                     |                 |           |     |                      | CARETOUCH LANCING DEVICE –<br>lancet devices                                     | 3         |                     |                 |           |     |                      |
| CAREONE INSULIN SYRINGES/ –<br>insulin syringe/needle u-100 1<br>ml 31 x 5/16"   | 2         |                     |                 |           |     |                      | CARETOUCH PEN NEEDLES 31 –<br>insulin pen needle 31 g x 6 mm<br>(1/4")           | 2         |                     |                 |           |     |                      |
| CAREONE INSULIN SYRINGES/ –<br>insulin syringe/needle u-100 0.3<br>ml 31 x 5/16" | 2         |                     |                 |           |     |                      | CARETOUCH PEN NEEDLES 31G<br>– insulin pen needle 31 g x 5<br>mm (3/16")         | 2         |                     |                 |           |     |                      |
| CAREONE LANCET THIN –<br>lancets                                                 | 3         |                     |                 |           |     |                      | CARETOUCH PEN NEEDLES 31G<br>– insulin pen needle 31 g x 8<br>mm (1/3" or 5/16") | 2         |                     |                 |           |     |                      |
| CAREONE LANCET ULTRA THIN –<br>lancets                                           | 3         |                     |                 |           |     |                      | CARETOUCH PEN NEEDLES 32G<br>– insulin pen needle 32 g x 4<br>mm (5/32")         | 2         |                     |                 |           |     |                      |
| CAREONE UNIFINE PENTIPS P –<br>insulin pen needle 29 g x 12 mm<br>(1/2")         | 2         |                     |                 |           |     |                      | CARETOUCH PEN NEEDLES 32G<br>– insulin pen needle 32 g x 5<br>mm (1/5" or 3/16") | 2         |                     |                 |           |     |                      |
| CAREONE UNIFINE PENTIPS P –<br>insulin pen needle 31 g x 5 mm<br>(3/16")         | 2         |                     |                 |           |     |                      | CARETOUCH TWIST LANCETS 2<br>– lancets                                           | 3         |                     |                 |           |     |                      |
| CAREONE UNIFINE PENTIPS P –<br>insulin pen needle 31 g x 6 mm<br>(1/4")          | 2         |                     |                 |           |     |                      | CARETOUCH TWIST LANCETS 3<br>– lancets                                           | 3         |                     |                 |           |     |                      |
| CAREONE UNIFINE PENTIPS P –<br>insulin pen needle 31 g x 8 mm<br>(1/3" or 5/16") | 2         |                     |                 |           |     |                      | CAYA – diaphragm arc-spring                                                      | A         |                     |                 |           | •   |                      |
| CAREONE UNIFINE PENTIPS P –<br>insulin pen needle 32 g x 4 mm<br>(5/32")         | 2         |                     |                 |           |     |                      | CLEANLET LANCETS 28G –<br>lancets                                                | 3         |                     |                 |           |     |                      |
| CAREONE UNIFINE PENTIPS 2 –<br>insulin pen needle 29 g x 12 mm<br>(1/2")         | 2         |                     |                 |           |     |                      | CLEVER CHEK BLOOD GLUCOSE<br>– blood glucose monitoring kit<br>w/ device         | 3         |                     |                 |           |     |                      |
| CAREONE UNIFINE PENTIPS 3 –<br>insulin pen needle 31 g x 5 mm<br>(3/16")         | 2         |                     |                 |           |     |                      | CLEVER CHEK LANCETS ULTRA<br>– lancets                                           | 3         |                     |                 |           |     |                      |
| CAREONE UNIFINE PENTIPS 3 –<br>insulin pen needle 31 g x 6 mm<br>(1/4")          | 2         |                     |                 |           |     |                      | CLEVER CHOICE ANTI-STATIC<br>– spacer/aerosol-holding<br>chambers - device       | 3         |                     |                 |           |     |                      |
|                                                                                  |           |                     |                 |           |     |                      | CLEVER CHOICE COMFORT EZ –<br>insulin syringe/needle u-100 0.3<br>ml 29 x 1/2"   | 2         |                     |                 |           |     |                      |

| Drug Name                                                                       | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                       | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| CLEVER CHOICE COMFORT EZ –<br>insulin syringe/needle u-100 0.3<br>ml 30 x 5/16" | 2         |                     |                 |           |     |                      | CLEVER CHOICE COMFORT EZ –<br>insulin pen needle 31 g x 5 mm<br>(3/16")         | 2         |                     |                 |           |     |                      |
| CLEVER CHOICE COMFORT EZ –<br>insulin syringe/needle u-100 0.3<br>ml 30 x 1/2"  | 2         |                     |                 |           |     |                      | CLEVER CHOICE COMFORT EZ –<br>insulin pen needle 31 g x 6 mm<br>(1/4")          | 2         |                     |                 |           |     |                      |
| CLEVER CHOICE COMFORT EZ –<br>insulin syringe/needle u-100 1/2<br>ml 31 x 5/16" | 2         |                     |                 |           |     |                      | CLEVER CHOICE COMFORT EZ –<br>insulin pen needle 31 g x 8 mm<br>(1/3" or 5/16") | 2         |                     |                 |           |     |                      |
| CLEVER CHOICE COMFORT EZ –<br>insulin syringe/needle u-100 1/2<br>ml 28 x 1/2"  | 2         |                     |                 |           |     |                      | CLEVER CHOICE COMFORT EZ –<br>insulin pen needle 32 g x 4 mm<br>(5/32")         | 2         |                     |                 |           |     |                      |
| CLEVER CHOICE COMFORT EZ –<br>insulin syringe/needle u-100 1/2<br>ml 29 x 1/2"  | 2         |                     |                 |           |     |                      | CLEVER CHOICE COMFORT EZ –<br>insulin pen needle 32 g x 5 mm<br>(1/5" or 3/16") | 2         |                     |                 |           |     |                      |
| CLEVER CHOICE COMFORT EZ –<br>insulin syringe/needle u-100 1/2<br>ml 30 x 5/16" | 2         |                     |                 |           |     |                      | CLEVER CHOICE COMFORT EZ –<br>insulin pen needle 32 g x 6 mm<br>(1/4")          | 2         |                     |                 |           |     |                      |
| CLEVER CHOICE COMFORT EZ –<br>insulin syringe/needle u-100 1/2<br>ml 30 x 1/2"  | 2         |                     |                 |           |     |                      | CLEVER CHOICE COMFORT EZ –<br>insulin pen needle 32 g x 8 mm                    | 2         |                     |                 |           |     |                      |
| CLEVER CHOICE COMFORT EZ –<br>insulin syringe/needle u-100 1<br>ml 28 x 1/2"    | 2         |                     |                 |           |     |                      | CLEVER CHOICE COMFORT EZ –<br>insulin pen needle 33 g x 4 mm<br>(5/32")         | 2         |                     |                 |           |     |                      |
| CLEVER CHOICE COMFORT EZ –<br>insulin syringe/needle u-100 1<br>ml 29 x 1/2"    | 2         |                     |                 |           |     |                      | CLEVER CHOICE COMFORT EZ –<br>insulin pen needle 33 g x 5 mm<br>(1/5" or 3/16") | 2         |                     |                 |           |     |                      |
| CLEVER CHOICE COMFORT EZ –<br>insulin syringe/needle u-100 1<br>ml 30 x 5/16"   | 2         |                     |                 |           |     |                      | CLEVER CHOICE COMFORT EZ –<br>insulin pen needle 33 g x 6 mm<br>(1/4")          | 2         |                     |                 |           |     |                      |
| CLEVER CHOICE COMFORT EZ –<br>insulin syringe/needle u-100 1<br>ml 30 x 1/2"    | 2         |                     |                 |           |     |                      | CLEVER CHOICE COMFORT EZ –<br>insulin pen needle 33 g x 8 mm<br>(1/3" or 5/16") | 2         |                     |                 |           |     |                      |
| CLEVER CHOICE COMFORT EZ –<br>insulin syringe/needle u-100 1<br>ml 31 x 5/16"   | 2         |                     |                 |           |     |                      | CLEVER CHOICE GLUCOSE CON<br>– blood glucose calibration -<br>liquid - high     | 3         |                     |                 |           |     |                      |
| CLEVER CHOICE COMFORT EZ –<br>insulin syringe/needle u-100 0.3<br>ml 31 x 5/16" | 2         |                     |                 |           |     |                      | CLEVER CHOICE GLUCOSE CON<br>– blood glucose calibration -<br>liquid - low      | 3         |                     |                 |           |     |                      |
| CLEVER CHOICE COMFORT EZ –<br>insulin pen needle 29 g x 12 mm<br>(1/2")         | 2         |                     |                 |           |     |                      | CLEVER CHOICE MICRO BLOOD<br>– blood glucose monitoring kit<br>w/ device        | 3         |                     |                 |           |     |                      |

| Drug Name                                                                  | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                  | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| CLICKFINE PEN NEEDLE UNIV – insulin pen needle 31 g x 6 mm (1/4")          | 2         |                     |                 |           |     |                      | COMFORT ASSIST INSULIN SY – insulin syringe/needle u-100 1 ml 31 x 5/16"   | 2         |                     |                 |           |     |                      |
| CLICKFINE PEN NEEDLE UNIV – insulin pen needle 31 g x 8 mm (1/3" or 5/16") | 2         |                     |                 |           |     |                      | COMFORT ASSIST INSULIN SY – insulin syringe/needle u-100 0.3 ml 31 x 5/16" | 2         |                     |                 |           |     |                      |
| CLICKFINE PEN NEEDLE 32GX – insulin pen needle 32 g x 4 mm (5/32")         | 2         |                     |                 |           |     |                      | COMFORT ASSURED LANCETS M – lancets                                        | 3         |                     |                 |           |     |                      |
| CLICKFINE PEN NEEDLES/31G – insulin pen needle 31 g x 6 mm (1/4")          | 2         |                     |                 |           |     |                      | COMFORT ASSURED LANCETS S – lancets                                        | 3         |                     |                 |           |     |                      |
| CLICKFINE PEN NEEDLES/31G – insulin pen needle 31 g x 8 mm (1/3" or 5/16") | 2         |                     |                 |           |     |                      | COMFORT LANCETS – lancets                                                  | 3         |                     |                 |           |     |                      |
| CLICKFINE UNIVERSAL PEN N – insulin pen needle 31 g x 8 mm (1/3" or 5/16") | 2         |                     |                 |           |     |                      | COMPACT SPACE CHAMBER/ANT – spacer/aerosol-holding chambers - device       | 3         |                     |                 |           |     |                      |
| CLOSERCARE – lancet devices                                                | 3         |                     |                 |           |     |                      | CONTOUR NEXT ONE BLOOD GL – blood glucose monitoring kit                   | 2         |                     |                 |           |     |                      |
| COAGUCHEK LANCETS – lancets                                                | 3         |                     |                 |           |     |                      | CONTROL SOLUTION NORMAL – blood glucose calibration - liquid - normal      | 3         |                     |                 |           |     |                      |
| COMFORT ASSIST INSULIN SY – insulin syringe/needle u-100 0.3 ml 29 x 1/2"  | 2         |                     |                 |           |     |                      | COOL BLOOD GLUCOSE MONITO – blood glucose monitoring kit w/ device         | 3         |                     |                 |           |     |                      |
| COMFORT ASSIST INSULIN SY – insulin syringe/needle u-100 0.3 ml 30 x 5/16" | 2         |                     |                 |           |     |                      | COOL CONTROL SOLUTION A – blood glucose calibration - liquid               | 3         |                     |                 |           |     |                      |
| COMFORT ASSIST INSULIN SY – insulin syringe/needle u-100 1/2 ml 31 x 5/16" | 2         |                     |                 |           |     |                      | COOL CONTROL SOLUTION B – blood glucose calibration - liquid               | 3         |                     |                 |           |     |                      |
| COMFORT ASSIST INSULIN SY – insulin syringe/needle u-100 1/2 ml 29 x 1/2"  | 2         |                     |                 |           |     |                      | CVS ADVANCED GLUCOSE METE – blood glucose monitoring kit w/ device         | 3         |                     |                 |           |     |                      |
| COMFORT ASSIST INSULIN SY – insulin syringe/needle u-100 1/2 ml 30 x 5/16" | 2         |                     |                 |           |     |                      | CVS LANCETS MICRO THIN 33 – lancets                                        | 3         |                     |                 |           |     |                      |
| COMFORT ASSIST INSULIN SY – insulin syringe/needle u-100 1 ml 29 x 1/2"    | 2         |                     |                 |           |     |                      | CVS LANCETS MICRO-THIN 33 – lancets                                        | 3         |                     |                 |           |     |                      |
| COMFORT ASSIST INSULIN SY – insulin syringe/needle u-100 1 ml 30 x 5/16"   | 2         |                     |                 |           |     |                      | CVS LANCETS ORIGINAL – lancets                                             | 3         |                     |                 |           |     |                      |
|                                                                            |           |                     |                 |           |     |                      | CVS LANCETS THIN 26G – lancets                                             | 3         |                     |                 |           |     |                      |
|                                                                            |           |                     |                 |           |     |                      | CVS LANCETS ULTRA THIN 30 – lancets                                        | 3         |                     |                 |           |     |                      |

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| CVS LANCETS ULTRA-THIN 30 – lancets                                        | 3         |                     |                 |           |     |                      | DROPLET PEN NEEDLES 32GX4 – insulin pen needle 32 g x 4 mm (5/32")         | 2         |                     |                 |           |     |                      |
| CVS LANCETS 21G – lancets                                                  | 3         |                     |                 |           |     |                      | DROPLET PEN NEEDLES 32GX5 – insulin pen needle 32 g x 5 mm (1/5" or 3/16") | 2         |                     |                 |           |     |                      |
| CVS LANCING DEVICE – lancet devices                                        | 3         |                     |                 |           |     |                      | DROPLET PEN NEEDLES 32GX6 – insulin pen needle 32 g x 6 mm (1/4")          | 2         |                     |                 |           |     |                      |
| CVS ULTRA THIN LANCETS – lancets                                           | 3         |                     |                 |           |     |                      | DROPLET PEN NEEDLES 32GX8 – insulin pen needle 32 g x 8 mm                 | 2         |                     |                 |           |     |                      |
| D-CARE GLUCOMETER KIT/GLU – blood glucose monitoring kit w/ device         | 3         |                     |                 |           |     |                      | DRUG MART ADJUSTABLE LANC – lancet devices                                 | 3         |                     |                 |           |     |                      |
| DIASTAR EASY TEST II LANC – lancets                                        | 3         |                     |                 |           |     |                      | DRUG MART LANCETS THIN – lancets                                           | 3         |                     |                 |           |     |                      |
| DIASTAR EASY TEST LANCETS – lancets                                        | 3         |                     |                 |           |     |                      | DRUG MART LANCETS ULTRA T – lancets                                        | 3         |                     |                 |           |     |                      |
| DIATRUE GLUCOSE CONTROL S – blood glucose calibration - liquid - high      | 3         |                     |                 |           |     |                      | DRUG MART ON-THE-GO LANCE – lancets                                        | 3         |                     |                 |           |     |                      |
| DIATRUE GLUCOSE CONTROL S – blood glucose calibration - liquid - normal    | 3         |                     |                 |           |     |                      | DRUG MART UNIFINE PENTIPS – insulin pen needle 29 g x 12 mm (1/2")         | 2         |                     |                 |           |     |                      |
| DIATRUE GLUCOSE CONTROL S – blood glucose calibration - liquid - low       | 3         |                     |                 |           |     |                      | DRUG MART UNIFINE PENTIPS – insulin pen needle 31 g x 5 mm (3/16")         | 2         |                     |                 |           |     |                      |
| DROPLET LANCETS ULTRA THI – lancets                                        | 3         |                     |                 |           |     |                      | DRUG MART UNIFINE PENTIPS – insulin pen needle 31 g x 6 mm (1/4")          | 2         |                     |                 |           |     |                      |
| DROPLET LANCING DEVICE – lancet devices                                    | 3         |                     |                 |           |     |                      | DRUG MART UNIFINE PENTIPS – insulin pen needle 31 g x 8 mm (1/3" or 5/16") | 2         |                     |                 |           |     |                      |
| DROPLET PEN NEEDLES 29GX1 – insulin pen needle 29 g x 10 mm                | 2         |                     |                 |           |     |                      | DRUG MART UNIFINE PENTIPS – insulin pen needle 32 g x 4 mm (5/32")         | 2         |                     |                 |           |     |                      |
| DROPLET PEN NEEDLES 29GX1 – insulin pen needle 29 g x 12 mm (1/2")         | 2         |                     |                 |           |     |                      | DRUG MART UNILET LANCETS – lancets                                         | 3         |                     |                 |           |     |                      |
| DROPLET PEN NEEDLES 31GX5 – insulin pen needle 31 g x 5 mm (3/16")         | 2         |                     |                 |           |     |                      | DUANE READE LANCET ALTERN – lancets                                        | 3         |                     |                 |           |     |                      |
| DROPLET PEN NEEDLES 31GX6 – insulin pen needle 31 g x 6 mm (1/4")          | 2         |                     |                 |           |     |                      | DUANE READE LANCET SUPER – lancets                                         | 3         |                     |                 |           |     |                      |
| DROPLET PEN NEEDLES 31GX8 – insulin pen needle 31 g x 8 mm (1/3" or 5/16") | 2         |                     |                 |           |     |                      | DUANE READE LANCET ULTRA – lancets                                         | 3         |                     |                 |           |     |                      |

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| DUANE READE UNIFINE PENTI –<br>insulin pen needle 29 g x 12 mm<br>(1/2")         | 2         |                     |                 |           |     |                      | EASY COMFORT INSULIN SYRI –<br>insulin syringe/needle u-100 1/2<br>ml 30 x 5/16" | 2         |                     |                 |           |     |                      |
| DUANE READE UNIFINE PENTI –<br>insulin pen needle 31 g x 6 mm<br>(1/4")          | 2         |                     |                 |           |     |                      | EASY COMFORT INSULIN SYRI –<br>insulin syringe/needle u-100 1/2<br>ml 30 x 1/2"  | 2         |                     |                 |           |     |                      |
| DUANE READE UNIFINE PENTI –<br>insulin pen needle 31 g x 8 mm<br>(1/3" or 5/16") | 2         |                     |                 |           |     |                      | EASY COMFORT INSULIN SYRI –<br>insulin syringe/needle u-100 1<br>ml 30 x 5/16"   | 2         |                     |                 |           |     |                      |
| DUO-CARE CONTROL SOLUTION<br>– blood glucose calibration -<br>liquid             | 3         |                     |                 |           |     |                      | EASY COMFORT INSULIN SYRI –<br>insulin syringe/needle u-100 1<br>ml 30 x 1/2"    | 2         |                     |                 |           |     |                      |
| E-Z JECT LANCETS – lancets                                                       | 3         |                     |                 |           |     |                      | EASY COMFORT INSULIN SYRI –<br>insulin syringe/needle u-100 1<br>ml 31 x 5/16"   | 2         |                     |                 |           |     |                      |
| E-Z JECT LANCETS COLOR –<br>lancets                                              | 3         |                     |                 |           |     |                      | EASY COMFORT LANCETS –<br>lancets                                                | 3         |                     |                 |           |     |                      |
| E-Z JECT LANCETS SUPER TH –<br>lancets                                           | 3         |                     |                 |           |     |                      | EASY COMFORT LANCETS 30G/ –<br>lancets                                           | 3         |                     |                 |           |     |                      |
| E-Z JECT LANCETS THIN 26G –<br>lancets                                           | 3         |                     |                 |           |     |                      | EASY COMFORT PEN NEEDLES –<br>insulin pen needle 31 g x 5 mm<br>(3/16")          | 2         |                     |                 |           |     |                      |
| E-Z JECT LANCETS 21G – lancets                                                   | 3         |                     |                 |           |     |                      | EASY COMFORT PEN NEEDLES –<br>insulin pen needle 31 g x 6 mm<br>(1/4")           | 2         |                     |                 |           |     |                      |
| E-Z SPACER – spacer/aerosol-<br>holding chambers - device                        | 3         |                     |                 |           |     |                      | EASY COMFORT PEN NEEDLES –<br>insulin pen needle 31 g x 8 mm<br>(1/3" or 5/16")  | 2         |                     |                 |           |     |                      |
| E-Z SPACER THE BODY GUARD<br>– spacer/aerosol-holding<br>chambers - device       | 3         |                     |                 |           |     |                      | EASY COMFORT PEN NEEDLES –<br>insulin pen needle 32 g x 4 mm<br>(5/32")          | 2         |                     |                 |           |     |                      |
| E-ZJECT LANCETS MICRO-THI –<br>lancets                                           | 3         |                     |                 |           |     |                      | EASY MINI EJECT LANCING D –<br>lancet devices                                    | 3         |                     |                 |           |     |                      |
| EASIVENT – spacer/aerosol-<br>holding chambers - device                          | 3         |                     |                 |           |     |                      | EASY MINI LANCING DEVICE –<br>lancet devices                                     | 3         |                     |                 |           |     |                      |
| EASIVENT/MASK-LARGE –<br>spacer/aerosol-holding<br>chambers - device             | 3         |                     |                 |           |     |                      | EASY PLUS BLOOD GLUCOSE M<br>– blood glucose monitoring kit<br>w/ device         | 3         |                     |                 |           |     |                      |
| EASIVENT/MASK-MEDIUM<br>– spacer/aerosol-holding<br>chambers - device            | 3         |                     |                 |           |     |                      | EASY PLUS II CONTROL SOLU<br>– blood glucose calibration -<br>liquid - high      | 3         |                     |                 |           |     |                      |
| EASIVENT/MASK-SMALL –<br>spacer/aerosol-holding<br>chambers - device             | 3         |                     |                 |           |     |                      |                                                                                  |           |                     |                 |           |     |                      |
| EASY COMFORT INSULIN SYRI –<br>insulin syringe/needle u-100 1/2<br>ml 31 x 5/16" | 2         |                     |                 |           |     |                      |                                                                                  |           |                     |                 |           |     |                      |

| Drug Name                                                                      | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                        | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| EASY PLUS II CONTROL SOLU<br>– blood glucose calibration -<br>liquid - low     | 3         |                     |                 |           |     |                      | EASY TOUCH GLUCOSE MONITO<br>– blood glucose monitoring kit<br>w/ device         | 3         |                     |                 |           |     |                      |
| EASY STEP BLOOD GLUCOSE M<br>– blood glucose monitoring kit<br>w/ device       | 3         |                     |                 |           |     |                      | EASY TOUCH HEALTHPRO CONT<br>– blood glucose calibration -<br>liquid             | 3         |                     |                 |           |     |                      |
| EASY STEP CONTROL Solutio<br>– blood glucose calibration -<br>liquid - high    | 3         |                     |                 |           |     |                      | EASY TOUCH HEALTHPRO GLUC<br>– blood glucose monitoring kit<br>w/ device         | 3         |                     |                 |           |     |                      |
| EASY STEP CONTROL Solutio<br>– blood glucose calibration -<br>liquid - normal  | 3         |                     |                 |           |     |                      | EASY TOUCH INSULIN SYRING –<br>insulin syringe/needle u-100 0.3<br>ml 30 x 5/16" | 2         |                     |                 |           |     |                      |
| EASY STEP CONTROL Solutio<br>– blood glucose calibration -<br>liquid - low     | 3         |                     |                 |           |     |                      | EASY TOUCH INSULIN SYRING –<br>insulin syringe/needle u-100 0.3<br>ml 30 x 1/2"  | 2         |                     |                 |           |     |                      |
| EASY TALK BLOOD GLUCOSE M<br>– blood glucose monitoring kit<br>w/ device       | 3         |                     |                 |           |     |                      | EASY TOUCH INSULIN SYRING –<br>insulin syringe/needle u-100 1/2<br>ml 27 x 1/2"  | 2         |                     |                 |           |     |                      |
| EASY TALK CONTROL Solutio<br>– blood glucose calibration -<br>liquid - high    | 3         |                     |                 |           |     |                      | EASY TOUCH INSULIN SYRING –<br>insulin syringe/needle u-100 1/2<br>ml 31 x 5/16" | 2         |                     |                 |           |     |                      |
| EASY TALK CONTROL Solutio<br>– blood glucose calibration -<br>liquid - normal  | 3         |                     |                 |           |     |                      | EASY TOUCH INSULIN SYRING –<br>insulin syringe/needle u-100 1/2<br>ml 28 x 1/2"  | 2         |                     |                 |           |     |                      |
| EASY TALK CONTROL Solutio<br>– blood glucose calibration -<br>liquid - low     | 3         |                     |                 |           |     |                      | EASY TOUCH INSULIN SYRING –<br>insulin syringe/needle u-100 1/2<br>ml 29 x 1/2"  | 2         |                     |                 |           |     |                      |
| EASY TOUCH CONTROL SOLUTI<br>– blood glucose calibration -<br>liquid           | 3         |                     |                 |           |     |                      | EASY TOUCH INSULIN SYRING –<br>insulin syringe/needle u-100 1/2<br>ml 30 x 5/16" | 2         |                     |                 |           |     |                      |
| EASY TOUCH FLIPLOCK SAFET –<br>insulin syringe/needle u-100 1<br>ml 29 x 1/2"  | 2         |                     |                 |           |     |                      | EASY TOUCH INSULIN SYRING –<br>insulin syringe/needle u-100 1/2<br>ml 30 x 1/2"  | 2         |                     |                 |           |     |                      |
| EASY TOUCH FLIPLOCK SAFET –<br>insulin syringe/needle u-100 1<br>ml 30 x 5/16" | 2         |                     |                 |           |     |                      | EASY TOUCH INSULIN SYRING –<br>insulin syringe/needle u-100 1<br>ml 27 x 1/2"    | 2         |                     |                 |           |     |                      |
| EASY TOUCH FLIPLOCK SAFET –<br>insulin syringe/needle u-100 1<br>ml 30 x 1/2"  | 2         |                     |                 |           |     |                      | EASY TOUCH INSULIN SYRING –<br>insulin syringe/needle u-100 1<br>ml 28 x 1/2"    | 2         |                     |                 |           |     |                      |
| EASY TOUCH FLIPLOCK SAFET –<br>insulin syringe/needle u-100 1<br>ml 31 x 5/16" | 2         |                     |                 |           |     |                      | EASY TOUCH INSULIN SYRING –<br>insulin syringe/needle u-100 1<br>ml 29 x 1/2"    | 2         |                     |                 |           |     |                      |

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| EASY TOUCH INSULIN SYRING – insulin syringe/needle u-100 1 ml 30 x 5/16"   | 2         |                     |                 |           |     |                      | EASY TOUCH LANCETS 33G/TW – lancets                                        | 3         |                     |                 |           |     |                      |
| EASY TOUCH INSULIN SYRING – insulin syringe/needle u-100 1 ml 30 x 1/2"    | 2         |                     |                 |           |     |                      | EASY TOUCH LANCING DEVICE – lancet devices                                 | 3         |                     |                 |           |     |                      |
| EASY TOUCH INSULIN SYRING – insulin syringe/needle u-100 1 ml 31 x 5/16"   | 2         |                     |                 |           |     |                      | EASY TOUCH PEN NEEDLES 29 – insulin pen needle 29 g x 12 mm (1/2")         | 2         |                     |                 |           |     |                      |
| EASY TOUCH INSULIN SYRING – insulin syringe/needle u-100 0.3 ml 31 x 5/16" | 2         |                     |                 |           |     |                      | EASY TOUCH PEN NEEDLES 31 – insulin pen needle 31 g x 6 mm (1/4")          | 2         |                     |                 |           |     |                      |
| EASY TOUCH LANCETS 21G/PR – lancets                                        | 3         |                     |                 |           |     |                      | EASY TOUCH PEN NEEDLES 31 – insulin pen needle 31 g x 8 mm (1/3" or 5/16") | 2         |                     |                 |           |     |                      |
| EASY TOUCH LANCETS 23G/PR – lancets                                        | 3         |                     |                 |           |     |                      | EASY TOUCH PEN NEEDLES 32 – insulin pen needle 32 g x 4 mm (5/32")         | 2         |                     |                 |           |     |                      |
| EASY TOUCH LANCETS 26G/PR – lancets                                        | 3         |                     |                 |           |     |                      | EASY TOUCH PEN NEEDLES 32 – insulin pen needle 32 g x 5 mm (1/5" or 3/16") | 2         |                     |                 |           |     |                      |
| EASY TOUCH LANCETS 26G/PU – lancets                                        | 3         |                     |                 |           |     |                      | EASY TOUCH PEN NEEDLES 32 – insulin pen needle 32 g x 6 mm (1/4")          | 2         |                     |                 |           |     |                      |
| EASY TOUCH LANCETS 26G/TW – lancets                                        | 3         |                     |                 |           |     |                      | EASY TOUCH PEN NEEDLES/31 – insulin pen needle 31 g x 5 mm (3/16")         | 2         |                     |                 |           |     |                      |
| EASY TOUCH LANCETS 28G/PR – lancets                                        | 3         |                     |                 |           |     |                      | EASY TOUCH SAFETY LANCETS – lancets                                        | 3         |                     |                 |           |     |                      |
| EASY TOUCH LANCETS 28G/PU – lancets                                        | 3         |                     |                 |           |     |                      | EASY TOUCH SHEATHLOCK SAF – insulin syringe/needle u-100 1 ml 29 x 1/2"    | 2         |                     |                 |           |     |                      |
| EASY TOUCH LANCETS 28G/TW – lancets                                        | 3         |                     |                 |           |     |                      | EASY TOUCH SHEATHLOCK SAF – insulin syringe/needle u-100 1 ml 30 x 5/16"   | 2         |                     |                 |           |     |                      |
| EASY TOUCH LANCETS 30G/BU – lancets                                        | 3         |                     |                 |           |     |                      | EASY TOUCH SHEATHLOCK SAF – insulin syringe/needle u-100 1 ml 30 x 1/2"    | 2         |                     |                 |           |     |                      |
| EASY TOUCH LANCETS 30G/PR – lancets                                        | 3         |                     |                 |           |     |                      | EASY TOUCH SHEATHLOCK SAF – insulin syringe/needle u-100 1 ml 31 x 5/16"   | 2         |                     |                 |           |     |                      |
| EASY TOUCH LANCETS 30G/PU – lancets                                        | 3         |                     |                 |           |     |                      | EASY TOUCH 32GX5MM – insulin pen needle 32 g x 5 mm (1/5" or 3/16")        | 2         |                     |                 |           |     |                      |
| EASY TOUCH LANCETS 30G/TW – lancets                                        | 3         |                     |                 |           |     |                      |                                                                            |           |                     |                 |           |     |                      |
| EASY TOUCH LANCETS 32G/PR – lancets                                        | 3         |                     |                 |           |     |                      |                                                                            |           |                     |                 |           |     |                      |
| EASY TOUCH LANCETS 32G/PU – lancets                                        | 3         |                     |                 |           |     |                      |                                                                            |           |                     |                 |           |     |                      |
| EASY TOUCH LANCETS 32G/TW – lancets                                        | 3         |                     |                 |           |     |                      |                                                                            |           |                     |                 |           |     |                      |



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| EASY TOUCH 32GX6MM – insulin pen needle 32 g x 6 mm (1/4")              | 2         |                     |                 |           |     |                      | EASYMAX N BLOOD GLUCOSE S – blood glucose monitoring kit w/ device | 3         |                     |                 |           |     |                      |
| EASY TRAK BLOOD GLUCOSE M – blood glucose monitoring kit w/ device      | 3         |                     |                 |           |     |                      | EASYMAX NG SELF-MONITORIN – blood glucose monitoring kit w/ device | 3         |                     |                 |           |     |                      |
| EASY TRAK GLUCOSE CONTROL – blood glucose calibration - liquid - high   | 3         |                     |                 |           |     |                      | EASYMAX V BLOOD GLUCOSE S – blood glucose monitoring kit w/ device | 3         |                     |                 |           |     |                      |
| EASY TRAK GLUCOSE CONTROL – blood glucose calibration - liquid - normal | 3         |                     |                 |           |     |                      | EASYMAX V2 SELF-MONITORIN – blood glucose monitoring kit w/ device | 3         |                     |                 |           |     |                      |
| EASY TRAK GLUCOSE CONTROL – blood glucose calibration - liquid - low    | 3         |                     |                 |           |     |                      | EASYMAX 15 GLUCOSE CONTRO – blood glucose calibration - liquid     | 3         |                     |                 |           |     |                      |
| EASY TWIST & CAP LANCETS – lancets                                      | 3         |                     |                 |           |     |                      | EASYMAX 15 LEVEL 1 GLUCOS – blood glucose calibration - liquid     | 3         |                     |                 |           |     |                      |
| EASYGLUCO CONTROL SOLUTIO – blood glucose calibration - liquid - high   | 3         |                     |                 |           |     |                      | EASYMAX 15 LEVEL 2 GLUCOS – blood glucose calibration - liquid     | 3         |                     |                 |           |     |                      |
| EASYGLUCO CONTROL SOLUTIO – blood glucose calibration - liquid - normal | 3         |                     |                 |           |     |                      | EASYPLUS R13N SELF-MONITO – blood glucose monitoring kit w/ device | 3         |                     |                 |           |     |                      |
| EASYGLUCO CONTROL SOLUTIO – blood glucose calibration - liquid - low    | 3         |                     |                 |           |     |                      | EASYPLUS V SELF-MONITORIN – blood glucose monitoring kit w/ device | 3         |                     |                 |           |     |                      |
| EASYGLUCO PLUS CONTROL SO – blood glucose calibration - liquid          | 3         |                     |                 |           |     |                      | EASYPRO BLOOD GLUCOSE MON – blood glucose monitoring kit w/ device | 3         |                     |                 |           |     |                      |
| EASYMAX CONTROL SOLUTION – blood glucose calibration - liquid - high    | 3         |                     |                 |           |     |                      | EASYPRO PLUS – blood glucose monitoring kit w/ device              | 3         |                     |                 |           |     |                      |
| EASYMAX CONTROL SOLUTION – blood glucose calibration - liquid - normal  | 3         |                     |                 |           |     |                      | EASYTEST II LANCETS – lancets                                      | 3         |                     |                 |           |     |                      |
| EASYMAX CONTROL SOLUTION – blood glucose calibration - liquid - low     | 3         |                     |                 |           |     |                      | EASYTEST LANCETS – lancets                                         | 3         |                     |                 |           |     |                      |
| EASYMAX GLUCOSE CONTROL S – blood glucose calibration - liquid          | 3         |                     |                 |           |     |                      | ELEMENT AUTOCODE SYSTEM – blood glucose monitoring kit w/ device   | 3         |                     |                 |           |     |                      |
| EASYMAX L BLOOD GLUCOSE S – blood glucose monitoring kit w/ device      | 3         |                     |                 |           |     |                      | ELEMENT COMPACT CONTROL S – blood glucose calibration - liquid     | 3         |                     |                 |           |     |                      |
|                                                                         |           |                     |                 |           |     |                      | ELEMENT HIGH CONTROL – blood glucose calibration - liquid - high   | 3         |                     |                 |           |     |                      |

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| ELEMENT LOW CONTROL – blood glucose calibration - liquid - low             | 3         |                     |                 |           |     |                      | ELITE-THIN INSULIN SYRING – insulin syringe/needle u-100 0.3 ml 31 x 5/16" | 2         |                     |                 |           |     |                      |
| ELEMENT NORMAL CONTROL – blood glucose calibration - liquid - normal       | 3         |                     |                 |           |     |                      | EMBRACE CONTROL SOLUTION – blood glucose calibration - liquid - low        | 3         |                     |                 |           |     |                      |
| ELITE-THIN INSULIN SYRING – insulin syringe/needle u-100 1/2 ml 31 x 5/16" | 2         |                     |                 |           |     |                      | EMBRACE EVO BLOOD GLUCOSE – blood glucose monitoring kit w/ device         | 3         |                     |                 |           |     |                      |
| ELITE-THIN INSULIN SYRING – insulin syringe/needle u-100 1/2 ml 28 x 5/16" | 2         |                     |                 |           |     |                      | EMBRACE EVO GLUCOSE CONTR – blood glucose calibration - liquid - normal    | 3         |                     |                 |           |     |                      |
| ELITE-THIN INSULIN SYRING – insulin syringe/needle u-100 1/2 ml 28 x 1/2"  | 2         |                     |                 |           |     |                      | EMBRACE EVO GLUCOSE CONTR – blood glucose calibration - liquid - low       | 3         |                     |                 |           |     |                      |
| ELITE-THIN INSULIN SYRING – insulin syringe/needle u-100 1/2 ml 29 x 5/16" | 2         |                     |                 |           |     |                      | EMBRACE GLUCOSE CONTROL S – blood glucose calibration - liquid - high      | 3         |                     |                 |           |     |                      |
| ELITE-THIN INSULIN SYRING – insulin syringe/needle u-100 1/2 ml 29 x 1/2"  | 2         |                     |                 |           |     |                      | EMBRACE LANCETS ULTRA THI – lancets                                        | 3         |                     |                 |           |     |                      |
| ELITE-THIN INSULIN SYRING – insulin syringe/needle u-100 1/2 ml 30 x 5/16" | 2         |                     |                 |           |     |                      | EMBRACE PRO GLUCOSE CONTR – blood glucose calibration - liquid             | 3         |                     |                 |           |     |                      |
| ELITE-THIN INSULIN SYRING – insulin syringe/needle u-100 1 ml 28 x 5/16"   | 2         |                     |                 |           |     |                      | EQL COLOR LANCETS MICRO T – lancets                                        | 3         |                     |                 |           |     |                      |
| ELITE-THIN INSULIN SYRING – insulin syringe/needle u-100 1 ml 28 x 1/2"    | 2         |                     |                 |           |     |                      | EQL COLOR LANCETS 21G – lancets                                            | 3         |                     |                 |           |     |                      |
| ELITE-THIN INSULIN SYRING – insulin syringe/needle u-100 1 ml 29 x 1/2"    | 2         |                     |                 |           |     |                      | EQL INSULIN SYRINGE/0.3ML – insulin syringe/needle u-100 0.3 ml 29 x 1/2"  | 2         |                     |                 |           |     |                      |
| ELITE-THIN INSULIN SYRING – insulin syringe/needle u-100 1 ml 29 x 5/16"   | 2         |                     |                 |           |     |                      | EQL INSULIN SYRINGE/0.3ML – insulin syringe/needle u-100 0.3 ml 30 x 5/16" | 2         |                     |                 |           |     |                      |
| ELITE-THIN INSULIN SYRING – insulin syringe/needle u-100 1 ml 30 x 5/16"   | 2         |                     |                 |           |     |                      | EQL INSULIN SYRINGE/0.3ML – insulin syringe/needle u-100 0.3 ml 31 x 5/16" | 2         |                     |                 |           |     |                      |
| ELITE-THIN INSULIN SYRING – insulin syringe/needle u-100 1 ml 31 x 5/16"   | 2         |                     |                 |           |     |                      | EQL INSULIN SYRINGE/0.5ML – insulin syringe/needle u-100 1/2 ml 31 x 5/16" | 2         |                     |                 |           |     |                      |
|                                                                            |           |                     |                 |           |     |                      | EQL INSULIN SYRINGE/0.5ML – insulin syringe/needle u-100 1/2 ml 29 x 1/2"  | 2         |                     |                 |           |     |                      |

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| EQL INSULIN SYRINGE/0.5ML –<br>insulin syringe/needle u-100 1/2<br>ml 30 x 5/16" | 2         |                     |                 |           |     |                      | EXEL COMFORT POINT INSULI –<br>insulin syringe/needle u-100 0.3<br>ml 30 x 5/16" | 2         |                     |                 |           |     |                      |
| EQL INSULIN SYRINGE/1ML/2 –<br>insulin syringe/needle u-100 1<br>ml 29 x 1/2"    | 2         |                     |                 |           |     |                      | EXEL COMFORT POINT INSULI –<br>insulin syringe/needle u-100 1/2<br>ml 28 x 1/2"  | 2         |                     |                 |           |     |                      |
| EQL INSULIN SYRINGE/1ML/3 –<br>insulin syringe/needle u-100 1<br>ml 30 x 5/16"   | 2         |                     |                 |           |     |                      | EXEL COMFORT POINT INSULI –<br>insulin syringe/needle u-100 1/2<br>ml 29 x 1/2"  | 2         |                     |                 |           |     |                      |
| EQL INSULIN SYRINGE/1ML/3 –<br>insulin syringe/needle u-100 1<br>ml 31 x 5/16"   | 2         |                     |                 |           |     |                      | EXEL COMFORT POINT INSULI –<br>insulin syringe/needle u-100 1/2<br>ml 30 x 5/16" | 2         |                     |                 |           |     |                      |
| EQL SHORT PEN NEEDLES 31G –<br>insulin pen needle 31 g x 8 mm<br>(1/3" or 5/16") | 2         |                     |                 |           |     |                      | EXEL COMFORT POINT INSULI –<br>insulin syringe/needle u-100 1<br>ml 28 x 1/2"    | 2         |                     |                 |           |     |                      |
| EQL SUPER THIN LANCETS 30 –<br>lancets                                           | 3         |                     |                 |           |     |                      | EXEL COMFORT POINT INSULI –<br>insulin syringe/needle u-100 1<br>ml 29 x 1/2"    | 2         |                     |                 |           |     |                      |
| EQL THIN LANCETS 26G – lancets                                                   | 3         |                     |                 |           |     |                      | EXEL COMFORT POINT INSULI –<br>insulin syringe/needle u-100 1<br>ml 30 x 5/16"   | 2         |                     |                 |           |     |                      |
| EQL ULTRA SHORT PEN NEEDL –<br>insulin pen needle 31 g x 6 mm<br>(1/4")          | 2         |                     |                 |           |     |                      | EXEL COMFORT POINT INSULI –<br>insulin pen needle 29 g x 12 mm<br>(1/2")         | 2         |                     |                 |           |     |                      |
| EVENCARE CONTROL SOLUTION<br>– blood glucose calibration -<br>liquid             | 3         |                     |                 |           |     |                      | EXEL COMFORT POINT INSULI –<br>insulin pen needle 31 g x 6 mm<br>(1/4")          | 2         |                     |                 |           |     |                      |
| EVENCARE G2 GLUCOSE CONTR<br>– blood glucose calibration -<br>liquid             | 3         |                     |                 |           |     |                      | EXEL COMFORT POINT INSULI –<br>insulin pen needle 31 g x 8 mm<br>(1/3" or 5/16") | 2         |                     |                 |           |     |                      |
| EVENCARE G3 GLUCOSE CONTR<br>– blood glucose calibration -<br>liquid             | 3         |                     |                 |           |     |                      | EZ SMART BLOOD GLUCOSE LA<br>– lancets                                           | 3         |                     |                 |           |     |                      |
| EVENCARE MINI GLUCOSE CON<br>– blood glucose calibration -<br>liquid - normal    | 3         |                     |                 |           |     |                      | EZ-LETS LANCETS 21G – lancets                                                    | 3         |                     |                 |           |     |                      |
| EVOLUTION CONTROL Solutio<br>– blood glucose calibration -<br>liquid - normal    | 3         |                     |                 |           |     |                      | EZ-LETS LANCETS 23G – lancets                                                    | 3         |                     |                 |           |     |                      |
| EXCEL COMFORT POINT INSUL –<br>insulin pen needle 31 g x 4 mm<br>(1/6")          | 2         |                     |                 |           |     |                      | EZ-LETS LANCETS 26G SUPER –<br>lancets                                           | 3         |                     |                 |           |     |                      |
| EXEL COMFORT POINT INSULI –<br>insulin syringe/needle u-100 0.3<br>ml 29 x 1/2"  | 2         |                     |                 |           |     |                      | EZ-LETS LANCETS 28G ULTRA –<br>lancets                                           | 3         |                     |                 |           |     |                      |
|                                                                                  |           |                     |                 |           |     |                      | EZ-LETS LANCETS 30G – lancets                                                    | 3         |                     |                 |           |     |                      |
|                                                                                  |           |                     |                 |           |     |                      | FC FEMALE CONDOM – condoms<br>- female                                           | A         |                     |                 |           | •   |                      |

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| FC2 FEMALE CONDOM – condoms - female                                       | A         |                     |                 |           | •   |                      | FLEXICHAMBER – spacer/ aerosol-holding chambers - device                | 3         |                     |                 |           |     |                      |
| FEMCAP – cervical cap 22 mm                                                | A         |                     |                 |           | •   |                      | FORA CONTROL SOLUTION HIG – blood glucose calibration - liquid - high   | 3         |                     |                 |           |     |                      |
| FEMCAP – cervical cap 26 mm                                                | A         |                     |                 |           | •   |                      | FORA CONTROL SOLUTION LOW – blood glucose calibration - liquid - low    | 3         |                     |                 |           |     |                      |
| FEMCAP – cervical cap 30 mm                                                | A         |                     |                 |           | •   |                      | FORA CONTROL SOLUTION NOR – blood glucose calibration - liquid - normal | 3         |                     |                 |           |     |                      |
| FIFTY50 GLUCOSE METER 2.0 – blood glucose monitoring kit w/ device         | 3         |                     |                 |           |     |                      | FORA G20 BLOOD GLUCOSE MO – blood glucose monitoring kit w/ device      | 3         |                     |                 |           |     |                      |
| FIFTY50 PEN NEEDLES 31G X – insulin pen needle 31 g x 5 mm (3/16")         | 2         |                     |                 |           |     |                      | FORA LANCETS – lancets                                                  | 3         |                     |                 |           |     |                      |
| FIFTY50 PEN NEEDLES 31G X – insulin pen needle 31 g x 8 mm (1/3" or 5/16") | 2         |                     |                 |           |     |                      | FORA LANCING DEVICE – lancet devices                                    | 3         |                     |                 |           |     |                      |
| FIFTY50 PEN NEEDLES 31GX5 – insulin pen needle 31 g x 5 mm (3/16")         | 2         |                     |                 |           |     |                      | FORA LANCING DEVICE/CLEAR – lancet devices                              | 3         |                     |                 |           |     |                      |
| FIFTY50 PEN NEEDLES/31GX8 – insulin pen needle 31 g x 8 mm (1/3" or 5/16") | 2         |                     |                 |           |     |                      | FORA TN'G VOICE BLOOD GLU – blood glucose monitoring kit w/ device      | 3         |                     |                 |           |     |                      |
| FIFTY50 PEN NEEDLES/32GX4 – insulin pen needle 32 g x 4 mm (5/32")         | 2         |                     |                 |           |     |                      | FORA V30A BLOOD GLUCOSE M – blood glucose monitoring kit w/ device      | 3         |                     |                 |           |     |                      |
| FIFTY50 PEN NEEDLES/32GX6 – insulin pen needle 32 g x 6 mm (1/4")          | 2         |                     |                 |           |     |                      | FORACARE GDH CONTROL SOLU – blood glucose calibration - liquid - high   | 3         |                     |                 |           |     |                      |
| FIFTY50 SAFETY SEAL LANCE – lancets                                        | 3         |                     |                 |           |     |                      | FORACARE GDH CONTROL SOLU – blood glucose calibration - liquid - normal | 3         |                     |                 |           |     |                      |
| FIFTY50 SUPERIOR COMFORT – insulin syringe/needle u-100 1/2 ml 31 x 5/16"  | 2         |                     |                 |           |     |                      | FORACARE GDH CONTROL SOLU – blood glucose calibration - liquid - low    | 3         |                     |                 |           |     |                      |
| FIFTY50 SUPERIOR COMFORT – insulin syringe/needle u-100 1 ml 31 x 5/16"    | 2         |                     |                 |           |     |                      | FORTISCARE CONTROL SOLUTI – blood glucose calibration - liquid - high   | 3         |                     |                 |           |     |                      |
| FIFTY50 SUPERIOR COMFORT – insulin syringe/needle u-100 0.3 ml 31 x 5/16"  | 2         |                     |                 |           |     |                      | FORTISCARE CONTROL SOLUTI – blood glucose calibration - liquid - normal | 3         |                     |                 |           |     |                      |
| FIFTY50 UNILET LANCETS 33 – lancets                                        | 3         |                     |                 |           |     |                      |                                                                         |           |                     |                 |           |     |                      |
| FINE 30 – lancets                                                          | 3         |                     |                 |           |     |                      |                                                                         |           |                     |                 |           |     |                      |
| FINGERSTIX LANCETS – lancets                                               | 2         |                     |                 |           |     |                      |                                                                         |           |                     |                 |           |     |                      |

| Drug Name                                                                        | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                        | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| FORTISCARE CONTROL SOLUTI<br>– blood glucose calibration -<br>liquid - low       | 3         |                     |                 |           |     |                      | FREESTYLE PRECISION INSUL –<br>insulin syringe/needle u-100 1<br>ml 31 x 5/16"   | 2         |                     |                 |           |     |                      |
| FORTISCARE SELF-MONITORIN –<br>blood glucose monitoring kit w/<br>device         | 3         |                     |                 |           |     |                      | FREESTYLE PRECISION NEO B –<br>blood glucose monitoring kit w/<br>device         | 3         |                     |                 |           |     |                      |
| FREDS PHARMACY AUTOLET LA<br>– lancet devices                                    | 3         |                     |                 |           |     |                      | FREESTYLE SIDEKICK II VAL –<br>blood glucose monitoring kit w/<br>device         | 3         |                     |                 |           |     |                      |
| FREDS PHARMACY UNIFINE PE –<br>insulin pen needle 31 g x 5 mm<br>(3/16")         | 2         |                     |                 |           |     |                      | FREESTYLE UNISTICK II LAN –<br>lancets                                           | 3         |                     |                 |           |     |                      |
| FREDS PHARMACY UNIFINE PE –<br>insulin pen needle 31 g x 8 mm<br>(1/3" or 5/16") | 2         |                     |                 |           |     |                      | GENTLE-LET GP LANCETS –<br>lancets                                               | 3         |                     |                 |           |     |                      |
| FREDS PHARMACY UNIFINE PE –<br>insulin pen needle 32 g x 4 mm<br>(5/32")         | 2         |                     |                 |           |     |                      | GENTLE-LET LANCETS GENERA<br>– lancets                                           | 3         |                     |                 |           |     |                      |
| FREDS PHARMACY UNILET LAN –<br>lancets                                           | 3         |                     |                 |           |     |                      | GENTLE-LET LANCETS SAFETY –<br>lancets                                           | 3         |                     |                 |           |     |                      |
| FREESTYLE CONTROL Solutio<br>– blood glucose calibration -<br>liquid             | 3         |                     |                 |           |     |                      | GE100 BLOOD GLUCOSE MONIT<br>– blood glucose monitoring kit<br>w/ device         | 3         |                     |                 |           |     |                      |
| FREESTYLE FREEDOM – blood<br>glucose monitoring kit w/<br>device                 | 3         |                     |                 |           |     |                      | GE100 CONTROL SOLUTION NO<br>– blood glucose calibration -<br>liquid - normal    | 3         |                     |                 |           |     |                      |
| FREESTYLE FREEDOM LITE –<br>blood glucose monitoring kit w/<br>device            | 3         |                     |                 |           |     |                      | GHT BLOOD GLUCOSE MONITO –<br>blood glucose monitoring kit w/<br>device          | 3         |                     |                 |           |     |                      |
| FREESTYLE INSULINX BLOOD –<br>blood glucose monitoring kit w/<br>device          | 3         |                     |                 |           |     |                      | GLOBAL EASE INJECT PEN NE –<br>insulin pen needle 29 g x 12 mm<br>(1/2")         | 2         |                     |                 |           |     |                      |
| FREESTYLE LANCETS – lancets                                                      | 3         |                     |                 |           |     |                      | GLOBAL EASE INJECT PEN NE –<br>insulin pen needle 31 g x 5 mm<br>(3/16")         | 2         |                     |                 |           |     |                      |
| FREESTYLE PRECISION INSUL –<br>insulin syringe/needle u-100 1/2<br>ml 31 x 5/16" | 2         |                     |                 |           |     |                      | GLOBAL EASE INJECT PEN NE –<br>insulin pen needle 31 g x 8 mm<br>(1/3" or 5/16") | 2         |                     |                 |           |     |                      |
| FREESTYLE PRECISION INSUL –<br>insulin syringe/needle u-100 1/2<br>ml 30 x 5/16" | 2         |                     |                 |           |     |                      | GLOBAL EASE INJECT PEN NE –<br>insulin pen needle 32 g x 4 mm<br>(5/32")         | 2         |                     |                 |           |     |                      |
| FREESTYLE PRECISION INSUL –<br>insulin syringe/needle u-100 1<br>ml 30 x 5/16"   | 2         |                     |                 |           |     |                      | GLOBAL EASY GLIDE INSULIN –<br>insulin syringe/needle u-100 0.3<br>ml 31 x 5/16" | 2         |                     |                 |           |     |                      |

| Drug Name                                                                        | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                        | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| GLOBAL EASY GLIDE PEN NEE –<br>insulin pen needle 32 g x 4 mm<br>(5/32")         | 2         |                     |                 |           |     |                      | GLOBAL INJECT EASE INSULI –<br>insulin syringe/needle u-100 0.3<br>ml 31 x 5/16" | 2         |                     |                 |           |     |                      |
| GLOBAL INJECT EASE INSULI –<br>insulin syringe/needle u-100 0.3<br>ml 29 x 1/2"  | 2         |                     |                 |           |     |                      | GLOBAL INJECT EASE LANCET –<br>lancets                                           | 3         |                     |                 |           |     |                      |
| GLOBAL INJECT EASE INSULI –<br>insulin syringe/needle u-100 0.3<br>ml 30 x 5/16" | 2         |                     |                 |           |     |                      | GLOBAL INSULIN SYRINGE/U- –<br>insulin syringe/needle u-100 0.3<br>ml 30 x 1/2"  | 2         |                     |                 |           |     |                      |
| GLOBAL INJECT EASE INSULI –<br>insulin syringe/needle u-100 0.3<br>ml 30 x 1/2"  | 2         |                     |                 |           |     |                      | GLOBAL INSULIN SYRINGES/U –<br>insulin syringe/needle u-100 0.3<br>ml 30 x 5/16" | 2         |                     |                 |           |     |                      |
| GLOBAL INJECT EASE INSULI –<br>insulin syringe/needle u-100 1/2<br>ml 31 x 5/16" | 2         |                     |                 |           |     |                      | GLOBAL LANCING DEVICE –<br>lancet devices                                        | 3         |                     |                 |           |     |                      |
| GLOBAL INJECT EASE INSULI –<br>insulin syringe/needle u-100 1/2<br>ml 28 x 1/2"  | 2         |                     |                 |           |     |                      | GLUCOCARD EXPRESSION AUDI<br>– blood glucose monitoring kit<br>w/ device         | 3         |                     |                 |           |     |                      |
| GLOBAL INJECT EASE INSULI –<br>insulin syringe/needle u-100 1/2<br>ml 29 x 1/2"  | 2         |                     |                 |           |     |                      | GLUCOCARD EXPRESSION<br>CONT – blood glucose<br>calibration - liquid             | 3         |                     |                 |           |     |                      |
| GLOBAL INJECT EASE INSULI –<br>insulin syringe/needle u-100 1/2<br>ml 30 x 5/16" | 2         |                     |                 |           |     |                      | GLUCOCARD SHINE – blood<br>glucose monitoring kit w/<br>device                   | 3         |                     |                 |           |     |                      |
| GLOBAL INJECT EASE INSULI –<br>insulin syringe/needle u-100 1/2<br>ml 30 x 1/2"  | 2         |                     |                 |           |     |                      | GLUCOCARD SHINE CONTROL<br>S – blood glucose calibration -<br>liquid             | 3         |                     |                 |           |     |                      |
| GLOBAL INJECT EASE INSULI –<br>insulin syringe/needle u-100 1<br>ml 28 x 1/2"    | 2         |                     |                 |           |     |                      | GLUCOCARD VITAL BLOOD GLU<br>– blood glucose monitoring kit<br>w/ device         | 3         |                     |                 |           |     |                      |
| GLOBAL INJECT EASE INSULI –<br>insulin syringe/needle u-100 1<br>ml 29 x 1/2"    | 2         |                     |                 |           |     |                      | GLUCOCARD X-METER – blood<br>glucose monitoring kit w/<br>device                 | 3         |                     |                 |           |     |                      |
| GLOBAL INJECT EASE INSULI –<br>insulin syringe/needle u-100 1<br>ml 30 x 5/16"   | 2         |                     |                 |           |     |                      | GLUCOCARD X-METER<br>CONTROL – blood glucose<br>calibration - liquid - normal    | 3         |                     |                 |           |     |                      |
| GLOBAL INJECT EASE INSULI –<br>insulin syringe/needle u-100 1<br>ml 30 x 1/2"    | 2         |                     |                 |           |     |                      | GLUCOCARD 01 BLOOD GLUCOS<br>– blood glucose monitoring kit<br>w/ device         | 3         |                     |                 |           |     |                      |
| GLOBAL INJECT EASE INSULI –<br>insulin syringe/needle u-100 1<br>ml 31 x 5/16"   | 2         |                     |                 |           |     |                      | GLUCOCARD 01 CONTROL SOLU<br>– blood glucose calibration -<br>liquid             | 3         |                     |                 |           |     |                      |
|                                                                                  |           |                     |                 |           |     |                      | GLUCOCARD 01 CONTROL SOLU<br>– blood glucose calibration -<br>liquid - normal    | 3         |                     |                 |           |     |                      |

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| GLUCOCARD 01-MINI BLOOD G – blood glucose monitoring kit w/ device         | 3         |                     |                 |           |     |                      | GLUCOPRO INSULIN SYRINGE/ – insulin syringe/needle u-100 1 ml 31 x 5/16"   | 2         |                     |                 |           |     |                      |
| GLUCOCOM BLOOD GLUCOSE MO – blood glucose monitoring kit w/ device         | 3         |                     |                 |           |     |                      | GLUCOPRO INSULIN SYRINGE/ – insulin syringe/needle u-100 0.3 ml 31 x 5/16" | 2         |                     |                 |           |     |                      |
| GLUCOCOM HIGH CONTROL – blood glucose calibration - liquid - high          | 3         |                     |                 |           |     |                      | GLUCOSE CONTROL NORMAL – blood glucose calibration - liquid - normal       | 1         |                     |                 |           |     |                      |
| GLUCOCOM LANCETS 28G – lancets                                             | 3         |                     |                 |           |     |                      | GLUCOSE CONTROL SOLUTION – blood glucose calibration - liquid              | 1         |                     |                 |           |     |                      |
| GLUCOCOM LANCETS 30G – lancets                                             | 3         |                     |                 |           |     |                      | GLUCOSOURCE LANCET DEVICE – lancet devices                                 | 3         |                     |                 |           |     |                      |
| GLUCOCOM LANCETS 33G – lancets                                             | 3         |                     |                 |           |     |                      | GLUCOSOURCE LANCETS – lancets                                              | 3         |                     |                 |           |     |                      |
| GLUCOCOM NORMAL CONTROL – blood glucose calibration - liquid - normal      | 3         |                     |                 |           |     |                      | GNP CLICKFINE PEN NEEDLE – insulin pen needle 31 g x 8 mm (1/3" or 5/16")  | 2         |                     |                 |           |     |                      |
| GLUCONAVII BLOOD GLUCOSE – blood glucose monitoring kit w/ device          | 3         |                     |                 |           |     |                      | GNP CLICKFINE UNIVERSAL P – insulin pen needle 31 g x 6 mm (1/4")          | 2         |                     |                 |           |     |                      |
| GLUCOPRO INSULIN SYRINGE/ – insulin syringe/needle u-100 0.3 ml 30 x 5/16" | 2         |                     |                 |           |     |                      | GNP CLICKFINE UNIVERSAL P – insulin pen needle 31 g x 8 mm (1/3" or 5/16") | 2         |                     |                 |           |     |                      |
| GLUCOPRO INSULIN SYRINGE/ – insulin syringe/needle u-100 0.3 ml 30 x 1/2"  | 2         |                     |                 |           |     |                      | GNP EASY TOUCH CONTROL SO – blood glucose calibration - liquid             | 3         |                     |                 |           |     |                      |
| GLUCOPRO INSULIN SYRINGE/ – insulin syringe/needle u-100 1/2 ml 31 x 5/16" | 2         |                     |                 |           |     |                      | GNP INSULIN SYRINGE/0.3ML – insulin syringe/needle u-100 0.3 ml 29 x 1/2"  | 2         |                     |                 |           |     |                      |
| GLUCOPRO INSULIN SYRINGE/ – insulin syringe/needle u-100 1/2 ml 30 x 5/16" | 2         |                     |                 |           |     |                      | GNP INSULIN SYRINGE/0.3ML – insulin syringe/needle u-100 0.3 ml 30 x 5/16" | 2         |                     |                 |           |     |                      |
| GLUCOPRO INSULIN SYRINGE/ – insulin syringe/needle u-100 1/2 ml 30 x 1/2"  | 2         |                     |                 |           |     |                      | GNP INSULIN SYRINGE/0.3ML – insulin syringe/needle u-100 0.3 ml 31 x 5/16" | 2         |                     |                 |           |     |                      |
| GLUCOPRO INSULIN SYRINGE/ – insulin syringe/needle u-100 1 ml 30 x 5/16"   | 2         |                     |                 |           |     |                      | GNP INSULIN SYRINGE/0.5ML – insulin syringe/needle u-100 1/2 ml 31 x 5/16" | 2         |                     |                 |           |     |                      |
| GLUCOPRO INSULIN SYRINGE/ – insulin syringe/needle u-100 1 ml 30 x 1/2"    | 2         |                     |                 |           |     |                      | GNP INSULIN SYRINGE/0.5ML – insulin syringe/needle u-100 1/2 ml 28 x 1/2"  | 2         |                     |                 |           |     |                      |

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| GNP INSULIN SYRINGE/0.5ML –<br>insulin syringe/needle u-100 1/2<br>ml 29 x 1/2"  | 2         |                     |                 |           |     |                      | GNP ULTRA COMFORT INSULIN –<br>insulin syringe/needle u-100 1/2<br>ml 28 x 1/2"  | 2         |                     |                 |           |     |                      |
| GNP INSULIN SYRINGE/0.5ML –<br>insulin syringe/needle u-100 1/2<br>ml 30 x 5/16" | 2         |                     |                 |           |     |                      | GNP ULTRA COMFORT INSULIN –<br>insulin syringe/needle u-100 1/2<br>ml 29 x 1/2"  | 2         |                     |                 |           |     |                      |
| GNP INSULIN SYRINGE/1ML/2 –<br>insulin syringe/needle u-100 1<br>ml 28 x 1/2"    | 2         |                     |                 |           |     |                      | GNP ULTRA COMFORT INSULIN –<br>insulin syringe/needle u-100 1/2<br>ml 30 x 5/16" | 2         |                     |                 |           |     |                      |
| GNP INSULIN SYRINGE/1ML/2 –<br>insulin syringe/needle u-100 1<br>ml 29 x 1/2"    | 2         |                     |                 |           |     |                      | GNP ULTRA COMFORT INSULIN<br>– insulin syringe/needle u-100 1<br>ml 28 x 1/2"    | 2         |                     |                 |           |     |                      |
| GNP INSULIN SYRINGE/1ML/3 –<br>insulin syringe/needle u-100 1<br>ml 30 x 5/16"   | 2         |                     |                 |           |     |                      | GNP ULTRA COMFORT INSULIN<br>– insulin syringe/needle u-100 1<br>ml 29 x 1/2"    | 2         |                     |                 |           |     |                      |
| GNP INSULIN SYRINGE/1ML/3 –<br>insulin syringe/needle u-100 1<br>ml 31 x 5/16"   | 2         |                     |                 |           |     |                      | GNP ULTRA COMFORT INSULIN<br>– insulin syringe/needle u-100 1<br>ml 30 x 5/16"   | 2         |                     |                 |           |     |                      |
| GNP LANCETS – lancets                                                            | 3         |                     |                 |           |     |                      | GNP ULTRA COMFORT INSULIN<br>– insulin syringe/needle u-100 1<br>ml 31 x 5/16"   | 2         |                     |                 |           |     |                      |
| GNP LANCETS MICRO THIN 33 –<br>lancets                                           | 3         |                     |                 |           |     |                      | GNP ULTRA COMFORT INSULIN –<br>insulin syringe/needle u-100 0.3<br>ml 31 x 5/16" | 2         |                     |                 |           |     |                      |
| GNP LANCETS SUPER THIN 30 –<br>lancets                                           | 3         |                     |                 |           |     |                      | GOODSENSE LANCETS MICRO-T<br>– lancets                                           | 3         |                     |                 |           |     |                      |
| GNP LANCETS THIN – lancets                                                       | 3         |                     |                 |           |     |                      | GOODSENSE LANCETS ULTRA-T<br>– lancets                                           | 3         |                     |                 |           |     |                      |
| GNP LANCETS THIN 26G –<br>lancets                                                | 3         |                     |                 |           |     |                      | GOODSENSE LANCING DEVICE –<br>lancet devices                                     | 3         |                     |                 |           |     |                      |
| GNP LANCETS 21G – lancets                                                        | 3         |                     |                 |           |     |                      | H-E-B IN CONTROL PEN NEED –<br>insulin pen needle 31 g x 5 mm<br>(3/16")         | 2         |                     |                 |           |     |                      |
| GNP MICRO THIN LANCETS 33 –<br>lancets                                           | 3         |                     |                 |           |     |                      | H-E-B IN CONTROL PEN NEED –<br>insulin pen needle 31 g x 6 mm<br>(1/4")          | 2         |                     |                 |           |     |                      |
| GNP SUPER THIN LANCETS/30 –<br>lancets                                           | 3         |                     |                 |           |     |                      | H-E-B IN CONTROL PEN NEED –<br>insulin pen needle 31 g x 8 mm<br>(1/3" or 5/16") | 2         |                     |                 |           |     |                      |
| GNP ULTRA COMFORT INSULIN –<br>insulin syringe/needle u-100 0.3<br>ml 29 x 1/2"  | 2         |                     |                 |           |     |                      | H-E-B IN CONTROL PEN NEED –<br>insulin pen needle 32 g x 4 mm<br>(5/32")         | 2         |                     |                 |           |     |                      |
| GNP ULTRA COMFORT INSULIN –<br>insulin syringe/needle u-100 0.3<br>ml 30 x 5/16" | 2         |                     |                 |           |     |                      |                                                                                  |           |                     |                 |           |     |                      |
| GNP ULTRA COMFORT INSULIN –<br>insulin syringe/needle u-100 1/2<br>ml 31 x 5/16" | 2         |                     |                 |           |     |                      |                                                                                  |           |                     |                 |           |     |                      |



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| H-E-B IN CONTROL UNIFINE –<br>insulin pen needle 31 g x 5 mm<br>(3/16")          | 2         |                     |                 |           |     |                      | HEALTHWISE UNIFINE PENTIP –<br>insulin pen needle 32 g x 4 mm<br>(5/32")         | 2         |                     |                 |           |     |                      |
| H-E-B IN CONTROL UNIFINE –<br>insulin pen needle 32 g x 4 mm<br>(5/32")          | 2         |                     |                 |           |     |                      | HEALTHY ACCENTS AUTOLET I –<br>lancet devices                                    | 3         |                     |                 |           |     |                      |
| H-E-B INCONTROL ADVANCED –<br>lancet devices                                     | 3         |                     |                 |           |     |                      | HEALTHY ACCENTS UNIFINE P –<br>insulin pen needle 29 g x 12 mm<br>(1/2")         | 2         |                     |                 |           |     |                      |
| H-E-B INCONTROL LANCETS M –<br>lancets                                           | 3         |                     |                 |           |     |                      | HEALTHY ACCENTS UNIFINE P –<br>insulin pen needle 31 g x 5 mm<br>(3/16")         | 2         |                     |                 |           |     |                      |
| H-E-B INCONTROL LANCETS S –<br>lancets                                           | 3         |                     |                 |           |     |                      | HEALTHY ACCENTS UNIFINE P –<br>insulin pen needle 31 g x 6 mm<br>(1/4")          | 2         |                     |                 |           |     |                      |
| H-E-B INCONTROL LANCETS U –<br>lancets                                           | 3         |                     |                 |           |     |                      | HEALTHY ACCENTS UNIFINE P –<br>insulin pen needle 31 g x 8 mm<br>(1/3" or 5/16") | 2         |                     |                 |           |     |                      |
| H-E-B INCONTROL PEN NEEDL –<br>insulin pen needle 29 g x 12 mm<br>(1/2")         | 2         |                     |                 |           |     |                      | HEALTHY ACCENTS UNIFINE P –<br>insulin pen needle 32 g x 4 mm<br>(5/32")         | 2         |                     |                 |           |     |                      |
| HAEMOLANCE – lancets                                                             | 3         |                     |                 |           |     |                      | HEALTHY ACCENTS UNILET LA –<br>lancets                                           | 3         |                     |                 |           |     |                      |
| HAEMOLANCE LOW FLOW<br>LANCE – lancets                                           | 3         |                     |                 |           |     |                      | HUMAPEN LUXURA HD –<br>injection device for insulin                              | 3         |                     |                 |           |     |                      |
| HAEMOLANCE PLUS – lancets                                                        | 3         |                     |                 |           |     |                      | HY-VEE LANCETS – lancets                                                         | 3         |                     |                 |           |     |                      |
| HAEMOLANCE PLUS HIGH FLOW<br>– lancets                                           | 3         |                     |                 |           |     |                      | HY-VEE THIN LANCETS – lancets                                                    | 3         |                     |                 |           |     |                      |
| HAEMOLANCE PLUS LOW FLOW<br>– lancets                                            | 3         |                     |                 |           |     |                      | IBG STAR BLOOD GLUCOSE MO<br>– blood glucose monitoring kit<br>w/ device         | 3         |                     |                 |           |     |                      |
| HAEMOLANCE PLUS MAX FLOW<br>– lancets                                            | 3         |                     |                 |           |     |                      | IN TOUCH GLUCOSE CONTROL<br>– blood glucose calibration -<br>liquid              | 3         |                     |                 |           |     |                      |
| HAEMOLANCE PLUS PEDIATRIC<br>– lancets                                           | 3         |                     |                 |           |     |                      | IN TOUCH LANCING DEVICE –<br>lancet devices                                      | 3         |                     |                 |           |     |                      |
| HEALTH CARE LANCING DEVIC –<br>lancet devices                                    | 3         |                     |                 |           |     |                      | IN TOUCH STERILE LANCETS –<br>lancets                                            | 3         |                     |                 |           |     |                      |
| HEALTHWISE MINI PEN NEEDL –<br>insulin pen needle 31 g x 6 mm<br>(1/4")          | 2         |                     |                 |           |     |                      | INFINITY BLOOD GLUCOSE MO –<br>blood glucose monitoring kit w/<br>device         | 3         |                     |                 |           |     |                      |
| HEALTHWISE PEN NEEDLES 29 –<br>insulin pen needle 29 g x 12 mm<br>(1/2")         | 2         |                     |                 |           |     |                      | INFINITY CONTROL SOLUTION<br>– blood glucose calibration -<br>liquid - high      | 3         |                     |                 |           |     |                      |
| HEALTHWISE SHORT PEN NEED<br>– insulin pen needle 31 g x 8<br>mm (1/3" or 5/16") | 2         |                     |                 |           |     |                      |                                                                                  |           |                     |                 |           |     |                      |

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| INFINITY CONTROL SOLUTION<br>– blood glucose calibration -<br>liquid - normal        | 3         |                     |                 |           |     |                      | INSULIN SYRINGE/0.3ML/29G –<br>insulin syringe/needle u-100 0.3<br>ml 29 x 1/2"        | 2         |                     |                 |           |     |                      |
| INFINITY CONTROL SOLUTION<br>– blood glucose calibration -<br>liquid - low           | 3         |                     |                 |           |     |                      | INSULIN SYRINGE/0.3ML/29G –<br>insulin syringe/needle u-100 0.3<br>ml 29 x 1"          | 2         |                     |                 |           |     |                      |
| INSPIRACHAMBER/ANTI-STATI<br>– spacer/aerosol-holding<br>chambers - device           | 3         |                     |                 |           |     |                      | INSULIN SYRINGE/0.3ML/30G –<br>insulin syringe/needle u-100 0.3<br>ml 30 x 5/16"       | 2         |                     |                 |           |     |                      |
| INSPIRACHAMBER/LARGE<br>– spacer/aerosol-holding<br>chambers - device                | 3         |                     |                 |           |     |                      | INSULIN SYRINGE/0.3ML/31G –<br>insulin syringe/needle u-100 0.3<br>ml 31 x 5/16"       | 2         |                     |                 |           |     |                      |
| INSPIRACHAMBER/<br>SOOTHERMAS – spacer/<br>aerosol-holding chambers -<br>device      | 3         |                     |                 |           |     |                      | INSULIN SYRINGE/0.5ML/27G –<br>insulin syringe/needle u-100 1/2<br>ml 27 x 1/2"        | 2         |                     |                 |           |     |                      |
| INSPIREASE DRUG DELIVERY<br>– spacer/aerosol-holding<br>chambers - device            | 3         |                     |                 |           |     |                      | INSULIN SYRINGE/0.5ML/28G –<br>insulin syringe/needle u-100 1/2<br>ml 28 x 1/2"        | 2         |                     |                 |           |     |                      |
| INSULIN SYRINGE 1ML/31G X –<br>insulin syringe/needle u-100 1<br>ml 31 x 1/4" (6 mm) | 2         |                     |                 |           |     |                      | INSULIN SYRINGE/0.5ML/30G –<br>insulin syringe/needle u-100 1/2<br>ml 30 x 5/16"       | 2         |                     |                 |           |     |                      |
| INSULIN SYRINGE/U-100/0.3 –<br>insulin syringe/needle u-100 0.3<br>ml 29 x 1/2"      | 2         |                     |                 |           |     |                      | INSULIN SYRINGE/0.5ML/30G –<br>insulin syringe/needle u-100 1/2<br>ml 30 x 1/2"        | 2         |                     |                 |           |     |                      |
| INSULIN SYRINGE/U-100/0.5 –<br>insulin syringe/needle u-100 1/2<br>ml 28 x 1/2"      | 2         |                     |                 |           |     |                      | INSULIN SYRINGE/0.5ML/31G –<br>insulin syringe/needle u-100 1/2<br>ml 31 x 5/16"       | 2         |                     |                 |           |     |                      |
| INSULIN SYRINGE/U-100/0.5 –<br>insulin syringe/needle u-100 1/2<br>ml 29 x 1/2"      | 2         |                     |                 |           |     |                      | INSULIN SYRINGE/1ML/28G X –<br>insulin syringe/needle u-100 1<br>ml 28 x 1/2"          | 2         |                     |                 |           |     |                      |
| INSULIN SYRINGE/U-100/1ML –<br>insulin syringe/needle u-100 1<br>ml 28 x 1/2"        | 2         |                     |                 |           |     |                      | INSULIN SYRINGE/1ML/29G X –<br>insulin syringe/needle u-100 1<br>ml 29 x 1/2"          | 2         |                     |                 |           |     |                      |
| INSULIN SYRINGE/U-100/1ML –<br>insulin syringe/needle u-100 1<br>ml 29 x 1/2"        | 2         |                     |                 |           |     |                      | INSULIN SYRINGE/1ML/30G X –<br>insulin syringe/needle u-100 1<br>ml 30 x 5/16"         | 2         |                     |                 |           |     |                      |
| INSULIN SYRINGE/U-100/1ML –<br>insulin syringe/needle u-100 1<br>ml 30 x 5/16"       | 2         |                     |                 |           |     |                      | INSULIN SYRINGES 0.3ML/31 –<br>insulin syringe/needle u-100 0.3<br>ml 31 x 1/4" (6 mm) | 2         |                     |                 |           |     |                      |
| INSULIN SYRINGE/U-100/1ML –<br>insulin syringe/needle u-100 1<br>ml 31 x 5/16"       | 2         |                     |                 |           |     |                      | INSULIN SYRINGES 0.5ML/31 –<br>insulin syringe/needle u-100 0.5<br>ml 31 x 1/4" (6 mm) | 2         |                     |                 |           |     |                      |

| Drug Name                                                                        | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                        | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| INSULIN SYRINGES/0.5ML/27 –<br>insulin syringe/needle u-100 1/2<br>ml 27 x 1/2"  | 2         |                     |                 |           |     |                      | INSUPEN ULTRAFIN 30GX8MM –<br>insulin pen needle 30 g x 8 mm<br>(1/3" or 5/16")  | 2         |                     |                 |           |     |                      |
| INSULIN SYRINGES/0.5ML/28 –<br>insulin syringe/needle u-100 1/2<br>ml 28 x 1/2"  | 2         |                     |                 |           |     |                      | INSUPEN ULTRAFIN 31GX6MM –<br>insulin pen needle 31 g x 6 mm<br>(1/4")           | 2         |                     |                 |           |     |                      |
| INSULIN SYRINGES/0.5ML/29 –<br>insulin syringe/needle u-100 1/2<br>ml 29 x 1/2"  | 2         |                     |                 |           |     |                      | INSUPEN ULTRAFIN 31GX8MM –<br>insulin pen needle 31 g x 8 mm<br>(1/3" or 5/16")  | 2         |                     |                 |           |     |                      |
| INSULIN SYRINGES/0.5ML/30 –<br>insulin syringe/needle u-100 1/2<br>ml 30 x 5/16" | 2         |                     |                 |           |     |                      | INSUPEN 29G X 12MM – insulin<br>pen needle 29 g x 12 mm (1/2")                   | 2         |                     |                 |           |     |                      |
| INSULIN SYRINGES/0.5ML/31 –<br>insulin syringe/needle u-100 1/2<br>ml 31 x 5/16" | 2         |                     |                 |           |     |                      | INSUPEN 31G X 5MM – insulin<br>pen needle 31 g x 5 mm (3/16")                    | 2         |                     |                 |           |     |                      |
| INSULIN SYRINGES/1ML/27GX –<br>insulin syringe/needle u-100 1<br>ml 27 x 1/2"    | 2         |                     |                 |           |     |                      | INSUPEN 31G X 8MM – insulin<br>pen needle 31 g x 8 mm (1/3" or<br>5/16")         | 2         |                     |                 |           |     |                      |
| INSULIN SYRINGES/1ML/28GX –<br>insulin syringe/needle u-100 1<br>ml 28 x 1/2"    | 2         |                     |                 |           |     |                      | INSUPEN 32G X 4MM – insulin<br>pen needle 32 g x 4 mm (5/32")                    | 2         |                     |                 |           |     |                      |
| INSULIN SYRINGES/1ML/29GX –<br>insulin syringe/needle u-100 1<br>ml 29 x 1/2"    | 2         |                     |                 |           |     |                      | INSUPEN 33GX4MM – insulin pen<br>needle 33 g x 4 mm (5/32")                      | 2         |                     |                 |           |     |                      |
| INSULIN SYRINGES/1ML/30GX –<br>insulin syringe/needle u-100 1<br>ml 30 x 1/2"    | 2         |                     |                 |           |     |                      | KINNEY LANCETS – lancets                                                         | 3         |                     |                 |           |     |                      |
| INSULIN SYRINGES/1ML/31GX –<br>insulin syringe/needle u-100 1<br>ml 31 x 5/16"   | 2         |                     |                 |           |     |                      | KINNEY THIN LANCETS – lancets                                                    | 3         |                     |                 |           |     |                      |
| INSUPEN PEN NEEDLES 32G X –<br>insulin pen needle 32 g x 4 mm<br>(5/32")         | 2         |                     |                 |           |     |                      | KINRAY INSULIN SYRINGE PR –<br>insulin syringe/needle u-100 1/2<br>ml 31 x 5/16" | 2         |                     |                 |           |     |                      |
| INSUPEN SENSITIVE 32GX6MM –<br>insulin pen needle 32 g x 6 mm<br>(1/4")          | 2         |                     |                 |           |     |                      | KINRAY INSULIN SYRINGE PR –<br>insulin syringe/needle u-100 1<br>ml 31 x 5/16"   | 2         |                     |                 |           |     |                      |
| INSUPEN SENSITIVE 32GX8MM –<br>insulin pen needle 32 g x 8 mm                    | 2         |                     |                 |           |     |                      | KINRAY INSULIN SYRINGE PR –<br>insulin syringe/needle u-100 0.3<br>ml 31 x 5/16" | 2         |                     |                 |           |     |                      |
| INSUPEN ULTRAFIN 29GX12MM –<br>insulin pen needle 29 g x 12 mm<br>(1/2")         | 2         |                     |                 |           |     |                      | KINRAY INSULIN SYRINGE/0. –<br>insulin syringe/needle u-100 1/2<br>ml 29 x 1/2"  | 2         |                     |                 |           |     |                      |
|                                                                                  |           |                     |                 |           |     |                      | KMART VALU PLUS INSULIN S –<br>insulin syringe (disp) u-100 0.3<br>ml            | 2         |                     |                 |           |     |                      |
|                                                                                  |           |                     |                 |           |     |                      | KMART VALU PLUS INSULIN S –<br>insulin syringe (disp) u-100 1/2<br>ml            | 2         |                     |                 |           |     |                      |
|                                                                                  |           |                     |                 |           |     |                      | KMART VALU PLUS INSULIN S –<br>insulin syringe (disp) u-100 1 ml                 | 2         |                     |                 |           |     |                      |

| Drug Name                                                                        | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                       | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| KROGER BLOOD GLUCOSE MONI<br>– blood glucose monitoring kit<br>w/ device         | 3         |                     |                 |           |     |                      | KROGER LANCETS ULTRATHIN –<br>lancets                                           | 3         |                     |                 |           |     |                      |
| KROGER INSULIN SYRINGE/U- –<br>insulin syringe/needle u-100 0.3<br>ml 30 x 1/2"  | 2         |                     |                 |           |     |                      | KROGER LANCETS 21G – lancets                                                    | 3         |                     |                 |           |     |                      |
| KROGER INSULIN SYRINGE/0. –<br>insulin syringe/needle u-100 0.3<br>ml 29 x 1/2"  | 2         |                     |                 |           |     |                      | KROGER LANCING DEVICE –<br>lancet devices                                       | 3         |                     |                 |           |     |                      |
| KROGER INSULIN SYRINGE/0. –<br>insulin syringe/needle u-100 0.3<br>ml 30 x 5/16" | 2         |                     |                 |           |     |                      | KROGER PEN NEEDLES 29G X –<br>insulin pen needle 29 g x 12 mm<br>(1/2")         | 2         |                     |                 |           |     |                      |
| KROGER INSULIN SYRINGE/0. –<br>insulin syringe/needle u-100 0.3<br>ml 31 x 5/16" | 2         |                     |                 |           |     |                      | KROGER PEN NEEDLES 31G X –<br>insulin pen needle 31 g x 8 mm<br>(1/3" or 5/16") | 2         |                     |                 |           |     |                      |
| KROGER INSULIN SYRINGE/0. –<br>insulin syringe/needle u-100 1/2<br>ml 29 x 1/2"  | 2         |                     |                 |           |     |                      | KROGER PEN NEEDLES 31GX1/ –<br>insulin pen needle 31 g x 6 mm<br>(1/4")         | 2         |                     |                 |           |     |                      |
| KROGER INSULIN SYRINGE/0. –<br>insulin syringe/needle u-100 1/2<br>ml 30 x 5/16" | 2         |                     |                 |           |     |                      | KROGER PREMIUM BLOOD GLUC<br>– blood glucose monitoring kit<br>w/ device        | 3         |                     |                 |           |     |                      |
| KROGER INSULIN SYRINGE/0. –<br>insulin syringe/needle u-100 0.3<br>ml 31 x 5/16" | 2         |                     |                 |           |     |                      | LANCET DEVICE ADJUSTABLE –<br>lancet devices                                    | 1         |                     |                 |           |     |                      |
| KROGER INSULIN SYRINGE/1M –<br>insulin syringe/needle u-100 1<br>ml 29 x 1/2"    | 2         |                     |                 |           |     |                      | LANCET DEVICE WITH EJECTO –<br>lancet devices                                   | 3         |                     |                 |           |     |                      |
| KROGER INSULIN SYRINGE/1M –<br>insulin syringe/needle u-100 0.3<br>ml 30 x 5/16" | 2         |                     |                 |           |     |                      | LANCETS – lancets                                                               | 1         |                     |                 |           |     |                      |
| KROGER INSULIN SYRINGE/1M –<br>insulin syringe/needle u-100 1<br>ml 30 x 5/16"   | 2         |                     |                 |           |     |                      | LANCETS MICRO THIN 33G –<br>lancets                                             | 3         |                     |                 |           |     |                      |
| KROGER INSULIN SYRINGE/1M –<br>insulin syringe/needle u-100 1<br>ml 31 x 5/16"   | 2         |                     |                 |           |     |                      | LANCETS SAFETY SEAL 21G –<br>lancets                                            | 1         |                     |                 |           |     |                      |
| KROGER LANCETS – lancets                                                         | 3         |                     |                 |           |     |                      | LANCETS SAFETY SEAL 26G –<br>lancets                                            | 1         |                     |                 |           |     |                      |
| KROGER LANCETS MICRO THIN<br>– lancets                                           | 3         |                     |                 |           |     |                      | LANCETS SAFETY SEAL 28G –<br>lancets                                            | 1         |                     |                 |           |     |                      |
| KROGER LANCETS SUPER THIN<br>– lancets                                           | 3         |                     |                 |           |     |                      | LANCETS SAFETY SEAL 30G –<br>lancets                                            | 1         |                     |                 |           |     |                      |
| KROGER LANCETS THIN –<br>lancets                                                 | 3         |                     |                 |           |     |                      | LANCETS SUPER THIN 28G –<br>lancets                                             | 3         |                     |                 |           |     |                      |
| KROGER LANCETS THIN 26G –<br>lancets                                             | 3         |                     |                 |           |     |                      | LANCETS THIN – lancets                                                          | 1         |                     |                 |           |     |                      |
|                                                                                  |           |                     |                 |           |     |                      | LANCETS THIN – lancets                                                          | 3         |                     |                 |           |     |                      |
|                                                                                  |           |                     |                 |           |     |                      | LANCETS TWIST TOP – lancets                                                     | 1         |                     |                 |           |     |                      |
|                                                                                  |           |                     |                 |           |     |                      | LANCETS ULTRA FINE – lancets                                                    | 3         |                     |                 |           |     |                      |
|                                                                                  |           |                     |                 |           |     |                      | LANCETS ULTRA THIN – lancets                                                    | 3         |                     |                 |           |     |                      |
|                                                                                  |           |                     |                 |           |     |                      | LANCETS ULTRA THIN 30G –<br>lancets                                             | 3         |                     |                 |           |     |                      |

| Drug Name                                                                  | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                  | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| LANCETS 26G TWIST TOP – lancets                                            | 1         |                     |                 |           |     |                      | LEADER INSULIN SYRINGE/0. – insulin syringe/needle u-100 0.3 ml 31 x 5/16" | 2         |                     |                 |           |     |                      |
| LANCETS 28G – lancets                                                      | 1         |                     |                 |           |     |                      | LEADER INSULIN SYRINGE/1M – insulin syringe/needle u-100 1 ml 28 x 1/2"    | 2         |                     |                 |           |     |                      |
| LANCETS 30G – lancets                                                      | 1         |                     |                 |           |     |                      | LEADER INSULIN SYRINGE/1M – insulin syringe/needle u-100 1 ml 29 x 1/2"    | 2         |                     |                 |           |     |                      |
| LANCETS 30G – lancets                                                      | 3         |                     |                 |           |     |                      | LEADER INSULIN SYRINGE/1M – insulin syringe/needle u-100 1 ml 30 x 5/16"   | 2         |                     |                 |           |     |                      |
| LANCETS 30G TWIST TOP – lancets                                            | 1         |                     |                 |           |     |                      | LEADER INSULIN SYRINGE/1M – insulin syringe/needle u-100 1 ml 31 x 5/16"   | 2         |                     |                 |           |     |                      |
| LANCETS 30G/TWIST TOP – lancets                                            | 1         |                     |                 |           |     |                      | LEADER LANCETS COLORED – lancets                                           | 3         |                     |                 |           |     |                      |
| LANCETS 31G TWIST TOP – lancets                                            | 1         |                     |                 |           |     |                      | LEADER SUPER THIN LANCET – lancets                                         | 3         |                     |                 |           |     |                      |
| LANCETS 33G UNIVERSAL DES – lancets                                        | 1         |                     |                 |           |     |                      | LEADER THIN LANCETS – lancets                                              | 3         |                     |                 |           |     |                      |
| LANCING DEVICE – lancet devices                                            | 1         |                     |                 |           |     |                      | LEADER UNIFINE PENTIPS PL – insulin pen needle 31 g x 5 mm (3/16")         | 2         |                     |                 |           |     |                      |
| LANCING DEVICE ADJUSTABLE – lancet devices                                 | 1         |                     |                 |           |     |                      | LEADER UNIFINE PENTIPS PL – insulin pen needle 31 g x 8 mm (1/3" or 5/16") | 2         |                     |                 |           |     |                      |
| LANZO – lancet devices                                                     | 3         |                     |                 |           |     |                      | LEADER UNIFINE PENTIPS/MI – insulin pen needle 31 g x 5 mm (3/16")         | 2         |                     |                 |           |     |                      |
| LDR BLOOD GLUCOSE TRUETES – blood glucose monitoring kit w/ device         | 3         |                     |                 |           |     |                      | LEADER UNIFINE PENTIPS/NA – insulin pen needle 32 g x 4 mm (5/32")         | 2         |                     |                 |           |     |                      |
| LEADER ADVANCED LANCING D – lancet devices                                 | 3         |                     |                 |           |     |                      | LEADER UNIFINE PENTIPS/PL – insulin pen needle 32 g x 4 mm (5/32")         | 2         |                     |                 |           |     |                      |
| LEADER INSULIN SYRINGE/0. – insulin syringe/needle u-100 0.3 ml 29 x 1/2"  | 2         |                     |                 |           |     |                      | LIBERTY CONTROL SOLUTION – blood glucose calibration - liquid - high       | 3         |                     |                 |           |     |                      |
| LEADER INSULIN SYRINGE/0. – insulin syringe/needle u-100 0.3 ml 30 x 5/16" | 2         |                     |                 |           |     |                      | LIBERTY CONTROL SOLUTION – blood glucose calibration - liquid - normal     | 3         |                     |                 |           |     |                      |
| LEADER INSULIN SYRINGE/0. – insulin syringe/needle u-100 1/2 ml 31 x 5/16" | 2         |                     |                 |           |     |                      |                                                                            |           |                     |                 |           |     |                      |
| LEADER INSULIN SYRINGE/0. – insulin syringe/needle u-100 1/2 ml 28 x 1/2"  | 2         |                     |                 |           |     |                      |                                                                            |           |                     |                 |           |     |                      |
| LEADER INSULIN SYRINGE/0. – insulin syringe/needle u-100 1/2 ml 29 x 1/2"  | 2         |                     |                 |           |     |                      |                                                                            |           |                     |                 |           |     |                      |
| LEADER INSULIN SYRINGE/0. – insulin syringe/needle u-100 1/2 ml 30 x 5/16" | 2         |                     |                 |           |     |                      |                                                                            |           |                     |                 |           |     |                      |

| Drug Name                                                                  | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                  | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| LIBERTY GLUCOSE CONTROL M – blood glucose calibration - liquid             | 3         |                     |                 |           |     |                      | LITETOUCH INSULIN SYRINGE – insulin syringe/needle u-100 1 ml 28 x 1/2"    | 2         |                     |                 |           |     |                      |
| LIBERTY GLUCOSE CONTROL N – blood glucose calibration - liquid - normal    | 3         |                     |                 |           |     |                      | LITETOUCH INSULIN SYRINGE – insulin syringe/needle u-100 1 ml 29 x 1/2"    | 2         |                     |                 |           |     |                      |
| LIBERTY MEDICAL LANCETS 3 – lancets                                        | 3         |                     |                 |           |     |                      | LITETOUCH INSULIN SYRINGE – insulin syringe/needle u-100 1 ml 30 x 5/16"   | 2         |                     |                 |           |     |                      |
| LIBERTY MINI LANCING DEVI – lancet devices                                 | 3         |                     |                 |           |     |                      | LITETOUCH INSULIN SYRINGE – insulin syringe/needle u-100 1 ml 31 x 5/16"   | 2         |                     |                 |           |     |                      |
| LIFESCAN UNISTIK II LANCE – lancets                                        | 2         |                     |                 |           |     |                      | LITETOUCH INSULIN SYRINGE – insulin syringe/needle u-100 0.3 ml 31 x 5/16" | 2         |                     |                 |           |     |                      |
| LIFESCAN UNISTIK 2 DEEP P – lancets                                        | 2         |                     |                 |           |     |                      | LITETOUCH LANCETS MICRO T – lancets                                        | 3         |                     |                 |           |     |                      |
| LITE TOUCH LANCETS – lancets                                               | 3         |                     |                 |           |     |                      | LITETOUCH PEN NEEDLES 29G – insulin pen needle 29 g x 12.7 mm              | 2         |                     |                 |           |     |                      |
| LITE TOUCH LANCING DEVICE – lancet devices                                 | 3         |                     |                 |           |     |                      | LITETOUCH PEN NEEDLES 31G – insulin pen needle 31 g x 6 mm (1/4")          | 2         |                     |                 |           |     |                      |
| LITE TOUCH LANCING PEN – lancet devices                                    | 3         |                     |                 |           |     |                      | LITETOUCH PEN NEEDLES 31G – insulin pen needle 31 g x 8 mm (1/3" or 5/16") | 2         |                     |                 |           |     |                      |
| LITE TOUCH PEN NEEDLES/31 – insulin pen needle 31 g x 5 mm (3/16")         | 2         |                     |                 |           |     |                      | LIVE BETTER ADVANCED LANC – lancet devices                                 | 3         |                     |                 |           |     |                      |
| LITEAIRE – spacer/aerosol-holding chambers - device                        | 3         |                     |                 |           |     |                      | LIVE BETTER LANCET SUPER – lancets                                         | 3         |                     |                 |           |     |                      |
| LITETOUCH INSULIN SYRINGE – insulin syringe/needle u-100 0.3 ml 29 x 1/2"  | 2         |                     |                 |           |     |                      | LIVE BETTER LANCET ULTRA – lancets                                         | 3         |                     |                 |           |     |                      |
| LITETOUCH INSULIN SYRINGE – insulin syringe/needle u-100 0.3 ml 30 x 5/16" | 2         |                     |                 |           |     |                      | LIVE BETTER PEN NEEDLES 2 – insulin pen needle 29 g x 12 mm (1/2")         | 2         |                     |                 |           |     |                      |
| LITETOUCH INSULIN SYRINGE – insulin syringe/needle u-100 1/2 ml 31 x 5/16" | 2         |                     |                 |           |     |                      | LIVE BETTER PEN NEEDLES 3 – insulin pen needle 31 g x 6 mm (1/4")          | 2         |                     |                 |           |     |                      |
| LITETOUCH INSULIN SYRINGE – insulin syringe/needle u-100 1/2 ml 28 x 1/2"  | 2         |                     |                 |           |     |                      | LIVE BETTER PEN NEEDLES 3 – insulin pen needle 31 g x 8 mm (1/3" or 5/16") | 2         |                     |                 |           |     |                      |
| LITETOUCH INSULIN SYRINGE – insulin syringe/needle u-100 1/2 ml 29 x 1/2"  | 2         |                     |                 |           |     |                      |                                                                            |           |                     |                 |           |     |                      |
| LITETOUCH INSULIN SYRINGE – insulin syringe/needle u-100 1/2 ml 30 x 5/16" | 2         |                     |                 |           |     |                      |                                                                            |           |                     |                 |           |     |                      |

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| LONGS INSULIN SYRINGE/0.5 –<br><b>insulin syringe/needle u-100 1/2<br/>ml 31 x 5/16"</b> | 2         |                     |                 |           |     |                      | MAXI-COMFORT INSULIN SYRI –<br><b>insulin syringe/needle u-100 1<br/>ml 28 x 1/2"</b>    | 2         |                     |                 |           |     |                      |
| LONGS LANCETS STANDARD –<br><b>lancets</b>                                               | 3         |                     |                 |           |     |                      | MEDIC INSULIN SYRINGE/0.3 –<br><b>insulin syringe/needle u-100 0.3<br/>ml 30 x 5/16"</b> | 2         |                     |                 |           |     |                      |
| LONGS LANCETS THIN – <b>lancets</b>                                                      | 3         |                     |                 |           |     |                      | MEDIC INSULIN SYRINGE/0.5 –<br><b>insulin syringe/needle u-100 1/2<br/>ml 30 x 5/16"</b> | 2         |                     |                 |           |     |                      |
| LONGS LANCETS ULTRA THIN –<br><b>lancets</b>                                             | 3         |                     |                 |           |     |                      | MEDICHOICE PRE-SET SAFETY –<br><b>lancets</b>                                            | 3         |                     |                 |           |     |                      |
| MAGELLAN INSULIN SAFETY S –<br><b>insulin syringe/needle u-100 0.3<br/>ml 29 x 1/2"</b>  | 2         |                     |                 |           |     |                      | MEDICHOICE SAFETY LANCET –<br><b>lancets</b>                                             | 3         |                     |                 |           |     |                      |
| MAGELLAN INSULIN SAFETY S –<br><b>insulin syringe/needle u-100 0.3<br/>ml 30 x 5/16"</b> | 2         |                     |                 |           |     |                      | MEDICINE SHOPPE LANCETS –<br><b>lancets</b>                                              | 3         |                     |                 |           |     |                      |
| MAGELLAN INSULIN SAFETY S –<br><b>insulin syringe/needle u-100 1/2<br/>ml 29 x 1/2"</b>  | 2         |                     |                 |           |     |                      | MEDICINE SHOPPE LANCETS T –<br><b>lancets</b>                                            | 3         |                     |                 |           |     |                      |
| MAGELLAN INSULIN SAFETY S –<br><b>insulin syringe/needle u-100 1/2<br/>ml 30 x 5/16"</b> | 2         |                     |                 |           |     |                      | MEDICINE SHOPPE PEN NEEDL –<br><b>insulin pen needle 29 g x 12 mm<br/>(1/2")</b>         | 2         |                     |                 |           |     |                      |
| MAGELLAN INSULIN SAFETY S –<br><b>insulin syringe/needle u-100 1<br/>ml 29 x 1/2"</b>    | 2         |                     |                 |           |     |                      | MEDICINE SHOPPE PEN NEEDL –<br><b>insulin pen needle 31 g x 6 mm<br/>(1/4")</b>          | 2         |                     |                 |           |     |                      |
| MAGELLAN INSULIN SAFETY S –<br><b>insulin syringe/needle u-100 1<br/>ml 30 x 5/16"</b>   | 2         |                     |                 |           |     |                      | MEDICINE SHOPPE PEN NEEDL –<br><b>insulin pen needle 31 g x 8 mm<br/>(1/3" or 5/16")</b> | 2         |                     |                 |           |     |                      |
| MARATHON MEDICAL PENTIPS –<br><b>insulin pen needle 29 g x 12 mm<br/>(1/2")</b>          | 2         |                     |                 |           |     |                      | MEDISENSE GLUCOSE KETONE<br>– <b>blood glucose calibration -<br/>liquid</b>              | 3         |                     |                 |           |     |                      |
| MARATHON MEDICAL PENTIPS –<br><b>insulin pen needle 31 g x 5 mm<br/>(3/16")</b>          | 2         |                     |                 |           |     |                      | MEDISENSE HIGH/LOW CONTRO<br>– <b>blood glucose calibration -<br/>liquid</b>             | 3         |                     |                 |           |     |                      |
| MARATHON MEDICAL PENTIPS –<br><b>insulin pen needle 31 g x 8 mm<br/>(1/3" or 5/16")</b>  | 2         |                     |                 |           |     |                      | MEDISENSE HIGH/MID/LOW CO<br>– <b>blood glucose calibration -<br/>liquid</b>             | 3         |                     |                 |           |     |                      |
| MARATHON MEDICAL PENTIPS –<br><b>insulin pen needle 32 g x 4 mm<br/>(5/32")</b>          | 2         |                     |                 |           |     |                      | MEDISENSE MID CONTROL SOL<br>– <b>blood glucose calibration -<br/>liquid</b>             | 3         |                     |                 |           |     |                      |
| MAXI-COMFORT INSULIN SYRI –<br><b>insulin syringe/needle u-100 1/2<br/>ml 28 x 1/2"</b>  | 2         |                     |                 |           |     |                      | MEDISENSE THIN LANCETS –<br><b>lancets</b>                                               | 3         |                     |                 |           |     |                      |
|                                                                                          |           |                     |                 |           |     |                      | MEDLANCE PLUS EXTRA LANCE<br>– <b>lancets</b>                                            | 3         |                     |                 |           |     |                      |

| Drug Name                                                                 | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                  | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| MEDLANCE PLUS LANCETS – lancets                                           | 3         |                     |                 |           |     |                      | MEIJER PREMIUM BLOOD GLUC – blood glucose monitoring kit w/ device         | 3         |                     |                 |           |     |                      |
| MEDLANCE PLUS LANCETS LIT – lancets                                       | 3         |                     |                 |           |     |                      | MEIJER SUPER THIN LANCETS – lancets                                        | 3         |                     |                 |           |     |                      |
| MEDLANCE PLUS LITE LANCET – lancets                                       | 3         |                     |                 |           |     |                      | MEIJER TRUERESULT BLOOD G – blood glucose monitoring kit w/ device         | 3         |                     |                 |           |     |                      |
| MEDLANCE PLUS SPECIAL LAN – lancets                                       | 3         |                     |                 |           |     |                      | MEIJER TRUETRACK BLOOD GL – blood glucose monitoring kit w/ device         | 3         |                     |                 |           |     |                      |
| MEDLANCE PLUS SUPERLITE 3 – lancets                                       | 3         |                     |                 |           |     |                      | MEIJER TRUE2GO BLOOD GLUC – blood glucose monitoring kit w/ device         | 3         |                     |                 |           |     |                      |
| MEDLANCE PLUS UNIVERSAL L – lancets                                       | 3         |                     |                 |           |     |                      | MICROCHAMBER – spacer/ aerosol-holding chambers - device                   | 3         |                     |                 |           |     |                      |
| MEDLANCE PLUS/LITE 25G – lancets                                          | 3         |                     |                 |           |     |                      | MICRODOT BLOOD GLUCOSE MO – blood glucose monitoring kit w/ device         | 3         |                     |                 |           |     |                      |
| MEDLANCE/EXTRA – lancets                                                  | 3         |                     |                 |           |     |                      | MICRODOT CONTROL SOLUTION – blood glucose calibration - liquid             | 3         |                     |                 |           |     |                      |
| MEDLANCE/LITE – lancets                                                   | 3         |                     |                 |           |     |                      | MICROLET LANCETS – lancets                                                 | 2         |                     |                 |           |     |                      |
| MEDLANCE/UNIVERSAL – lancets                                              | 3         |                     |                 |           |     |                      | MICROLET NEXT – lancet devices                                             | 2         |                     |                 |           |     |                      |
| MEIJER BLOOD GLUCOSE MONI – blood glucose monitoring kit w/ device        | 3         |                     |                 |           |     |                      | MICROSPACER – spacer/aerosol-holding chambers - device                     | 3         |                     |                 |           |     |                      |
| MEIJER COLOR LANCETS UNIV – lancets                                       | 3         |                     |                 |           |     |                      | MICROTAINER SAFETY FLOW L – lancets                                        | 3         |                     |                 |           |     |                      |
| MEIJER ESSENTIAL BLOOD GL – blood glucose monitoring kit w/ device        | 3         |                     |                 |           |     |                      | MINI LANCING DEVICE – lancet devices                                       | 3         |                     |                 |           |     |                      |
| MEIJER LANCETS – lancets                                                  | 1         |                     |                 |           |     |                      | MONOJECT INSULIN SYRINGE – insulin syringe (disp) u-100 1 ml               | 2         |                     |                 |           |     |                      |
| MEIJER LANCETS – lancets                                                  | 3         |                     |                 |           |     |                      | MONOJECT INSULIN SYRINGE/ – insulin syringe (disp) u-100 1 ml              | 2         |                     |                 |           |     |                      |
| MEIJER LANCETS THIN – lancets                                             | 1         |                     |                 |           |     |                      | MONOJECT INSULIN SYRINGE/ – insulin syringe/needle u-100 0.3 ml 29 x 1/2"  | 2         |                     |                 |           |     |                      |
| MEIJER LANCETS THIN – lancets                                             | 3         |                     |                 |           |     |                      | MONOJECT INSULIN SYRINGE/ – insulin syringe/needle u-100 0.3 ml 30 x 5/16" | 2         |                     |                 |           |     |                      |
| MEIJER LANCETS UNIVERSAL – lancets                                        | 3         |                     |                 |           |     |                      |                                                                            |           |                     |                 |           |     |                      |
| MEIJER PEN NEEDLES 29G X – insulin pen needle 29 g x 12 mm (1/2")         | 2         |                     |                 |           |     |                      |                                                                            |           |                     |                 |           |     |                      |
| MEIJER PEN NEEDLES 31G X – insulin pen needle 31 g x 6 mm (1/4")          | 2         |                     |                 |           |     |                      |                                                                            |           |                     |                 |           |     |                      |
| MEIJER PEN NEEDLES 31G X – insulin pen needle 31 g x 8 mm (1/3" or 5/16") | 2         |                     |                 |           |     |                      |                                                                            |           |                     |                 |           |     |                      |



| Drug Name                                                                        | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                        | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| MONOJECT INSULIN SYRINGE/ –<br>insulin syringe/needle u-100 1/2<br>ml 28 x 1/2"  | 2         |                     |                 |           |     |                      | MONOJECT ULTRA COMFORT IN<br>– insulin syringe/needle u-100<br>1/2 ml 30 x 5/16" | 2         |                     |                 |           |     |                      |
| MONOJECT INSULIN SYRINGE/ –<br>insulin syringe/needle u-100 1/2<br>ml 29 x 1/2"  | 2         |                     |                 |           |     |                      | MONOJECT ULTRA COMFORT IN<br>– insulin syringe/needle u-100 1<br>ml 28 x 1/2"    | 2         |                     |                 |           |     |                      |
| MONOJECT INSULIN SYRINGE/ –<br>insulin syringe/needle u-100 1/2<br>ml 30 x 5/16" | 2         |                     |                 |           |     |                      | MONOJECT ULTRA COMFORT IN<br>– insulin syringe/needle u-100 1<br>ml 29 x 1/2"    | 2         |                     |                 |           |     |                      |
| MONOJECT INSULIN SYRINGE/ –<br>insulin syringe/needle u-100 1<br>ml 25 x 5/8"    | 2         |                     |                 |           |     |                      | MONOJECT ULTRA COMFORT IN<br>– insulin syringe/needle u-100<br>0.3 ml 31 x 5/16" | 2         |                     |                 |           |     |                      |
| MONOJECT INSULIN SYRINGE/ –<br>insulin syringe/needle u-100 1<br>ml 27 x 1/2"    | 2         |                     |                 |           |     |                      | MONOLET LANCETS – lancets                                                        | 3         |                     |                 |           |     |                      |
| MONOJECT INSULIN SYRINGE/ –<br>insulin syringe/needle u-100 1<br>ml 28 x 1/2"    | 2         |                     |                 |           |     |                      | MONOLET OPD LANCETS –<br>lancets                                                 | 3         |                     |                 |           |     |                      |
| MONOJECT INSULIN SYRINGE/ –<br>insulin syringe/needle u-100 1<br>ml 29 x 1/2"    | 2         |                     |                 |           |     |                      | MONOLETTOR SAFETY LANCETS<br>– lancets                                           | 3         |                     |                 |           |     |                      |
| MONOJECT INSULIN SYRINGE/ –<br>insulin syringe/needle u-100 1<br>ml 30 x 5/16"   | 2         |                     |                 |           |     |                      | MS INSULIN SYRINGE/0.3ML/ –<br>insulin syringe/needle u-100 0.3<br>ml 29 x 1/2"  | 2         |                     |                 |           |     |                      |
| MONOJECT INSULIN SYRINGE/ –<br>insulin syringe/needle u-100 1<br>ml 31 x 5/16"   | 2         |                     |                 |           |     |                      | MS INSULIN SYRINGE/0.3ML/ –<br>insulin syringe/needle u-100 0.3<br>ml 30 x 5/16" | 2         |                     |                 |           |     |                      |
| MONOJECT ULTRA COMFORT IN<br>– insulin syringe/needle u-100<br>0.3 ml 29 x 1/2"  | 2         |                     |                 |           |     |                      | MS INSULIN SYRINGE/0.3ML/ –<br>insulin syringe/needle u-100 0.3<br>ml 31 x 5/16" | 2         |                     |                 |           |     |                      |
| MONOJECT ULTRA COMFORT IN<br>– insulin syringe/needle u-100<br>0.3 ml 30 x 5/16" | 2         |                     |                 |           |     |                      | MS INSULIN SYRINGE/0.5ML/ –<br>insulin syringe/needle u-100 1/2<br>ml 31 x 5/16" | 2         |                     |                 |           |     |                      |
| MONOJECT ULTRA COMFORT IN<br>– insulin syringe/needle u-100<br>1/2 ml 31 x 5/16" | 2         |                     |                 |           |     |                      | MS INSULIN SYRINGE/0.5ML/ –<br>insulin syringe/needle u-100 1/2<br>ml 29 x 1/2"  | 2         |                     |                 |           |     |                      |
| MONOJECT ULTRA COMFORT IN<br>– insulin syringe/needle u-100<br>1/2 ml 28 x 1/2"  | 2         |                     |                 |           |     |                      | MS INSULIN SYRINGE/0.5ML/ –<br>insulin syringe/needle u-100 1/2<br>ml 30 x 5/16" | 2         |                     |                 |           |     |                      |
| MONOJECT ULTRA COMFORT IN<br>– insulin syringe/needle u-100<br>1/2 ml 29 x 1/2"  | 2         |                     |                 |           |     |                      | MS INSULIN SYRINGE/1ML/29 –<br>insulin syringe/needle u-100 1<br>ml 29 x 1/2"    | 2         |                     |                 |           |     |                      |
|                                                                                  |           |                     |                 |           |     |                      | MS INSULIN SYRINGE/1ML/30 –<br>insulin syringe/needle u-100 1<br>ml 30 x 5/16"   | 2         |                     |                 |           |     |                      |

| Drug Name                                                                  | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                          | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| MS INSULIN SYRINGE/1ML/31 – insulin syringe/needle u-100 1 ml 31 x 5/16"   | 2         |                     |                 |           |     |                      | NOVOFINE 30GX8MM – insulin pen needle 30 g x 8 mm (1/3" or 5/16")  | 2         |                     |                 |           |     |                      |
| MULTI-LANCET DEVICE – lancet devices                                       | 1         |                     |                 |           |     |                      | NOVOFINE 32GX6MM – insulin pen needle 32 g x 6 mm (1/4")           | 2         |                     |                 |           |     |                      |
| MYGLUCOHEALTH BLOOD GLUCO – blood glucose monitoring kit w/ device         | 3         |                     |                 |           |     |                      | NOVOPEN ECHO – injection device for insulin                        | 2         |                     |                 |           |     |                      |
| MYGLUCOHEALTH CONTROL LOW – blood glucose calibration - liquid             | 3         |                     |                 |           |     |                      | NOVOTWIST 32GX5MM – insulin pen needle 32 g x 5 mm (1/5" or 3/16") | 2         |                     |                 |           |     |                      |
| MYGLUCOHEALTH MGH SOFTLAN – lancets                                        | 3         |                     |                 |           |     |                      | OMNIFLEX DIAPHRAGM – diaphragms                                    | A         |                     |                 |           | •   |                      |
| NETGROUP LANCETS – lancets                                                 | 3         |                     |                 |           |     |                      | OMNITROPE PEN 5 INJECTION – injection device - misc                | 3         |                     |                 |           |     |                      |
| NEUTEK 2TEK CONTROL SOLUT – blood glucose calibration - liquid             | 3         |                     |                 |           |     |                      | ON CALL EXPRESS BLOOD GLU – blood glucose monitoring kit w/ device | 3         |                     |                 |           |     |                      |
| NEXGEN NORMAL CONTROL – blood glucose calibration - liquid - normal        | 3         |                     |                 |           |     |                      | ON CALL EXPRESS GLUCOSE C – blood glucose calibration - liquid     | 3         |                     |                 |           |     |                      |
| NORDIPEN 5 INJECTION DEVI – injection device - misc                        | 3         |                     |                 |           |     |                      | ON CALL LANCETS – lancets                                          | 3         |                     |                 |           |     |                      |
| NOVA MAX BLOOD GLUCOSE MO – blood glucose monitoring kit w/ device         | 3         |                     |                 |           |     |                      | ON CALL LANCING DEVICE – lancet devices                            | 3         |                     |                 |           |     |                      |
| NOVA MAX PLUS GLU/KET CON – blood glucose calibration - liquid             | 3         |                     |                 |           |     |                      | ON CALL PLUS BLOOD GLUCOS – blood glucose monitoring kit w/ device | 3         |                     |                 |           |     |                      |
| NOVA SAFETY LANCETS 23G – lancets                                          | 3         |                     |                 |           |     |                      | ON CALL PLUS GLUCOSE CONT – blood glucose calibration - liquid     | 3         |                     |                 |           |     |                      |
| NOVA SAFETY LANCETS 28G – lancets                                          | 3         |                     |                 |           |     |                      | ON CALL PLUS LANCETS – lancets                                     | 3         |                     |                 |           |     |                      |
| NOVA SUREFLEX LANCETS – lancets                                            | 3         |                     |                 |           |     |                      | ON CALL PLUS LANCING DEVI – lancet devices                         | 3         |                     |                 |           |     |                      |
| NOVA SUREFLEX LANCING DEV – lancet devices                                 | 3         |                     |                 |           |     |                      | ON CALL VIVID BLOOD GLUCO – blood glucose monitoring kit w/ device | 3         |                     |                 |           |     |                      |
| NOVOFINE AUTOCOVER 30GX8M – insulin pen needle 30 g x 8 mm (1/3" or 5/16") | 2         |                     |                 |           |     |                      | ON CALL VIVID GLUCOSE CON – blood glucose calibration - liquid     | 3         |                     |                 |           |     |                      |
| NOVOFINE PLUS 32GX4MM – insulin pen needle 32 g x 4 mm (5/32")             | 2         |                     |                 |           |     |                      | ON CALL VIVID PAL BLOOD G – blood glucose monitoring kit w/ device | 3         |                     |                 |           |     |                      |

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| ONETOUGH CLUB LANCETS FIN – lancets                                   | 2         |                     |                 |           |     |                      | ONETOUGH VERIO SYNC BLOOD – blood glucose monitoring kit w/ device    | 2         |                     |                 |           |     |                      |
| ONETOUGH COMBO PACK – lancets                                         | 2         |                     |                 |           |     |                      | OPTICHAMBER – spacer/aerosol-holding chambers - device                | 3         |                     |                 |           |     |                      |
| ONETOUGH DELICA LANCETS E – lancets                                   | 2         |                     |                 |           |     |                      | OPTICHAMBER ADVANTAGE – spacer/aerosol-holding chambers - device      | 3         |                     |                 |           |     |                      |
| ONETOUGH DELICA LANCETS F – lancets                                   | 2         |                     |                 |           |     |                      | OPTICHAMBER ADVANTAGE/ LAR – spacer/aerosol-holding chambers - device | 3         |                     |                 |           |     |                      |
| ONETOUGH DELICA LANCING D – lancet devices                            | 2         |                     |                 |           |     |                      | OPTICHAMBER ADVANTAGE/ MED – spacer/aerosol-holding chambers - device | 3         |                     |                 |           |     |                      |
| ONETOUGH FINEPOINT LANCET – lancets                                   | 2         |                     |                 |           |     |                      | OPTICHAMBER ADVANTAGE/ SMA – spacer/aerosol-holding chambers - device | 3         |                     |                 |           |     |                      |
| ONETOUGH LANCETS – lancets                                            | 2         |                     |                 |           |     |                      | OPTICHAMBER DIAMOND – spacer/aerosol-holding chambers - device        | 3         |                     |                 |           |     |                      |
| ONETOUGH ULTRA CONTROL – blood glucose calibration - liquid           | 2         |                     |                 |           |     |                      | OPTICHAMBER DIAMOND/LARGE – spacer/aerosol-holding chambers - device  | 3         |                     |                 |           |     |                      |
| ONETOUGH ULTRA MINI – blood glucose monitoring kit w/ device          | 2         |                     |                 |           |     |                      | OPTICHAMBER DIAMOND/MEDIU – spacer/aerosol-holding chambers - device  | 3         |                     |                 |           |     |                      |
| ONETOUGH ULTRA 2 – blood glucose monitoring kit w/ device             | 2         |                     |                 |           |     |                      | OPTICHAMBER DIAMOND/SMALL – spacer/aerosol-holding chambers - device  | 3         |                     |                 |           |     |                      |
| ONETOUGH ULTRALINK SYSTEM – blood glucose monitoring kit w/ device    | 2         |                     |                 |           |     |                      | OPTIHALER – spacer/aerosol-holding chambers - device                  | 3         |                     |                 |           |     |                      |
| ONETOUGH ULTRASOFT LANCET – lancets                                   | 2         |                     |                 |           |     |                      | OPTIHALER MDI DRUG DELIVE – spacer/aerosol-holding chambers - device  | 3         |                     |                 |           |     |                      |
| ONETOUGH VERIO – blood glucose monitoring kit w/ device               | 2         |                     |                 |           |     |                      | OPTIUM BLOOD GLUCOSE MONI – blood glucose monitoring kit w/ device    | 3         |                     |                 |           |     |                      |
| ONETOUGH VERIO CONTROL SO – blood glucose calibration - liquid - high | 2         |                     |                 |           |     |                      | OPTUMRX BLOOD GLUCOSE MET – blood glucose monitoring kit w/ device    | 3         |                     |                 |           |     |                      |
| ONETOUGH VERIO FLEX BLOOD – blood glucose monitoring kit w/ device    | 2         |                     |                 |           |     |                      | OPTUMRX BLOOD GLUCOSE MON – blood glucose monitoring kit w/ device    | 3         |                     |                 |           |     |                      |
| ONETOUGH VERIO IQ BLOOD G – blood glucose monitoring kit w/ device    | 2         |                     |                 |           |     |                      |                                                                       |           |                     |                 |           |     |                      |
| ONETOUGH VERIO MID CONTRO – blood glucose calibration - liquid        | 2         |                     |                 |           |     |                      |                                                                       |           |                     |                 |           |     |                      |

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| OPTUMRX GLUCOSE CONTROL L – blood glucose calibration - liquid            | 3         |                     |                 |           |     |                      | PEN NEEDLES 31G X 8MM – insulin pen needle 31 g x 8 mm (1/3" or 5/16")      | 2         |                     |                 |           |     |                      |
| PARADIGM LINK BLOOD GLUCO – blood glucose monitoring kit w/ device        | 3         |                     |                 |           |     |                      | PEN NEEDLES 31GX5/16" – insulin pen needle 31 g x 8 mm (1/3" or 5/16")      | 2         |                     |                 |           |     |                      |
| PC LANCETS SUPER THIN 30G – lancets                                       | 3         |                     |                 |           |     |                      | PEN NEEDLES 31GX6MM (1/4" – insulin pen needle 31 g x 6 mm (1/4"))          | 2         |                     |                 |           |     |                      |
| PC UNIFINE PENTIPS 29G X – insulin pen needle 29 g x 12 mm (1/2")         | 2         |                     |                 |           |     |                      | PEN NEEDLES 31GX8MM – insulin pen needle 31 g x 8 mm (1/3" or 5/16")        | 2         |                     |                 |           |     |                      |
| PC UNIFINE PENTIPS 31G X – insulin pen needle 31 g x 5 mm (3/16")         | 2         |                     |                 |           |     |                      | PEN NEEDLES 31GX8MM (5/16 – insulin pen needle 31 g x 8 mm (1/3" or 5/16")) | 2         |                     |                 |           |     |                      |
| PC UNIFINE PENTIPS 31G X – insulin pen needle 31 g x 6 mm (1/4")          | 2         |                     |                 |           |     |                      | PEN NEEDLES 32G X 4MM – insulin pen needle 32 g x 4 mm (5/32")              | 2         |                     |                 |           |     |                      |
| PC UNIFINE PENTIPS 31G X – insulin pen needle 31 g x 8 mm (1/3" or 5/16") | 2         |                     |                 |           |     |                      | PEN NEEDLES 32G X 5MM – insulin pen needle 32 g x 5 mm (1/5" or 3/16")      | 2         |                     |                 |           |     |                      |
| PEN NEEDLES 29G X 12MM – insulin pen needle 29 g x 12 mm (1/2")           | 2         |                     |                 |           |     |                      | PEN NEEDLES 32G X 6MM – insulin pen needle 32 g x 6 mm (1/4")               | 2         |                     |                 |           |     |                      |
| PEN NEEDLES 29GX1/2" – insulin pen needle 29 g x 12 mm (1/2")             | 2         |                     |                 |           |     |                      | PEN NEEDLES 32GX4MM – insulin pen needle 32 g x 4 mm (5/32")                | 2         |                     |                 |           |     |                      |
| PEN NEEDLES 30GX5/16" – insulin pen needle 30 g x 8 mm (1/3" or 5/16")    | 2         |                     |                 |           |     |                      | PENTIPS 29G X 12MM – insulin pen needle 29 g x 12 mm (1/2")                 | 2         |                     |                 |           |     |                      |
| PEN NEEDLES 30GX5MM – insulin pen needle 30 g x 5 mm (3/16")              | 2         |                     |                 |           |     |                      | PENTIPS 29GX12MM – insulin pen needle 29 g x 12 mm (1/2")                   | 2         |                     |                 |           |     |                      |
| PEN NEEDLES 30GX8MM – insulin pen needle 30 g x 8 mm (1/3" or 5/16")      | 2         |                     |                 |           |     |                      | PENTIPS 31G X 5MM – insulin pen needle 31 g x 5 mm (3/16")                  | 2         |                     |                 |           |     |                      |
| PEN NEEDLES 31G X 1/4" SH – insulin pen needle 31 g x 6 mm (1/4")         | 2         |                     |                 |           |     |                      | PENTIPS 31G X 8MM – insulin pen needle 31 g x 8 mm (1/3" or 5/16")          | 2         |                     |                 |           |     |                      |
| PEN NEEDLES 31G X 3/16" – insulin pen needle 31 g x 5 mm (3/16")          | 2         |                     |                 |           |     |                      | PENTIPS 31GX5MM – insulin pen needle 31 g x 5 mm (3/16")                    | 2         |                     |                 |           |     |                      |
| PEN NEEDLES 31G X 5MM – insulin pen needle 31 g x 5 mm (3/16")            | 2         |                     |                 |           |     |                      | PENTIPS 31GX6MM – insulin pen needle 31 g x 6 mm (1/4")                     | 2         |                     |                 |           |     |                      |
|                                                                           |           |                     |                 |           |     |                      | PENTIPS 31GX8MM – insulin pen needle 31 g x 8 mm (1/3" or 5/16")            | 2         |                     |                 |           |     |                      |

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| PENTIPS 32G X 4MM – insulin pen needle 32 g x 4 mm (5/32")                 | 2         |                     |                 |           |     |                      | PRECISION SURE-DOSE INSUL – insulin syringe/needle u-100 1/2 ml 30 x 3/8"  | 2         |                     |                 |           |     |                      |
| PENTIPS 32GX4MM – insulin pen needle 32 g x 4 mm (5/32")                   | 2         |                     |                 |           |     |                      | PRECISION SURE-DOSE INSUL – insulin syringe/needle u-100 1/2 ml 28 x 1/2"  | 2         |                     |                 |           |     |                      |
| PERFECT LANCETS 30G – lancets                                              | 3         |                     |                 |           |     |                      | PRECISION SURE-DOSE INSUL – insulin syringe/needle u-100 1/2 ml 29 x 1/2"  | 2         |                     |                 |           |     |                      |
| PERFECT PRESSURE ACTIVATE – lancets                                        | 3         |                     |                 |           |     |                      | PRECISION SURE-DOSE INSUL – insulin syringe/needle u-100 1 ml 28 x 1/2"    | 2         |                     |                 |           |     |                      |
| PHARMACIST CHOICE AUTOCOD – blood glucose monitoring kit w/ device         | 3         |                     |                 |           |     |                      | PRECISION SURE-DOSE PLUS – insulin syringe/needle u-100 0.3 ml 29 x 1/2"   | 2         |                     |                 |           |     |                      |
| PHARMACIST CHOICE ULTRA T – lancets                                        | 3         |                     |                 |           |     |                      | PRECISION SURE-DOSE PLUS – insulin syringe/needle u-100 1 ml 29 x 1/2"     | 2         |                     |                 |           |     |                      |
| PHARMACY COUNTER LANCETS – lancets                                         | 3         |                     |                 |           |     |                      | PRECISION THIN LANCETS – lancets                                           | 3         |                     |                 |           |     |                      |
| POCKET CHAMBER – spacer/ aerosol-holding chambers - device                 | 3         |                     |                 |           |     |                      | PRECISION THINS GP LANCET – lancets                                        | 3         |                     |                 |           |     |                      |
| POCKET SPACER – spacer/ aerosol-holding chambers - device                  | 3         |                     |                 |           |     |                      | PRECISION ULTRA LANCET – lancets                                           | 3         |                     |                 |           |     |                      |
| POCKETCHEM EZ BLOOD GLUCO – blood glucose monitoring kit w/ device         | 3         |                     |                 |           |     |                      | PRECISION XTRA – blood glucose monitoring kit w/ device                    | 3         |                     |                 |           |     |                      |
| POCKETCHEM EZ CONTROL LEV – blood glucose calibration - liquid             | 3         |                     |                 |           |     |                      | PREFERRED PLUS INSULIN SY – insulin syringe/needle u-100 0.3 ml 29 x 1/2"  | 2         |                     |                 |           |     |                      |
| PRECISION GLUCOSE CONTROL – blood glucose calibration - liquid             | 3         |                     |                 |           |     |                      | PREFERRED PLUS INSULIN SY – insulin syringe/needle u-100 0.3 ml 30 x 5/16" | 2         |                     |                 |           |     |                      |
| PRECISION GLUCOSE KETONE – blood glucose calibration - liquid              | 3         |                     |                 |           |     |                      | PREFERRED PLUS INSULIN SY – insulin syringe/needle u-100 1/2 ml 28 x 1/2"  | 2         |                     |                 |           |     |                      |
| PRECISION GLUCOSE/KETONE – blood glucose calibration - liquid              | 3         |                     |                 |           |     |                      | PREFERRED PLUS INSULIN SY – insulin syringe/needle u-100 1/2 ml 29 x 1/2"  | 2         |                     |                 |           |     |                      |
| PRECISION LINK – blood glucose monitoring kit w/ device                    | 3         |                     |                 |           |     |                      | PREFERRED PLUS INSULIN SY – insulin syringe/needle u-100 1/2 ml 30 x 5/16" | 2         |                     |                 |           |     |                      |
| PRECISION SURE-DOSE INSUL – insulin syringe/needle u-100 0.3 ml 30 x 5/16" | 2         |                     |                 |           |     |                      |                                                                            |           |                     |                 |           |     |                      |

| Drug Name                                                                        | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                         | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| PREFERRED PLUS INSULIN SY –<br>insulin syringe/needle u-100 1<br>ml 28 x 1/2"    | 2         |                     |                 |           |     |                      | PRO COMFORT LANCETS 30G –<br>lancets                                              | 3         |                     |                 |           |     |                      |
| PREFERRED PLUS INSULIN SY –<br>insulin syringe/needle u-100 1<br>ml 29 x 1/2"    | 2         |                     |                 |           |     |                      | PRO COMFORT LANCETS 31G –<br>lancets                                              | 3         |                     |                 |           |     |                      |
| PREFERRED PLUS INSULIN SY –<br>insulin syringe/needle u-100 1<br>ml 30 x 5/16"   | 2         |                     |                 |           |     |                      | PRO COMFORT PEN NEEDLES/ –<br>insulin pen needle 31 g x 8 mm<br>(1/3" or 5/16")   | 2         |                     |                 |           |     |                      |
| PREFERRED PLUS LANCETS CO<br>– lancets                                           | 3         |                     |                 |           |     |                      | PRO COMFORT PEN NEEDLES/ –<br>insulin pen needle 32 g x 4 mm<br>(5/32")           | 2         |                     |                 |           |     |                      |
| PREFERRED PLUS LANCETS SU<br>– lancets                                           | 3         |                     |                 |           |     |                      | PRO COMFORT PEN NEEDLES/ –<br>insulin pen needle 32 g x 5 mm<br>(1/5" or 3/16")   | 2         |                     |                 |           |     |                      |
| PREFERRED PLUS LANCETS TH<br>– lancets                                           | 3         |                     |                 |           |     |                      | PRO COMFORT PEN NEEDLES/ –<br>insulin pen needle 32 g x 6 mm<br>(1/4")            | 2         |                     |                 |           |     |                      |
| PREFERRED PLUS UNIFINE PE –<br>insulin pen needle 29 g x 12 mm<br>(1/2")         | 2         |                     |                 |           |     |                      | PRODIGY AUTOCODE BLOOD GL<br>– blood glucose monitoring kit<br>w/ device          | 3         |                     |                 |           |     |                      |
| PREFERRED PLUS UNIFINE PE –<br>insulin pen needle 31 g x 5 mm<br>(3/16")         | 2         |                     |                 |           |     |                      | PRODIGY CONTROL SOLUTION<br>– blood glucose calibration -<br>liquid - high        | 3         |                     |                 |           |     |                      |
| PREFERRED PLUS UNIFINE PE –<br>insulin pen needle 31 g x 6 mm<br>(1/4")          | 2         |                     |                 |           |     |                      | PRODIGY CONTROL SOLUTION<br>– blood glucose calibration -<br>liquid - low         | 3         |                     |                 |           |     |                      |
| PREFERRED PLUS UNIFINE PE –<br>insulin pen needle 31 g x 8 mm<br>(1/3" or 5/16") | 2         |                     |                 |           |     |                      | PRODIGY INSULIN SYRINGE/U- –<br>insulin syringe/needle u-100 0.3<br>ml 31 x 5/16" | 2         |                     |                 |           |     |                      |
| PREFERRED PLUS UNIFINE PE –<br>insulin pen needle 32 g x 4 mm<br>(5/32")         | 2         |                     |                 |           |     |                      | PRODIGY INSULIN SYRINGE/1 –<br>insulin syringe/needle u-100 1/2<br>ml 31 x 5/16"  | 2         |                     |                 |           |     |                      |
| PRENTIF CAVITY-RIM CERVIC –<br>cervical cap 22 mm                                | A         |                     |                 |           | •   |                      | PRODIGY INSULIN SYRINGE/1 –<br>insulin syringe/needle u-100 1<br>ml 28 x 1/2"     | 2         |                     |                 |           |     |                      |
| PRENTIF CAVITY-RIM CERVIC –<br>cervical cap 25 mm                                | A         |                     |                 |           | •   |                      | PRODIGY LANCING DEVICE –<br>lancet devices                                        | 3         |                     |                 |           |     |                      |
| PRENTIF CAVITY-RIM CERVIC –<br>cervical cap 28 mm                                | A         |                     |                 |           | •   |                      | PRODIGY POCKET BLOOD GLUC<br>– blood glucose monitoring kit<br>w/ device          | 3         |                     |                 |           |     |                      |
| PRENTIF CAVITY-RIM CERVIC –<br>cervical cap 31 mm                                | A         |                     |                 |           | •   |                      | PRODIGY PRESSURE ACTIVATE<br>– lancets                                            | 3         |                     |                 |           |     |                      |
| PRENTIF FITTING SET – cervical<br>caps                                           | A         |                     |                 |           | •   |                      | PRODIGY SAFETY LANCETS –<br>lancets                                               | 3         |                     |                 |           |     |                      |
| PRESSURE ACTIVATED SAFETY<br>– lancets                                           | 3         |                     |                 |           |     |                      |                                                                                   |           |                     |                 |           |     |                      |

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| PRODIGY TWIST TOP LANCETS – lancets                                        | 3         |                     |                 |           |     |                      | QC INSULIN SYRINGE/0.3ML/ – insulin syringe/needle u-100 0.3 ml 29 x 1/2"  | 2         |                     |                 |           |     |                      |
| PRODIGY VOICE BLOOD GLUCO – blood glucose monitoring kit w/ device         | 3         |                     |                 |           |     |                      | QC INSULIN SYRINGE/0.5ML/ – insulin syringe/needle u-100 1/2 ml 31 x 5/16" | 2         |                     |                 |           |     |                      |
| PSS SELECT GP LANCETS – lancets                                            | 3         |                     |                 |           |     |                      | QC INSULIN SYRINGE/0.5ML/ – insulin syringe/needle u-100 1/2 ml 29 x 1/2"  | 2         |                     |                 |           |     |                      |
| PSS SELECT SAFETY LANCETS – lancets                                        | 3         |                     |                 |           |     |                      | QC INSULIN SYRINGE/1ML/29 – insulin syringe/needle u-100 1 ml 29 x 1/2"    | 2         |                     |                 |           |     |                      |
| PUBLIX ADVANCED LANCING D – lancet devices                                 | 3         |                     |                 |           |     |                      | QC INSULIN SYRINGE/1ML/31 – insulin syringe/needle u-100 1 ml 31 x 5/16"   | 2         |                     |                 |           |     |                      |
| PUBLIX LANCETS/28 GAUGE/U – lancets                                        | 3         |                     |                 |           |     |                      | QC LANCETS SUPER THIN – lancets                                            | 3         |                     |                 |           |     |                      |
| PUSH BUTTON SAFETY LANCET – lancets                                        | 3         |                     |                 |           |     |                      | QC LANCETS ULTRA THIN – lancets                                            | 3         |                     |                 |           |     |                      |
| PX ADVANCED LANCING DEVIC – lancet devices                                 | 3         |                     |                 |           |     |                      | QC PEN NEEDLES 29G X 12MM – insulin pen needle 29 g x 12 mm (1/2")         | 2         |                     |                 |           |     |                      |
| PX EXTRA SHORT PEN NEEDLE – insulin pen needle 31 g x 6 mm (1/4")          | 2         |                     |                 |           |     |                      | QC PEN NEEDLES 31G X 6MM – insulin pen needle 31 g x 6 mm (1/4")           | 2         |                     |                 |           |     |                      |
| PX INSULIN SYRINGE/U-100/ – insulin syringe/needle u-100 1/2 ml 30 x 1/2"  | 2         |                     |                 |           |     |                      | QC PEN NEEDLES 31G X 8MM – insulin pen needle 31 g x 8 mm (1/3" or 5/16")  | 2         |                     |                 |           |     |                      |
| PX LANCET AUTO INJECTOR – lancet devices                                   | 3         |                     |                 |           |     |                      | QC UNIFINE PENTIPS 32GX4M – insulin pen needle 32 g x 4 mm (5/32")         | 2         |                     |                 |           |     |                      |
| PX LANCETS ULTRA THIN – lancets                                            | 3         |                     |                 |           |     |                      | QC UNILET LANCETS 28G/ULT – lancets                                        | 3         |                     |                 |           |     |                      |
| PX MINI PEN NEEDLES 31GX5 – insulin pen needle 31 g x 5 mm (3/16")         | 2         |                     |                 |           |     |                      | QC UNILET LANCETS 33G/MIC – lancets                                        | 3         |                     |                 |           |     |                      |
| PX PEN NEEDLE 29GX12MM – insulin pen needle 29 g x 12 mm (1/2")            | 2         |                     |                 |           |     |                      | QUICKTEK – blood glucose monitoring kit w/ device                          | 3         |                     |                 |           |     |                      |
| PX PEN NEEDLE 31GX8MM – insulin pen needle 31 g x 8 mm (1/3" or 5/16")     | 2         |                     |                 |           |     |                      | QUICKTEK CONTROL SOLUTION – blood glucose calibration - liquid             | 3         |                     |                 |           |     |                      |
| PX SHORTLENGTH PEN NEEDLE – insulin pen needle 31 g x 8 mm (1/3" or 5/16") | 2         |                     |                 |           |     |                      | QUINTET GLUCOSE CONTROL/ H – blood glucose calibration - liquid            | 3         |                     |                 |           |     |                      |
| QC ADVANCED LANCING DEVIC – lancet devices                                 | 3         |                     |                 |           |     |                      |                                                                            |           |                     |                 |           |     |                      |

| Drug Name                                                                  | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                   | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| RA E-ZJECT COLOR LANCETS – lancets                                         | 3         |                     |                 |           |     |                      | REALITY INSULIN SYRINGE/U – insulin syringe/needle u-100 1 ml 28 x 1/2"     | 2         |                     |                 |           |     |                      |
| RA E-ZJECT LANCETS THIN 2 – lancets                                        | 3         |                     |                 |           |     |                      | REALITY INSULIN SYRINGE/U – insulin syringe/needle u-100 1 ml 29 x 1/2"     | 2         |                     |                 |           |     |                      |
| RA E-ZJECT LANCETS ULTRA – lancets                                         | 3         |                     |                 |           |     |                      | REALITY LANCETS – lancets                                                   | 3         |                     |                 |           |     |                      |
| RA E-ZJECT LANCETS 28G – lancets                                           | 3         |                     |                 |           |     |                      | REALITY TRIGGER LANCETS – lancets                                           | 3         |                     |                 |           |     |                      |
| RA INSULIN SYRINGE/U-100/ – insulin syringe/needle u-100 1/2 ml 30 x 5/16" | 2         |                     |                 |           |     |                      | REFUAH PLUS BLOOD GLUCOSE – blood glucose monitoring kit w/ device          | 3         |                     |                 |           |     |                      |
| RA INSULIN SYRINGE/U-100/ – insulin syringe/needle u-100 1 ml 30 x 5/16"   | 2         |                     |                 |           |     |                      | REFUAH PLUS GLUCOSE CONTR – blood glucose calibration - liquid              | 3         |                     |                 |           |     |                      |
| RA INSULIN SYRINGE/0.5ML/ – insulin syringe/needle u-100 1/2 ml 29 x 1/2"  | 2         |                     |                 |           |     |                      | RELION CONFIRM BLOOD GLUC – blood glucose monitoring kit w/ device          | 3         |                     |                 |           |     |                      |
| RA INSULIN SYRINGE/1ML/29 – insulin syringe/needle u-100 1 ml 29 x 1/2"    | 2         |                     |                 |           |     |                      | RELION INSULIN SYRINGE 0. – insulin syringe/needle u-100 1/2 ml 31 x 15/64" | 2         |                     |                 |           |     |                      |
| RA LANCING DEVICE – lancet devices                                         | 3         |                     |                 |           |     |                      | RELION INSULIN SYRINGE 1M – insulin syringe/needle u-100 1 ml 31 x 15/64"   | 2         |                     |                 |           |     |                      |
| RA PEN NEEDLES 31G X 5MM – insulin pen needle 31 g x 5 mm (3/16")          | 2         |                     |                 |           |     |                      | RELION INSULIN SYRINGE/U – insulin syringe/needle u-100 1/2 ml 29 g         | 2         |                     |                 |           |     |                      |
| RA PEN NEEDLES 31G X 8MM – insulin pen needle 31 g x 8 mm (1/3" or 5/16")  | 2         |                     |                 |           |     |                      | RELION INSULIN SYRINGE/U- – insulin syringe/needle u-100 0.3 ml 29 g        | 2         |                     |                 |           |     |                      |
| RA TRUERESULT BLOOD GLUCO – blood glucose monitoring kit w/ device         | 3         |                     |                 |           |     |                      | RELION INSULIN SYRINGE/U- – insulin syringe/needle u-100 0.3 ml 30 g        | 2         |                     |                 |           |     |                      |
| RA TRUE2GO BLOOD GLUCOSE – blood glucose monitoring kit w/ device          | 3         |                     |                 |           |     |                      | RELION INSULIN SYRINGE/U- – insulin syringe/needle u-100 0.3 ml 29 x 1/2"   | 2         |                     |                 |           |     |                      |
| READYLANCE SAFETY LANCETS – lancets                                        | 3         |                     |                 |           |     |                      | RELION INSULIN SYRINGE/U- – insulin syringe/needle u-100 0.3 ml 30 x 5/16"  | 2         |                     |                 |           |     |                      |
| REALITY INSULIN SYRINGE/U – insulin syringe/needle u-100 1/2 ml 28 x 1/2"  | 2         |                     |                 |           |     |                      | RELION INSULIN SYRINGE/U- – insulin syringe/needle u-100 1/2 ml 30 g        | 2         |                     |                 |           |     |                      |
| REALITY INSULIN SYRINGE/U – insulin syringe/needle u-100 1/2 ml 29 x 1/2"  | 2         |                     |                 |           |     |                      |                                                                             |           |                     |                 |           |     |                      |



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| RELION INSULIN SYRINGE/U- –<br><b>insulin syringe/needle u-100 1/2<br/>ml 31 x 5/16"</b>  | 2         |                     |                 |           |     |                      | RELION MICRO BLOOD GLUCOS<br>– <b>blood glucose monitoring kit<br/>w/ device</b>         | 3         |                     |                 |           |     |                      |
| RELION INSULIN SYRINGE/U- –<br><b>insulin syringe/needle u-100 1/2<br/>ml 29 x 1/2"</b>   | 2         |                     |                 |           |     |                      | RELION MINI PEN NEEDLES 3 –<br><b>insulin pen needle 31 g x 6 mm<br/>(1/4")</b>          | 2         |                     |                 |           |     |                      |
| RELION INSULIN SYRINGE/U- –<br><b>insulin syringe/needle u-100 1/2<br/>ml 30 x 5/16"</b>  | 2         |                     |                 |           |     |                      | RELION PEN NEEDLES 29GX12 –<br><b>insulin pen needle 29 g x 12 mm<br/>(1/2")</b>         | 2         |                     |                 |           |     |                      |
| RELION INSULIN SYRINGE/U- –<br><b>insulin syringe/needle u-100 0.3<br/>ml 31 x 15/64"</b> | 2         |                     |                 |           |     |                      | RELION PEN NEEDLES 31GX6M –<br><b>insulin pen needle 31 g x 6 mm<br/>(1/4")</b>          | 2         |                     |                 |           |     |                      |
| RELION INSULIN SYRINGE/U- –<br><b>insulin syringe/needle u-100 1<br/>ml 29 x 1/2"</b>     | 2         |                     |                 |           |     |                      | RELION PEN NEEDLES 31GX8M –<br><b>insulin pen needle 31 g x 8 mm<br/>(1/3" or 5/16")</b> | 2         |                     |                 |           |     |                      |
| RELION INSULIN SYRINGE/U- –<br><b>insulin syringe/needle u-100 1<br/>ml 30 g</b>          | 2         |                     |                 |           |     |                      | RELION PEN NEEDLES 32GX4M –<br><b>insulin pen needle 32 g x 4 mm<br/>(5/32")</b>         | 2         |                     |                 |           |     |                      |
| RELION INSULIN SYRINGE/U- –<br><b>insulin syringe/needle u-100 1<br/>ml 30 x 5/16"</b>    | 2         |                     |                 |           |     |                      | RELION SHORT PEN NEEDLES –<br><b>insulin pen needle 31 g x 8 mm<br/>(1/3" or 5/16")</b>  | 2         |                     |                 |           |     |                      |
| RELION INSULIN SYRINGE/U- –<br><b>insulin syringe/needle u-100 1<br/>ml 31 x 5/16"</b>    | 2         |                     |                 |           |     |                      | RELION THIN LANCETS – <b>lancets</b>                                                     | 3         |                     |                 |           |     |                      |
| RELION INSULIN SYRINGE/U- –<br><b>insulin syringe/needle u-100 0.3<br/>ml 31 x 5/16"</b>  | 2         |                     |                 |           |     |                      | RELION ULTIMA BLOOD GLUCO –<br><b>blood glucose monitoring kit w/<br/>device</b>         | 3         |                     |                 |           |     |                      |
| RELION INSULIN SYRINGE/U- –<br><b>insulin syringe/needle u-100 1<br/>ml 31 x 15/64"</b>   | 2         |                     |                 |           |     |                      | RELION ULTRA THIN LANCETS –<br><b>lancets</b>                                            | 3         |                     |                 |           |     |                      |
| RELION LANCETS – <b>lancets</b>                                                           | 3         |                     |                 |           |     |                      | RELION ULTRA THIN PLUS LA –<br><b>lancets</b>                                            | 3         |                     |                 |           |     |                      |
| RELION LANCETS MICRO-THIN –<br><b>lancets</b>                                             | 3         |                     |                 |           |     |                      | RELION 2-IN-1 LANCING DEV –<br><b>lancet devices</b>                                     | 3         |                     |                 |           |     |                      |
| RELION LANCETS STANDARD 2 –<br><b>lancets</b>                                             | 3         |                     |                 |           |     |                      | REVEAL BLOOD GLUCOSE MONI<br>– <b>blood glucose monitoring kit<br/>w/ device</b>         | 3         |                     |                 |           |     |                      |
| RELION LANCETS THIN 26G –<br><b>lancets</b>                                               | 3         |                     |                 |           |     |                      | REXALL BLOOD GLUCOSE MONI<br>– <b>blood glucose monitoring kit<br/>w/ device</b>         | 3         |                     |                 |           |     |                      |
| RELION LANCETS ULTRA-THIN –<br><b>lancets</b>                                             | 3         |                     |                 |           |     |                      | REXALL LANCETS ULTRA THIN –<br><b>lancets</b>                                            | 3         |                     |                 |           |     |                      |
| RELION LANCING DEVICE –<br><b>lancet devices</b>                                          | 3         |                     |                 |           |     |                      | RIGHTEST GC300 HIGH CONTR<br>– <b>blood glucose calibration -<br/>liquid - high</b>      | 3         |                     |                 |           |     |                      |

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| RIGHTEST GC300 NORMAL CON<br>– blood glucose calibration -<br>liquid - normal    | 3         |                     |                 |           |     |                      | SAFETY INSULIN SYRINGES 0 –<br>insulin syringe/needle u-100 1/2<br>ml 30 x 5/16" | 2         |                     |                 |           |     |                      |
| RIGHTEST GD500 LANCING DE –<br>lancet devices                                    | 3         |                     |                 |           |     |                      | SAFETY INSULIN SYRINGES 1 –<br>insulin syringe/needle u-100 1<br>ml 27 x 1/2"    | 2         |                     |                 |           |     |                      |
| RIGHTEST GL300 LANCETS –<br>lancets                                              | 3         |                     |                 |           |     |                      | SAFETY INSULIN SYRINGES 1 –<br>insulin syringe/needle u-100 1<br>ml 29 x 1/2"    | 2         |                     |                 |           |     |                      |
| RIGHTEST GM100 BLOOD GLUC<br>– blood glucose monitoring kit<br>w/ device         | 3         |                     |                 |           |     |                      | SAFETY INSULIN SYRINGES 1 –<br>insulin syringe/needle u-100 1<br>ml 30 x 1/2"    | 2         |                     |                 |           |     |                      |
| RIGHTEST GM300 BLOOD GLUC<br>– blood glucose monitoring kit<br>w/ device         | 3         |                     |                 |           |     |                      | SAFETY LANCET 21G/PRESSUR –<br>lancets                                           | 1         |                     |                 |           |     |                      |
| RIGHTEST GM550 BLOOD GLUC<br>– blood glucose monitoring kit<br>w/ device         | 3         |                     |                 |           |     |                      | SAFETY LANCET 28G/PRESSUR –<br>lancets                                           | 1         |                     |                 |           |     |                      |
| RITEFLO – spacer/aerosol-<br>holding chambers - device                           | 3         |                     |                 |           |     |                      | SAFETY LANCETS – lancets                                                         | 3         |                     |                 |           |     |                      |
| SAFE-T-LANCE LOW FLOW 25G –<br>lancets                                           | 3         |                     |                 |           |     |                      | SAFETY LANCETS 21G – lancets                                                     | 3         |                     |                 |           |     |                      |
| SAFE-T-LANCE NORMAL FLOW –<br>lancets                                            | 3         |                     |                 |           |     |                      | SAFETY LANCETS 28G – lancets                                                     | 1         |                     |                 |           |     |                      |
| SAFE-T-LANCE PLUS SAFETY –<br>lancets                                            | 3         |                     |                 |           |     |                      | SAFETY LET LANCETS – lancets                                                     | 3         |                     |                 |           |     |                      |
| SAFESNAP INSULIN SYRINGE/ –<br>insulin syringe/needle u-100 0.3<br>ml 30 x 5/16" | 2         |                     |                 |           |     |                      | SAFETY SEAL LANCETS 28G –<br>lancets                                             | 3         |                     |                 |           |     |                      |
| SAFESNAP INSULIN SYRINGE/ –<br>insulin syringe/needle u-100 1/2<br>ml 29 x 1/2"  | 2         |                     |                 |           |     |                      | SAFETY SEAL LANCETS 30G –<br>lancets                                             | 3         |                     |                 |           |     |                      |
| SAFESNAP INSULIN SYRINGE/ –<br>insulin syringe/needle u-100 1/2<br>ml 30 x 5/16" | 2         |                     |                 |           |     |                      | SAFETY-GLIDE INSULIN SYRI –<br>insulin syringe/needle u-100 0.3<br>ml 29 x 1/2"  | 2         |                     |                 |           |     |                      |
| SAFESNAP INSULIN SYRINGE/ –<br>insulin syringe/needle u-100 1<br>ml 28 x 1/2"    | 2         |                     |                 |           |     |                      | SAPS HEALTH TWIST TOP LAN –<br>lancets                                           | 3         |                     |                 |           |     |                      |
| SAFESNAP INSULIN SYRINGE/ –<br>insulin syringe/needle u-100 1<br>ml 29 x 1/2"    | 2         |                     |                 |           |     |                      | SAPSCARE TWIST TOP LANCET –<br>lancets                                           | 3         |                     |                 |           |     |                      |
| SAFETY INSULIN SYRINGES 0 –<br>insulin syringe/needle u-100 1/2<br>ml 29 x 1/2"  | 2         |                     |                 |           |     |                      | SB INSULIN SYRINGE/U-100/ –<br>insulin syringe/needle u-100 1/2<br>ml 29 x 1/2"  | 2         |                     |                 |           |     |                      |
|                                                                                  |           |                     |                 |           |     |                      | SB INSULIN SYRINGE/U-100/ –<br>insulin syringe/needle u-100 1/2<br>ml 30 x 5/16" | 2         |                     |                 |           |     |                      |
|                                                                                  |           |                     |                 |           |     |                      | SB INSULIN SYRINGE/U-100/ –<br>insulin syringe/needle u-100 1<br>ml 29 x 1/2"    | 2         |                     |                 |           |     |                      |

| Drug Name                                                                        | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                      | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| SB INSULIN SYRINGE/U-100/ –<br>insulin syringe/needle u-100 1<br>ml 30 x 5/16"   | 2         |                     |                 |           |     |                      | SHOPKO UNIFINE PENTIPS PL –<br>insulin pen needle 32 g x 4 mm<br>(5/32")       | 2         |                     |                 |           |     |                      |
| SB INSULIN SYRINGE/U-100/ –<br>insulin syringe/needle u-100 1<br>ml 31 x 5/16"   | 2         |                     |                 |           |     |                      | SHOPKO UNILET LANCETS SUP –<br>lancets                                         | 3         |                     |                 |           |     |                      |
| SB LANCETS THIN – lancets                                                        | 3         |                     |                 |           |     |                      | SHOPKO UNILET LANCETS ULT –<br>lancets                                         | 3         |                     |                 |           |     |                      |
| SB LANCETS ULTRA THIN –<br>lancets                                               | 3         |                     |                 |           |     |                      | SIDE BUTTON SAFETY LANCET –<br>lancets                                         | 3         |                     |                 |           |     |                      |
| SCHNUCKS INSULIN SYRINGE –<br>insulin syringe/needle u-100 1/2<br>ml 29 x 1/2"   | 2         |                     |                 |           |     |                      | SIMPLE DIAGNOSTICS LANCIN –<br>lancet devices                                  | 3         |                     |                 |           |     |                      |
| SCHNUCKS INSULIN SYRINGE –<br>insulin syringe/needle u-100 1/2<br>ml 30 x 5/16"  | 2         |                     |                 |           |     |                      | SINGLE-LET – lancets                                                           | 2         |                     |                 |           |     |                      |
| SELECT-LITE LANCING DEVIC –<br>lancet devices                                    | 3         |                     |                 |           |     |                      | SM INSULIN SYRINGE/1ML/31 –<br>insulin syringe/needle u-100 1<br>ml 31 x 5/16" | 2         |                     |                 |           |     |                      |
| SHOPKO AUTOLET LANCING DE<br>– lancet devices                                    | 3         |                     |                 |           |     |                      | SM MICRO THIN LANCETS 33G –<br>lancets                                         | 3         |                     |                 |           |     |                      |
| SHOPKO ON-THE-GO COMFORT<br>– lancets                                            | 3         |                     |                 |           |     |                      | SMART DIABETES VANTAGE LA –<br>lancet devices                                  | 3         |                     |                 |           |     |                      |
| SHOPKO UNIFINE PENTIPS PE –<br>insulin pen needle 29 g x 12 mm<br>(1/2")         | 2         |                     |                 |           |     |                      | SMART SENSE COLOR LANCETS<br>– lancets                                         | 3         |                     |                 |           |     |                      |
| SHOPKO UNIFINE PENTIPS PE –<br>insulin pen needle 31 g x 5 mm<br>(3/16")         | 2         |                     |                 |           |     |                      | SMART SENSE PREMIUM BLOOD<br>– blood glucose monitoring kit<br>w/ device       | 3         |                     |                 |           |     |                      |
| SHOPKO UNIFINE PENTIPS PE –<br>insulin pen needle 31 g x 8 mm<br>(1/3" or 5/16") | 2         |                     |                 |           |     |                      | SMART SENSE STANDARD LANC<br>– lancets                                         | 3         |                     |                 |           |     |                      |
| SHOPKO UNIFINE PENTIPS PE –<br>insulin pen needle 32 g x 4 mm<br>(5/32")         | 2         |                     |                 |           |     |                      | SMART SENSE SUPER THIN LA –<br>lancets                                         | 3         |                     |                 |           |     |                      |
| SHOPKO UNIFINE PENTIPS PL –<br>insulin pen needle 29 g x 12 mm<br>(1/2")         | 2         |                     |                 |           |     |                      | SMART SENSE THIN LANCETS –<br>lancets                                          | 3         |                     |                 |           |     |                      |
| SHOPKO UNIFINE PENTIPS PL –<br>insulin pen needle 31 g x 5 mm<br>(3/16")         | 2         |                     |                 |           |     |                      | SMART SENSE VALUE BLOOD –<br>blood glucose monitoring kit w/<br>device         | 3         |                     |                 |           |     |                      |
| SHOPKO UNIFINE PENTIPS PL –<br>insulin pen needle 31 g x 8 mm<br>(1/3" or 5/16") | 2         |                     |                 |           |     |                      | SMARTTEST CONTROL SOLUTION<br>– blood glucose calibration -<br>liquid          | 3         |                     |                 |           |     |                      |
|                                                                                  |           |                     |                 |           |     |                      | SMARTTEST EJECT STARTER KI –<br>blood glucose monitoring kit w/<br>device      | 3         |                     |                 |           |     |                      |
|                                                                                  |           |                     |                 |           |     |                      | SMARTTEST LANCETS 28G –<br>lancets                                             | 3         |                     |                 |           |     |                      |

| Drug Name                                                                  | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                        | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| SMARTEST PERSONA STARTER – blood glucose monitoring kit w/ device          | 3         |                     |                 |           |     |                      | SURE COMFORT INSULIN SYRI – insulin syringe/needle u-100 1/2 ml 28 x 1/2"        | 2         |                     |                 |           |     |                      |
| SMARTEST PRONTO STARTER – blood glucose monitoring kit w/ device           | 3         |                     |                 |           |     |                      | SURE COMFORT INSULIN SYRI – insulin syringe/needle u-100 1/2 ml 29 x 1/2"        | 2         |                     |                 |           |     |                      |
| SMARTEST PROTEGE STARTER – blood glucose monitoring kit w/ device          | 3         |                     |                 |           |     |                      | SURE COMFORT INSULIN SYRI – insulin syringe/needle u-100 1/2 ml 30 x 5/16"       | 2         |                     |                 |           |     |                      |
| SOLARTEK GLUCOSE CONTROL – blood glucose calibration - liquid              | 3         |                     |                 |           |     |                      | SURE COMFORT INSULIN SYRI – insulin syringe/needle u-100 1/2 ml 30 x 1/2"        | 2         |                     |                 |           |     |                      |
| SOLUS V2 AUDIBLE BLOOD GL – blood glucose monitoring kit w/ device         | 3         |                     |                 |           |     |                      | SURE COMFORT INSULIN SYRI – insulin syringe/needle u-100 0.3 ml 31 x 1/4" (6 mm) | 2         |                     |                 |           |     |                      |
| SOLUS V2 CONTROL HIGH – blood glucose calibration - liquid - high          | 3         |                     |                 |           |     |                      | SURE COMFORT INSULIN SYRI – insulin syringe/needle u-100 0.5 ml 31 x 1/4" (6 mm) | 2         |                     |                 |           |     |                      |
| SOLUS V2 CONTROL LOW – blood glucose calibration - liquid - low            | 3         |                     |                 |           |     |                      | SURE COMFORT INSULIN SYRI – insulin syringe/needle u-100 1 ml 31 x 1/4" (6 mm)   | 2         |                     |                 |           |     |                      |
| SOLUS V2 LANCING DEVICE – lancet devices                                   | 3         |                     |                 |           |     |                      | SURE COMFORT INSULIN SYRI – insulin syringe/needle u-100 1 ml 28 x 1/2"          | 2         |                     |                 |           |     |                      |
| SOLUS V2 PRESSURE ACTIVAT – lancets                                        | 3         |                     |                 |           |     |                      | SURE COMFORT INSULIN SYRI – insulin syringe/needle u-100 1 ml 29 x 1/2"          | 2         |                     |                 |           |     |                      |
| SOLUS V2 TWIST LANCETS 30 – lancets                                        | 3         |                     |                 |           |     |                      | SURE COMFORT INSULIN SYRI – insulin syringe/needle u-100 1 ml 30 x 5/16"         | 2         |                     |                 |           |     |                      |
| STERILANCE TL – lancets                                                    | 3         |                     |                 |           |     |                      | SURE COMFORT INSULIN SYRI – insulin syringe/needle u-100 1 ml 30 x 5/16"         | 2         |                     |                 |           |     |                      |
| SUPER THIN LANCETS – lancets                                               | 3         |                     |                 |           |     |                      | SURE COMFORT INSULIN SYRI – insulin syringe/needle u-100 1 ml 30 x 5/16"         | 2         |                     |                 |           |     |                      |
| SURE COMFORT INSULIN SYRI – insulin syringe/needle u-100 0.3 ml 29 x 1/2"  | 2         |                     |                 |           |     |                      | SURE COMFORT INSULIN SYRI – insulin syringe/needle u-100 1 ml 30 x 1/2"          | 2         |                     |                 |           |     |                      |
| SURE COMFORT INSULIN SYRI – insulin syringe/needle u-100 0.3 ml 30 x 5/16" | 2         |                     |                 |           |     |                      | SURE COMFORT INSULIN SYRI – insulin syringe/needle u-100 1 ml 31 x 5/16"         | 2         |                     |                 |           |     |                      |
| SURE COMFORT INSULIN SYRI – insulin syringe/needle u-100 0.3 ml 30 x 1/2"  | 2         |                     |                 |           |     |                      | SURE COMFORT INSULIN SYRI – insulin syringe/needle u-100 0.3 ml 31 x 5/16"       | 2         |                     |                 |           |     |                      |
| SURE COMFORT INSULIN SYRI – insulin syringe/needle u-100 1/2 ml 31 x 5/16" | 2         |                     |                 |           |     |                      | SURE COMFORT LANCETS 18G – lancets                                               | 3         |                     |                 |           |     |                      |
|                                                                            |           |                     |                 |           |     |                      | SURE COMFORT LANCETS 21G – lancets                                               | 3         |                     |                 |           |     |                      |

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| SURE COMFORT LANCETS 23G – lancets                                         | 3         |                     |                 |           |     |                      | SURE-JECT INSULIN SYRINGE – insulin syringe/needle u-100 1/2 ml 31 x 5/16" | 2         |                     |                 |           |     |                      |
| SURE COMFORT LANCETS 28G – lancets                                         | 3         |                     |                 |           |     |                      | SURE-JECT INSULIN SYRINGE – insulin syringe/needle u-100 1/2 ml 28 x 1/2"  | 2         |                     |                 |           |     |                      |
| SURE COMFORT LANCETS 30G – lancets                                         | 3         |                     |                 |           |     |                      | SURE-JECT INSULIN SYRINGE – insulin syringe/needle u-100 1/2 ml 29 x 1/2"  | 2         |                     |                 |           |     |                      |
| SURE COMFORT LANCING PEN – lancet devices                                  | 3         |                     |                 |           |     |                      | SURE-JECT INSULIN SYRINGE – insulin syringe/needle u-100 1/2 ml 30 x 5/16" | 2         |                     |                 |           |     |                      |
| SURE COMFORT PEN NEEDLES – insulin pen needle 29 g x 12.7 mm               | 2         |                     |                 |           |     |                      | SURE-JECT INSULIN SYRINGE – insulin syringe/needle u-100 1 ml 28 x 1/2"    | 2         |                     |                 |           |     |                      |
| SURE COMFORT PEN NEEDLES – insulin pen needle 30 g x 8 mm (1/3" or 5/16")  | 2         |                     |                 |           |     |                      | SURE-JECT INSULIN SYRINGE – insulin syringe/needle u-100 1 ml 29 x 1/2"    | 2         |                     |                 |           |     |                      |
| SURE COMFORT PEN NEEDLES – insulin pen needle 31 g x 5 mm (3/16")          | 2         |                     |                 |           |     |                      | SURE-JECT INSULIN SYRINGE – insulin syringe/needle u-100 1 ml 30 x 5/16"   | 2         |                     |                 |           |     |                      |
| SURE COMFORT PEN NEEDLES – insulin pen needle 31 g x 8 mm (1/3" or 5/16")  | 2         |                     |                 |           |     |                      | SURE-JECT INSULIN SYRINGE – insulin syringe/needle u-100 1 ml 31 x 5/16"   | 2         |                     |                 |           |     |                      |
| SURE COMFORT PEN NEEDLES – insulin pen needle 32 g x 4 mm (5/32")          | 2         |                     |                 |           |     |                      | SURE-LANCE FLAT LANCETS – lancets                                          | 3         |                     |                 |           |     |                      |
| SURE COMFORT PEN NEEDLES – insulin pen needle 32 g x 6 mm (1/4")           | 2         |                     |                 |           |     |                      | SURE-LANCE LANCETS 26G – lancets                                           | 3         |                     |                 |           |     |                      |
| SURE-FINE PEN NEEDLES 29G – insulin pen needle 29 g x 12.7 mm              | 2         |                     |                 |           |     |                      | SURE-LANCE THIN LANCETS 2 – lancets                                        | 3         |                     |                 |           |     |                      |
| SURE-FINE PEN NEEDLES 31G – insulin pen needle 31 g x 5 mm (3/16")         | 2         |                     |                 |           |     |                      | SURE-LANCE ULTRA THIN LAN – lancets                                        | 3         |                     |                 |           |     |                      |
| SURE-FINE PEN NEEDLES 31G – insulin pen needle 31 g x 8 mm (1/3" or 5/16") | 2         |                     |                 |           |     |                      | SURE-PEN – lancet devices                                                  | 3         |                     |                 |           |     |                      |
| SURE-JECT INSULIN SYRINGE – insulin syringe/needle u-100 0.3 ml 29 x 1/2"  | 2         |                     |                 |           |     |                      | SURE-TOUCH LANCETS UNIVER – lancets                                        | 3         |                     |                 |           |     |                      |
| SURE-JECT INSULIN SYRINGE – insulin syringe/needle u-100 0.3 ml 30 x 5/16" | 2         |                     |                 |           |     |                      | SURECHEK BLOOD GLUCOSE MO – blood glucose monitoring kit w/ device         | 3         |                     |                 |           |     |                      |
|                                                                            |           |                     |                 |           |     |                      | SURELITE LANCETS – lancets                                                 | 3         |                     |                 |           |     |                      |

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| SURESTEP GLUCOSE CONTROL – blood glucose calibration - liquid             | 2         |                     |                 |           |     |                      | TECHLITE PEN NEEDLES/32G – insulin pen needle 32 g x 8 mm          | 2         |                     |                 |           |     |                      |
| SURESTEP PRO HIGH GLUCOSE – blood glucose calibration - liquid - high     | 2         |                     |                 |           |     |                      | TELCARE BLOOD GLUCOSE MON – blood glucose monitoring kit w/ device | 3         |                     |                 |           |     |                      |
| SURESTEP PRO LOW GLUCOSE – blood glucose calibration - liquid - low       | 2         |                     |                 |           |     |                      | TELCARE GLUCOSE CONTROL S – blood glucose calibration - liquid     | 3         |                     |                 |           |     |                      |
| SURESTEP PRO NORMAL GLUCO – blood glucose calibration - liquid - normal   | 2         |                     |                 |           |     |                      | TGT ADVANCED LANCING DEVI – lancet devices                         | 3         |                     |                 |           |     |                      |
| TAI DOC CONTROL – blood glucose calibration - liquid - normal             | 3         |                     |                 |           |     |                      | TGT BLOOD GLUCOSE METER M – blood glucose monitoring kit w/ device | 3         |                     |                 |           |     |                      |
| TECHLITE AST LANCETS – lancets                                            | 3         |                     |                 |           |     |                      | TGT BLOOD GLUCOSE MONITOR – blood glucose monitoring kit w/ device | 3         |                     |                 |           |     |                      |
| TECHLITE LANCETS – lancets                                                | 3         |                     |                 |           |     |                      | TGT LANCET ALTERNATE SITE – lancets                                | 3         |                     |                 |           |     |                      |
| TECHLITE LANCETS 30G – lancets                                            | 3         |                     |                 |           |     |                      | TGT LANCET MICRO THIN 33G – lancets                                | 3         |                     |                 |           |     |                      |
| TECHLITE PEN NEEDLES 29G – insulin pen needle 29 g x 10 mm                | 2         |                     |                 |           |     |                      | TGT LANCET SUPER THIN 30G – lancets                                | 3         |                     |                 |           |     |                      |
| TECHLITE PEN NEEDLES 29G – insulin pen needle 29 g x 12 mm (1/2")         | 2         |                     |                 |           |     |                      | TGT LANCET THIN 23G – lancets                                      | 3         |                     |                 |           |     |                      |
| TECHLITE PEN NEEDLES 31G – insulin pen needle 31 g x 5 mm (3/16")         | 2         |                     |                 |           |     |                      | TGT LANCET THIN 26G – lancets                                      | 3         |                     |                 |           |     |                      |
| TECHLITE PEN NEEDLES/31G – insulin pen needle 31 g x 5 mm (3/16")         | 2         |                     |                 |           |     |                      | TGT LANCET ULTRA THIN 28G – lancets                                | 3         |                     |                 |           |     |                      |
| TECHLITE PEN NEEDLES/31G – insulin pen needle 31 g x 6 mm (1/4")          | 2         |                     |                 |           |     |                      | TGT LANCET ULTRA THIN 30G – lancets                                | 3         |                     |                 |           |     |                      |
| TECHLITE PEN NEEDLES/31G – insulin pen needle 31 g x 8 mm (1/3" or 5/16") | 2         |                     |                 |           |     |                      | TGT LANCING DEVICE – lancet devices                                | 3         |                     |                 |           |     |                      |
| TECHLITE PEN NEEDLES/32G – insulin pen needle 32 g x 4 mm (5/32")         | 2         |                     |                 |           |     |                      | THINLETS GP LANCETS – lancets                                      | 3         |                     |                 |           |     |                      |
| TECHLITE PEN NEEDLES/32G – insulin pen needle 32 g x 6 mm (1/4")          | 2         |                     |                 |           |     |                      | THINLETS LANCET – lancets                                          | 3         |                     |                 |           |     |                      |
|                                                                           |           |                     |                 |           |     |                      | TODAYS HEALTH ADVANCED LA – lancet devices                         | 3         |                     |                 |           |     |                      |
|                                                                           |           |                     |                 |           |     |                      | TODAYS HEALTH MINI PEN NE – insulin pen needle 31 g x 6 mm (1/4")  | 2         |                     |                 |           |     |                      |
|                                                                           |           |                     |                 |           |     |                      | TODAYS HEALTH ORIGINAL PE – insulin pen needle 29 g x 12 mm (1/2") | 2         |                     |                 |           |     |                      |

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| TODAYS HEALTH SHORT PEN N – insulin pen needle 31 g x 8 mm (1/3" or 5/16") | 2         |                     |                 |           |     |                      | TRAVEL LANCETS ADVANCED 2 – lancets                                        | 3         |                     |                 |           |     |                      |
| TODAYS HEALTH SUPER THIN – lancets                                         | 3         |                     |                 |           |     |                      | TRAVEL LANCETS 30G – lancets                                               | 3         |                     |                 |           |     |                      |
| TODAYS HEALTH ULTRA THIN – lancets                                         | 3         |                     |                 |           |     |                      | TRUE METRIX AIR BLOOD GLU – blood glucose monitoring kit w/ device         | 3         |                     |                 |           |     |                      |
| TOPCARE CLICKFINE UNIVERS – insulin pen needle 31 g x 6 mm (1/4")          | 2         |                     |                 |           |     |                      | TRUE METRIX AIR W/BLUETOO – blood glucose monitoring kit w/ device         | 3         |                     |                 |           |     |                      |
| TOPCARE CLICKFINE UNIVERS – insulin pen needle 31 g x 8 mm (1/3" or 5/16") | 2         |                     |                 |           |     |                      | TRUE METRIX BLOOD GLUCOSE – blood glucose monitoring kit w/ device         | 3         |                     |                 |           |     |                      |
| TOPCARE LANCETS MICRO-THI – lancets                                        | 3         |                     |                 |           |     |                      | TRUE METRIX CONTROL SOLUT – blood glucose calibration - liquid - high      | 3         |                     |                 |           |     |                      |
| TOPCARE ULTRA COMFORT INS – insulin syringe/needle u-100 0.3 ml 29 x 1/2"  | 2         |                     |                 |           |     |                      | TRUE METRIX CONTROL SOLUT – blood glucose calibration - liquid - normal    | 3         |                     |                 |           |     |                      |
| TOPCARE ULTRA COMFORT INS – insulin syringe/needle u-100 0.3 ml 30 x 5/16" | 2         |                     |                 |           |     |                      | TRUE METRIX CONTROL SOLUT – blood glucose calibration - liquid - low       | 3         |                     |                 |           |     |                      |
| TOPCARE ULTRA COMFORT INS – insulin syringe/needle u-100 1/2 ml 31 x 5/16" | 2         |                     |                 |           |     |                      | TRUE METRIX GO BLOOD GLUC – blood glucose monitoring kit w/ device         | 3         |                     |                 |           |     |                      |
| TOPCARE ULTRA COMFORT INS – insulin syringe/needle u-100 1/2 ml 29 x 1/2"  | 2         |                     |                 |           |     |                      | TRUECONTROL GLUCOSE CONTR – blood glucose calibration - liquid             | 3         |                     |                 |           |     |                      |
| TOPCARE ULTRA COMFORT INS – insulin syringe/needle u-100 1/2 ml 30 x 5/16" | 2         |                     |                 |           |     |                      | TRUEDRAW LANCING DEVICE – lancet devices                                   | 3         |                     |                 |           |     |                      |
| TOPCARE ULTRA COMFORT INS – insulin syringe/needle u-100 1 ml 29 x 1/2"    | 2         |                     |                 |           |     |                      | TRUEPLUS INSULIN SYRINGE/ – insulin syringe/needle u-100 0.3 ml 29 x 1/2"  | 2         |                     |                 |           |     |                      |
| TOPCARE ULTRA COMFORT INS – insulin syringe/needle u-100 1 ml 30 x 5/16"   | 2         |                     |                 |           |     |                      | TRUEPLUS INSULIN SYRINGE/ – insulin syringe/needle u-100 0.3 ml 30 x 5/16" | 2         |                     |                 |           |     |                      |
| TOPCARE ULTRA COMFORT INS – insulin syringe/needle u-100 1 ml 31 x 5/16"   | 2         |                     |                 |           |     |                      | TRUEPLUS INSULIN SYRINGE/ – insulin syringe/needle u-100 1/2 ml 31 x 5/16" | 2         |                     |                 |           |     |                      |
| TOPCARE ULTRA COMFORT INS – insulin syringe/needle u-100 0.3 ml 31 x 5/16" | 2         |                     |                 |           |     |                      | TRUEPLUS INSULIN SYRINGE/ – insulin syringe/needle u-100 1/2 ml 28 x 1/2"  | 2         |                     |                 |           |     |                      |

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| TRUEPLUS INSULIN SYRINGE/ –<br>insulin syringe/needle u-100 1/2<br>ml 29 x 1/2"  | 2         |                     |                 |           |     |                      | TRUEPLUS PEN NEEDLES 31GX<br>– insulin pen needle 31 g x 6<br>mm (1/4")          | 2         |                     |                 |           |     |                      |
| TRUEPLUS INSULIN SYRINGE/ –<br>insulin syringe/needle u-100 1/2<br>ml 30 x 5/16" | 2         |                     |                 |           |     |                      | TRUEPLUS PEN NEEDLES 31GX<br>– insulin pen needle 31 g x 8<br>mm (1/3" or 5/16") | 2         |                     |                 |           |     |                      |
| TRUEPLUS INSULIN SYRINGE/ –<br>insulin syringe/needle u-100 1<br>ml 28 x 1/2"    | 2         |                     |                 |           |     |                      | TRUEPLUS PEN NEEDLES 32GX<br>– insulin pen needle 32 g x 4<br>mm (5/32")         | 2         |                     |                 |           |     |                      |
| TRUEPLUS INSULIN SYRINGE/ –<br>insulin syringe/needle u-100 1<br>ml 29 x 1/2"    | 2         |                     |                 |           |     |                      | TRUEPLUS SAFETY LANCETS 2 –<br>lancets                                           | 3         |                     |                 |           |     |                      |
| TRUEPLUS INSULIN SYRINGE/ –<br>insulin syringe/needle u-100 1<br>ml 30 x 5/16"   | 2         |                     |                 |           |     |                      | TRUERESULT BLOOD GLUCOSE<br>– blood glucose monitoring kit<br>w/ device          | 3         |                     |                 |           |     |                      |
| TRUEPLUS INSULIN SYRINGE/ –<br>insulin syringe/needle u-100 1<br>ml 31 x 5/16"   | 2         |                     |                 |           |     |                      | TRUETRACK BLOOD GLUCOSE M<br>– blood glucose monitoring kit<br>w/ device         | 3         |                     |                 |           |     |                      |
| TRUEPLUS INSULIN SYRINGE/ –<br>insulin syringe/needle u-100 0.3<br>ml 31 x 5/16" | 2         |                     |                 |           |     |                      | TRUETRACK SMART SYSTEM –<br>blood glucose monitoring kit w/<br>device            | 3         |                     |                 |           |     |                      |
| TRUEPLUS LANCETS 26G –<br>lancets                                                | 3         |                     |                 |           |     |                      | ULTI-LANCE AUTOMATIC/ CLE –<br>lancet devices                                    | 3         |                     |                 |           |     |                      |
| TRUEPLUS LANCETS 28G –<br>lancets                                                | 3         |                     |                 |           |     |                      | ULTICARE INSULIN SAFETY S –<br>insulin syringe/needle u-100 1/2<br>ml 29 x 1/2"  | 2         |                     |                 |           |     |                      |
| TRUEPLUS LANCETS 28G SUPE –<br>lancets                                           | 3         |                     |                 |           |     |                      | ULTICARE INSULIN SAFETY S –<br>insulin syringe/needle u-100 1<br>ml 29 x 1/2"    | 2         |                     |                 |           |     |                      |
| TRUEPLUS LANCETS 30G –<br>lancets                                                | 3         |                     |                 |           |     |                      | ULTICARE INSULIN SYRINGE –<br>insulin syringe/needle u-100 1/2<br>ml 31 x 5/16"  | 2         |                     |                 |           |     |                      |
| TRUEPLUS LANCETS 30G ULTR –<br>lancets                                           | 3         |                     |                 |           |     |                      | ULTICARE INSULIN SYRINGE –<br>insulin syringe/needle u-100 1<br>ml 31 x 5/16"    | 2         |                     |                 |           |     |                      |
| TRUEPLUS LANCETS 33G –<br>lancets                                                | 3         |                     |                 |           |     |                      | ULTICARE INSULIN SYRINGE –<br>insulin syringe/needle u-100 0.3<br>ml 31 x 5/16"  | 2         |                     |                 |           |     |                      |
| TRUEPLUS LANCETS 33G MICR –<br>lancets                                           | 3         |                     |                 |           |     |                      | ULTICARE INSULIN SYRINGE/ –<br>insulin syringe/needle u-100 0.3<br>ml 29 x 1/2"  | 2         |                     |                 |           |     |                      |
| TRUEPLUS PEN NEEDLES 29GX<br>– insulin pen needle 29 g x 12<br>mm (1/2")         | 2         |                     |                 |           |     |                      | ULTICARE INSULIN SYRINGE/ –<br>insulin syringe/needle u-100 0.3<br>ml 30 x 5/16" | 2         |                     |                 |           |     |                      |
| TRUEPLUS PEN NEEDLES 31GX<br>– insulin pen needle 31 g x 5<br>mm (3/16")         | 2         |                     |                 |           |     |                      |                                                                                  |           |                     |                 |           |     |                      |



| Drug Name                                                                        | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                              | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| ULTICARE INSULIN SYRINGE/ –<br>insulin syringe/needle u-100 0.3<br>ml 30 x 1/2"  | 2         |                     |                 |           |     |                      | ULTICARE MINI PEN NEEDLES –<br>insulin pen needle 31 g x 6 mm<br>(1/4")                | 2         |                     |                 |           |     |                      |
| ULTICARE INSULIN SYRINGE/ –<br>insulin syringe/needle u-100 1/2<br>ml 31 x 5/16" | 2         |                     |                 |           |     |                      | ULTICARE ORIGINAL PEN NEE –<br>insulin pen needle 29 g x 12 mm<br>(1/2")               | 2         |                     |                 |           |     |                      |
| ULTICARE INSULIN SYRINGE/ –<br>insulin syringe/needle u-100 1/2<br>ml 28 x 1/2"  | 2         |                     |                 |           |     |                      | ULTICARE PEN NEEDLES/29G –<br>insulin pen needle 29 g x 12.7<br>mm                     | 2         |                     |                 |           |     |                      |
| ULTICARE INSULIN SYRINGE/ –<br>insulin syringe/needle u-100 1/2<br>ml 29 x 1/2"  | 2         |                     |                 |           |     |                      | ULTICARE SHORT PEN NEEDLE –<br>insulin pen needle 31 g x 8 mm<br>(1/3" or 5/16")       | 2         |                     |                 |           |     |                      |
| ULTICARE INSULIN SYRINGE/ –<br>insulin syringe/needle u-100 1/2<br>ml 30 x 5/16" | 2         |                     |                 |           |     |                      | ULTICARE U-100 INSULIN SY –<br>insulin syringe/needle u-100 0.3<br>ml 31 x 1/4" (6 mm) | 2         |                     |                 |           |     |                      |
| ULTICARE INSULIN SYRINGE/ –<br>insulin syringe/needle u-100 1/2<br>ml 30 x 1/2"  | 2         |                     |                 |           |     |                      | ULTICARE U-100 INSULIN SY –<br>insulin syringe/needle u-100 0.5<br>ml 31 x 1/4" (6 mm) | 2         |                     |                 |           |     |                      |
| ULTICARE INSULIN SYRINGE/ –<br>insulin syringe/needle u-100 1<br>ml 28 x 1/2"    | 2         |                     |                 |           |     |                      | ULTICARE U-100 INSULIN SY –<br>insulin syringe/needle u-100 1<br>ml 31 x 1/4" (6 mm)   | 2         |                     |                 |           |     |                      |
| ULTICARE INSULIN SYRINGE/ –<br>insulin syringe/needle u-100 1<br>ml 29 x 1/2"    | 2         |                     |                 |           |     |                      | ULTIGUARD INSULIN SYRINGE –<br>insulin syringe/needle u-100 0.3<br>ml 29 x 1/2"        | 2         |                     |                 |           |     |                      |
| ULTICARE INSULIN SYRINGE/ –<br>insulin syringe/needle u-100 1<br>ml 30 x 5/16"   | 2         |                     |                 |           |     |                      | ULTIGUARD INSULIN SYRINGE –<br>insulin syringe/needle u-100 0.3<br>ml 30 x 5/16"       | 2         |                     |                 |           |     |                      |
| ULTICARE INSULIN SYRINGE/ –<br>insulin syringe/needle u-100 1<br>ml 30 x 1/2"    | 2         |                     |                 |           |     |                      | ULTIGUARD INSULIN SYRINGE –<br>insulin syringe/needle u-100 1/2<br>ml 29 x 1/2"        | 2         |                     |                 |           |     |                      |
| ULTICARE INSULIN SYRINGE/ –<br>insulin syringe/needle u-100 1<br>ml 31 x 5/16"   | 2         |                     |                 |           |     |                      | ULTIGUARD INSULIN SYRINGE –<br>insulin syringe/needle u-100 1/2<br>ml 30 x 5/16"       | 2         |                     |                 |           |     |                      |
| ULTICARE INSULIN SYRINGE/ –<br>insulin syringe/needle u-100 0.3<br>ml 31 x 5/16" | 2         |                     |                 |           |     |                      | ULTIGUARD INSULIN SYRINGE –<br>insulin syringe/needle u-100 1<br>ml 29 x 1/2"          | 2         |                     |                 |           |     |                      |
| ULTICARE MICRO PEN NEEDLE –<br>insulin pen needle 31 g x 8 mm<br>(1/3" or 5/16") | 2         |                     |                 |           |     |                      | ULTIGUARD INSULIN SYRINGE –<br>insulin syringe/needle u-100 1<br>ml 30 x 5/16"         | 2         |                     |                 |           |     |                      |
| ULTICARE MICRO PEN NEEDLE –<br>insulin pen needle 32 g x 4 mm<br>(5/32")         | 2         |                     |                 |           |     |                      | ULTILET CLASSIC LANCETS –<br>lancets                                                   | 3         |                     |                 |           |     |                      |

| Drug Name                                                                              | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                            | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| ULTILET INSULIN SYRINGE 3 –<br>insulin syringe/needle u-100 0.3<br>ml 31 x 15/64"      | 2         |                     |                 |           |     |                      | ULTILET INSULIN SYRINGE/0 –<br>insulin syringe/needle u-100 0.3<br>ml 31 x 5/16"     | 2         |                     |                 |           |     |                      |
| ULTILET INSULIN SYRINGE 3 –<br>insulin syringe/needle u-100 0.3<br>ml 31 x 1/4" (6 mm) | 2         |                     |                 |           |     |                      | ULTILET INSULIN SYRINGE/1 –<br>insulin syringe/needle u-100 1<br>ml 30 x 5/16"       | 2         |                     |                 |           |     |                      |
| ULTILET INSULIN SYRINGE/S –<br>insulin syringe/needle u-100 0.3<br>ml 30 x 5/16"       | 2         |                     |                 |           |     |                      | ULTILET INSULIN SYRINGE/1 –<br>insulin syringe/needle u-100 1<br>ml 31 x 5/16"       | 2         |                     |                 |           |     |                      |
| ULTILET INSULIN SYRINGE/S –<br>insulin syringe/needle u-100 0.3<br>ml 30 x 1/2"        | 2         |                     |                 |           |     |                      | ULTILET LANCETS – lancets                                                            | 3         |                     |                 |           |     |                      |
| ULTILET INSULIN SYRINGE/S –<br>insulin syringe/needle u-100 1/2<br>ml 31 x 5/16"       | 2         |                     |                 |           |     |                      | ULTILET LANCETS 33G – lancets                                                        | 3         |                     |                 |           |     |                      |
| ULTILET INSULIN SYRINGE/S –<br>insulin syringe/needle u-100 1/2<br>ml 30 x 5/16"       | 2         |                     |                 |           |     |                      | ULTILET PEN NEEDLE 29GX12 –<br>insulin pen needle 29 g x 12.7<br>mm                  | 2         |                     |                 |           |     |                      |
| ULTILET INSULIN SYRINGE/S –<br>insulin syringe/needle u-100 1<br>ml 30 x 5/16"         | 2         |                     |                 |           |     |                      | ULTILET PEN NEEDLE 31GX5M –<br>insulin pen needle 31 g x 5 mm<br>(3/16")             | 2         |                     |                 |           |     |                      |
| ULTILET INSULIN SYRINGE/S –<br>insulin syringe/needle u-100 1<br>ml 31 x 5/16"         | 2         |                     |                 |           |     |                      | ULTILET PEN NEEDLE 31GX8M –<br>insulin pen needle 31 g x 8 mm<br>(1/3" or 5/16")     | 2         |                     |                 |           |     |                      |
| ULTILET INSULIN SYRINGE/S –<br>insulin syringe/needle u-100 0.3<br>ml 31 x 5/16"       | 2         |                     |                 |           |     |                      | ULTILET PEN NEEDLE 32GX4M –<br>insulin pen needle 32 g x 4 mm<br>(5/32")             | 2         |                     |                 |           |     |                      |
| ULTILET INSULIN SYRINGE/U –<br>insulin syringe/needle u-100 1/2<br>ml 30 x 1/2"        | 2         |                     |                 |           |     |                      | ULTILET SAFETY LANCETS 21 –<br>lancets                                               | 3         |                     |                 |           |     |                      |
| ULTILET INSULIN SYRINGE/U –<br>insulin syringe/needle u-100 1<br>ml 30 x 1/2"          | 2         |                     |                 |           |     |                      | ULTILET SAFETY LANCETS 23 –<br>lancets                                               | 3         |                     |                 |           |     |                      |
| ULTILET INSULIN SYRINGE/U –<br>insulin syringe/needle u-100 1/2<br>ml 31 x 15/64"      | 2         |                     |                 |           |     |                      | ULTILET SHORT PEN NEEDLES –<br>insulin pen needle 31 g x 5 mm<br>(3/16")             | 2         |                     |                 |           |     |                      |
| ULTILET INSULIN SYRINGE/0 –<br>insulin syringe/needle u-100 0.3<br>ml 30 x 5/16"       | 2         |                     |                 |           |     |                      | ULTILET SHORT PEN NEEDLES –<br>insulin pen needle 31 g x 8 mm<br>(1/3" or 5/16")     | 2         |                     |                 |           |     |                      |
| ULTILET INSULIN SYRINGE/0 –<br>insulin syringe/needle u-100 1/2<br>ml 30 x 5/16"       | 2         |                     |                 |           |     |                      | ULTILET U-100 INSULIN SYR –<br>insulin syringe/needle u-100 1<br>ml 31 x 1/4" (6 mm) | 2         |                     |                 |           |     |                      |
|                                                                                        |           |                     |                 |           |     |                      | ULTRA COMFORT INSULIN SYR –<br>insulin syringe/needle u-100 0.3<br>ml 30 x 5/16"     | 2         |                     |                 |           |     |                      |
|                                                                                        |           |                     |                 |           |     |                      | ULTRA INSULIN SYRINGE/U-1 –<br>insulin syringe/needle u-100 1/2<br>ml 29 x 1/2"      | 2         |                     |                 |           |     |                      |

| Drug Name                                                                  | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                  | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| ULTRA THIN LANCETS 28G – lancets                                           | 3         |                     |                 |           |     |                      | ULTRA-THIN II INSULIN SYR – insulin syringe/needle u-100 0.3 ml 30 x 5/16" | 2         |                     |                 |           |     |                      |
| ULTRA TRAK PRO BLOOD GLUC – blood glucose monitoring kit w/ device         | 3         |                     |                 |           |     |                      | ULTRA-THIN II INSULIN SYR – insulin syringe/needle u-100 1/2 ml 31 x 5/16" | 2         |                     |                 |           |     |                      |
| ULTRA-COMFORT INSULIN SYR – insulin syringe/needle u-100 0.3 ml 29 x 1/2"  | 2         |                     |                 |           |     |                      | ULTRA-THIN II INSULIN SYR – insulin syringe/needle u-100 1/2 ml 29 x 1/2"  | 2         |                     |                 |           |     |                      |
| ULTRA-COMFORT INSULIN SYR – insulin syringe/needle u-100 0.3 ml 30 x 5/16" | 2         |                     |                 |           |     |                      | ULTRA-THIN II INSULIN SYR – insulin syringe/needle u-100 1/2 ml 30 x 5/16" | 2         |                     |                 |           |     |                      |
| ULTRA-COMFORT INSULIN SYR – insulin syringe/needle u-100 1/2 ml 31 x 5/16" | 2         |                     |                 |           |     |                      | ULTRA-THIN II INSULIN SYR – insulin syringe/needle u-100 1 ml 29 x 1/2"    | 2         |                     |                 |           |     |                      |
| ULTRA-COMFORT INSULIN SYR – insulin syringe/needle u-100 1/2 ml 28 x 1/2"  | 2         |                     |                 |           |     |                      | ULTRA-THIN II INSULIN SYR – insulin syringe/needle u-100 1 ml 30 x 5/16"   | 2         |                     |                 |           |     |                      |
| ULTRA-COMFORT INSULIN SYR – insulin syringe/needle u-100 1/2 ml 29 x 1/2"  | 2         |                     |                 |           |     |                      | ULTRA-THIN II INSULIN SYR – insulin syringe/needle u-100 1 ml 31 x 5/16"   | 2         |                     |                 |           |     |                      |
| ULTRA-COMFORT INSULIN SYR – insulin syringe/needle u-100 1/2 ml 30 x 5/16" | 2         |                     |                 |           |     |                      | ULTRA-THIN II INSULIN SYR – insulin syringe/needle u-100 0.3 ml 31 x 5/16" | 2         |                     |                 |           |     |                      |
| ULTRA-COMFORT INSULIN SYR – insulin syringe/needle u-100 1 ml 28 x 1/2"    | 2         |                     |                 |           |     |                      | ULTRA-THIN II LANCETS 28G – lancets                                        | 3         |                     |                 |           |     |                      |
| ULTRA-COMFORT INSULIN SYR – insulin syringe/needle u-100 1 ml 29 x 1/2"    | 2         |                     |                 |           |     |                      | ULTRA-THIN II LANCETS 30G – lancets                                        | 3         |                     |                 |           |     |                      |
| ULTRA-COMFORT INSULIN SYR – insulin syringe/needle u-100 1 ml 30 x 5/16"   | 2         |                     |                 |           |     |                      | ULTRA-THIN II MINI PEN NE – insulin pen needle 31 g x 5 mm (3/16")         | 2         |                     |                 |           |     |                      |
| ULTRA-COMFORT INSULIN SYR – insulin syringe/needle u-100 1 ml 31 x 5/16"   | 2         |                     |                 |           |     |                      | ULTRA-THIN II PEN NEEDLES – insulin pen needle 29 g x 12.7 mm              | 2         |                     |                 |           |     |                      |
| ULTRA-COMFORT INSULIN SYR – insulin syringe/needle u-100 0.3 ml 31 x 5/16" | 2         |                     |                 |           |     |                      | ULTRA-THIN II PEN NEEDLES – insulin pen needle 31 g x 8 mm (1/3" or 5/16") | 2         |                     |                 |           |     |                      |
| ULTRA-THIN II AUTO LANCET – lancets                                        | 3         |                     |                 |           |     |                      | ULTRA-THIN II SAFETY AUTO – lancets                                        | 3         |                     |                 |           |     |                      |
| ULTRA-THIN II INSULIN SYR – insulin syringe/needle u-100 0.3 ml 29 x 1/2"  | 2         |                     |                 |           |     |                      | ULTRATRAK PRO CONTROL SOL – blood glucose calibration - liquid             | 3         |                     |                 |           |     |                      |

| Drug Name                                                                        | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                   | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| ULTRATRAK PRO NORMAL CONT<br>– blood glucose calibration -<br>liquid - normal    | 3         |                     |                 |           |     |                      | UNIFINE PENTIPS 32GX4MM –<br>insulin pen needle 32 g x 4 mm<br>(5/32")      | 2         |                     |                 |           |     |                      |
| ULTRATRAK ULTIMATE CONTRO<br>– blood glucose calibration -<br>liquid             | 3         |                     |                 |           |     |                      | UNILET COMFORTOUCH LANCET<br>– lancets                                      | 3         |                     |                 |           |     |                      |
| UNIFINE PENTIPS PLUS 29GX –<br>insulin pen needle 29 g x 12 mm<br>(1/2")         | 2         |                     |                 |           |     |                      | UNILET EXCELITE – lancets                                                   | 3         |                     |                 |           |     |                      |
| UNIFINE PENTIPS PLUS 31GX –<br>insulin pen needle 31 g x 5 mm<br>(3/16")         | 2         |                     |                 |           |     |                      | UNILET EXCELITE II – lancets                                                | 3         |                     |                 |           |     |                      |
| UNIFINE PENTIPS PLUS 31GX –<br>insulin pen needle 31 g x 6 mm<br>(1/4")          | 2         |                     |                 |           |     |                      | UNILET G.P. LANCET – lancets                                                | 3         |                     |                 |           |     |                      |
| UNIFINE PENTIPS PLUS 31GX –<br>insulin pen needle 31 g x 8 mm<br>(1/3" or 5/16") | 2         |                     |                 |           |     |                      | UNILET G.P. SUPERLITE LAN –<br>lancets                                      | 3         |                     |                 |           |     |                      |
| UNIFINE PENTIPS PLUS 32GX –<br>insulin pen needle 32 g x 4 mm<br>(5/32")         | 2         |                     |                 |           |     |                      | UNILET GP 28 ULTRA THIN –<br>lancets                                        | 3         |                     |                 |           |     |                      |
| UNIFINE PENTIPS 29GX12MM –<br>insulin pen needle 29 g x 12 mm<br>(1/2")          | 2         |                     |                 |           |     |                      | UNILET LANCET – lancets                                                     | 3         |                     |                 |           |     |                      |
| UNIFINE PENTIPS 31G X 3/1 –<br>insulin pen needle 31 g x 5 mm<br>(3/16")         | 2         |                     |                 |           |     |                      | UNILET LANCETS MICRO-THIN –<br>lancets                                      | 3         |                     |                 |           |     |                      |
| UNIFINE PENTIPS 31G X 6MM –<br>insulin pen needle 31 g x 6 mm<br>(1/4")          | 2         |                     |                 |           |     |                      | UNILET LANCETS SUPER-THIN –<br>lancets                                      | 3         |                     |                 |           |     |                      |
| UNIFINE PENTIPS 31G X 8MM –<br>insulin pen needle 31 g x 8 mm<br>(1/3" or 5/16") | 2         |                     |                 |           |     |                      | UNILET LANCETS ULTRA-THIN –<br>lancets                                      | 3         |                     |                 |           |     |                      |
| UNIFINE PENTIPS 31GX5MM –<br>insulin pen needle 31 g x 5 mm<br>(3/16")           | 2         |                     |                 |           |     |                      | UNILET SUPERLITE LANCET –<br>lancets                                        | 3         |                     |                 |           |     |                      |
| UNIFINE PENTIPS 31GX6MM –<br>insulin pen needle 31 g x 6 mm<br>(1/4")            | 2         |                     |                 |           |     |                      | UNISTIK SAFETY LANCETS 28 –<br>lancets                                      | 3         |                     |                 |           |     |                      |
| UNIFINE PENTIPS 31GX8MM –<br>insulin pen needle 31 g x 8 mm<br>(1/3" or 5/16")   | 2         |                     |                 |           |     |                      | UNISTIK SAFETY LANCETS 30 –<br>lancets                                      | 3         |                     |                 |           |     |                      |
|                                                                                  |           |                     |                 |           |     |                      | UNISTIK TOUCH SAFETY LANC –<br>lancets                                      | 3         |                     |                 |           |     |                      |
|                                                                                  |           |                     |                 |           |     |                      | UNISTIK 3 GENTLE – lancets                                                  | 3         |                     |                 |           |     |                      |
|                                                                                  |           |                     |                 |           |     |                      | UNISTRIP CONTROL SOLUTION<br>– blood glucose calibration -<br>liquid - high | 3         |                     |                 |           |     |                      |
|                                                                                  |           |                     |                 |           |     |                      | UNISTRIP CONTROL SOLUTION<br>– blood glucose calibration -<br>liquid - low  | 3         |                     |                 |           |     |                      |
|                                                                                  |           |                     |                 |           |     |                      | UNIVERSAL 1 LANCETS THIN –<br>lancets                                       | 3         |                     |                 |           |     |                      |
|                                                                                  |           |                     |                 |           |     |                      | UNIVERSAL 1 LANCETS ULTRA –<br>lancets                                      | 3         |                     |                 |           |     |                      |
|                                                                                  |           |                     |                 |           |     |                      | UNIVERSAL 1 LANCETS/33G/M –<br>lancets                                      | 3         |                     |                 |           |     |                      |

| Drug Name                                                                               | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                        | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| VALUE HEALTH INSULIN SYRI –<br>insulin syringe/needle u-100 1/2<br>ml 29 x 1/2"         | 2         |                     |                 |           |     |                      | VANISHPOINT INSULIN SYRIN –<br>insulin syringe/needle u-100 1<br>ml 29 x 1/2"    | 2         |                     |                 |           |     |                      |
| VALUE HEALTH INSULIN SYRI –<br>insulin syringe/needle u-100 1<br>ml 29 x 1/2"           | 2         |                     |                 |           |     |                      | VANISHPOINT INSULIN SYRIN –<br>insulin syringe/needle u-100 1<br>ml 29 x 5/16"   | 2         |                     |                 |           |     |                      |
| VALUE PLUS LANCETS STANDA –<br>lancets                                                  | 3         |                     |                 |           |     |                      | VANISHPOINT INSULIN SYRIN –<br>insulin syringe/needle u-100 1<br>ml 30 x 5/16"   | 2         |                     |                 |           |     |                      |
| VALUE PLUS LANCETS SUPER –<br>lancets                                                   | 3         |                     |                 |           |     |                      | VERASENS BLOOD GLUCOSE<br>MO – blood glucose monitoring<br>kit w/ device         | 3         |                     |                 |           |     |                      |
| VALUE PLUS LANCETS THIN 2 –<br>lancets                                                  | 3         |                     |                 |           |     |                      | VERASENS GLUCOSE CONTROL<br>– blood glucose calibration -<br>liquid              | 3         |                     |                 |           |     |                      |
| VALUE PLUS LANCING DEVICE –<br>lancet devices                                           | 3         |                     |                 |           |     |                      | VICTORY CONTROL LEVEL 1/2<br>– blood glucose calibration -<br>liquid             | 3         |                     |                 |           |     |                      |
| VALUMARK LANCET SUPER THI –<br>lancets                                                  | 3         |                     |                 |           |     |                      | VIDA MIA AUTOLET LANCING –<br>lancet devices                                     | 3         |                     |                 |           |     |                      |
| VALUMARK LANCET ULTRA THI –<br>lancets                                                  | 3         |                     |                 |           |     |                      | VIDA MIA UNIFINE PENTIPS –<br>insulin pen needle 29 g x 12 mm<br>(1/2")          | 2         |                     |                 |           |     |                      |
| VALUMARK PEN NEEDLES 29GX<br>– insulin pen needle 29 g x 12<br>mm (1/2")                | 2         |                     |                 |           |     |                      | VIDA MIA UNIFINE PENTIPS –<br>insulin pen needle 31 g x 6 mm<br>(1/4")           | 2         |                     |                 |           |     |                      |
| VALUMARK PEN NEEDLES 31G –<br>insulin pen needle 31 g x 6 mm<br>(1/4")                  | 2         |                     |                 |           |     |                      | VIDA MIA UNIFINE PENTIPS –<br>insulin pen needle 32 g x 4 mm<br>(5/32")          | 2         |                     |                 |           |     |                      |
| VALUMARK PEN NEEDLES 31G –<br>insulin pen needle 31 g x 8 mm<br>(1/3" or 5/16")         | 2         |                     |                 |           |     |                      | VIDA MIA UNILET LANCETS S –<br>lancets                                           | 3         |                     |                 |           |     |                      |
| VALVED HOLDING CHAMBER<br>– spacer/aerosol-holding<br>chambers - device                 | 3         |                     |                 |           |     |                      | VIDA MIA UNILET LANCETS U –<br>lancets                                           | 3         |                     |                 |           |     |                      |
| VANISHPOINT INSULIN SYRIN –<br>insulin syringe/needle u-100 1/2<br>ml 30 x 5/16"        | 2         |                     |                 |           |     |                      | VIDA MIA UNIPFINE PENTIPS –<br>insulin pen needle 31 g x 8 mm<br>(1/3" or 5/16") | 2         |                     |                 |           |     |                      |
| VANISHPOINT INSULIN SYRIN –<br>insulin syringe/needle u-100 1/2<br>ml 30 x 1/2"         | 2         |                     |                 |           |     |                      | VITALET PRO LANCETS – lancets                                                    | 3         |                     |                 |           |     |                      |
| VANISHPOINT INSULIN SYRIN –<br>insulin syringe/needle u-100 1<br>ml 30 x 3/16" (5 mm)   | 2         |                     |                 |           |     |                      | VITALET PRO PLUS LANCETS –<br>lancets                                            | 3         |                     |                 |           |     |                      |
| VANISHPOINT INSULIN SYRIN –<br>insulin syringe/needle u-100 0.5<br>ml 30 x 3/16" (5 mm) | 2         |                     |                 |           |     |                      | VORTEX VALVED HOLDING<br>CHA – spacer/aerosol-holding<br>chambers - device       | 3         |                     |                 |           |     |                      |

| Drug Name                                                                        | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                                       | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
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| VP INSULIN SYRINGE/U-100/ –<br>insulin syringe/needle u-100 0.3<br>ml 29 x 1/2"  | 2         |                     |                 |           |     |                      | WIDE-SEAL SILICONE DIAPHR –<br>diaphragm wide seal 75 mm                        | A         |                     |                 |           | •   |                      |
| W&F LANCETS COLORED 21G –<br>lancets                                             | 3         |                     |                 |           |     |                      | WIDE-SEAL SILICONE DIAPHR –<br>diaphragm wide seal 80 mm                        | A         |                     |                 |           | •   |                      |
| W&F LANCETS 26G – lancets                                                        | 3         |                     |                 |           |     |                      | WIDE-SEAL SILICONE DIAPHR –<br>diaphragm wide seal 85 mm                        | A         |                     |                 |           | •   |                      |
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| WALGREENS THIN LANCETS –<br>lancets                                              | 3         |                     |                 |           |     |                      | 1ST CHOICE LANCETS THIN –<br>lancets                                            | 3         |                     |                 |           |     |                      |
| WALGREENS ULTRA THIN LANC –<br>lancets                                           | 3         |                     |                 |           |     |                      | 1ST CHOICE LANCETS ULTRA –<br>lancets                                           | 3         |                     |                 |           |     |                      |
| WATCHHALER – spacer/aerosol-<br>holding chambers - device                        | 3         |                     |                 |           |     |                      | 1ST TIER UNIFINE PENTIPS –<br>insulin pen needle 29 g x 12 mm<br>(1/2")         | 2         |                     |                 |           |     |                      |
| WAVESENSE AMP – blood<br>glucose monitoring kit w/<br>device                     | 3         |                     |                 |           |     |                      | 1ST TIER UNIFINE PENTIPS –<br>insulin pen needle 31 g x 5 mm<br>(3/16")         | 2         |                     |                 |           |     |                      |
| WAVESENSE KEYNOTE – blood<br>glucose monitoring kit w/<br>device                 | 3         |                     |                 |           |     |                      | 1ST TIER UNIFINE PENTIPS –<br>insulin pen needle 31 g x 6 mm<br>(1/4")          | 2         |                     |                 |           |     |                      |
| WEGMANS UNIFINE PENTIPS P –<br>insulin pen needle 31 g x 5 mm<br>(3/16")         | 2         |                     |                 |           |     |                      | 1ST TIER UNIFINE PENTIPS –<br>insulin pen needle 31 g x 8 mm<br>(1/3" or 5/16") | 2         |                     |                 |           |     |                      |
| WEGMANS UNIFINE PENTIPS P –<br>insulin pen needle 31 g x 6 mm<br>(1/4")          | 2         |                     |                 |           |     |                      | 1ST TIER UNIFINE PENTIPS –<br>insulin pen needle 32 g x 4 mm<br>(5/32")         | 2         |                     |                 |           |     |                      |
| WEGMANS UNIFINE PENTIPS P –<br>insulin pen needle 31 g x 8 mm<br>(1/3" or 5/16") | 2         |                     |                 |           |     |                      | 1ST TIER UNILET COMFORTOU –<br>lancets                                          | 3         |                     |                 |           |     |                      |
| WEGMANS UNIFINE PENTIPS P –<br>insulin pen needle 32 g x 4 mm<br>(5/32")         | 2         |                     |                 |           |     |                      | <b>ASSORTED CLASSES</b>                                                         |           |                     |                 |           |     |                      |
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|                                                                                  |           |                     |                 |           |     |                      | AZASAN – azathioprine tab 75 mg                                                 | 3         |                     |                 |           |     |                      |

| Drug Name                                                              | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                               | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
|------------------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|-------------------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|
| AZASAN – azathioprine tab 100 mg                                       | 3         |                     |                 |           |     |                      | lactated ringer's for irrigation                                        | 1         |                     |                 |           |     |                      |
| azathioprine tab 50 mg (Imuran)                                        | 1         |                     |                 |           |     |                      | mycophenolate mofetil cap 250 mg (Cellcept)                             | 1         |                     |                 | •         |     | •                    |
| BENLYSTA – belimumab subcutaneous solution auto-injector 200 mg/ml     | 3         | •                   |                 |           |     |                      | mycophenolate mofetil for oral susp 200 mg/ml (Cellcept)                | 1         |                     |                 | •         |     | •                    |
| BENLYSTA – belimumab subcutaneous solution prefilled syringe 200 mg/ml | 3         | •                   |                 |           |     |                      | mycophenolate mofetil tab 500 mg (Cellcept)                             | 1         |                     |                 | •         |     | •                    |
| CELLCEPT – mycophenolate mofetil cap 250 mg                            | 3         | •                   |                 | •         |     | •                    | mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv) (Myfortic) | 1         |                     |                 | •         |     | •                    |
| CELLCEPT – mycophenolate mofetil tab 500 mg                            | 3         | •                   |                 | •         |     | •                    | mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv) (Myfortic) | 1         |                     |                 | •         |     | •                    |
| CELLCEPT – mycophenolate mofetil for oral susp 200 mg/ml               | 3         |                     |                 | •         |     | •                    | MYFORTIC – mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv) | 3         | •                   |                 | •         |     | •                    |
| CUPRIMINE – penicillamine cap 250 mg                                   | 3         | •                   |                 |           |     |                      | MYFORTIC – mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv) | 3         | •                   |                 | •         |     | •                    |
| cyclosporine cap 25 mg (Sandimmune)                                    | 1         |                     |                 | •         |     | •                    | NEORAL – cyclosporine modified oral soln 100 mg/ml                      | 3         | •                   |                 | •         |     | •                    |
| cyclosporine cap 100 mg (Sandimmune)                                   | 1         |                     |                 | •         |     | •                    | NEORAL – cyclosporine modified cap 25 mg                                | 3         | •                   |                 | •         |     | •                    |
| CYCLOSPORINE MODIFIED – cyclosporine modified cap 50 mg                | 1         |                     |                 | •         |     | •                    | NEORAL – cyclosporine modified cap 100 mg                               | 3         | •                   |                 | •         |     | •                    |
| cyclosporine modified cap 25 mg (Neoral)                               | 1         |                     |                 | •         |     | •                    | PROGRAF – tacrolimus cap 0.5 mg                                         | 3         | •                   |                 | •         |     | •                    |
| cyclosporine modified cap 50 mg (Cyclosporine modifie)                 | 1         |                     |                 | •         |     | •                    | PROGRAF – tacrolimus cap 1 mg                                           | 3         | •                   |                 | •         |     | •                    |
| cyclosporine modified cap 100 mg (Neoral)                              | 1         |                     |                 | •         |     | •                    | PROGRAF – tacrolimus cap 5 mg                                           | 3         | •                   |                 | •         |     | •                    |
| cyclosporine modified oral soln 100 mg/ml (Neoral)                     | 1         |                     |                 | •         |     | •                    | RAPAMUNE – sirolimus oral soln 1 mg/ml                                  | 2         |                     |                 | •         |     | •                    |
| DEPEN TITRATABS – penicillamine tab 250 mg                             | 3         |                     |                 |           |     |                      | RAPAMUNE – sirolimus tab 0.5 mg                                         | 3         |                     |                 | •         |     | •                    |
| ENVARUSUS XR – tacrolimus tab er 24hr 0.75 mg                          | 3         |                     |                 | •         |     | •                    | RAPAMUNE – sirolimus tab 1 mg                                           | 3         | •                   |                 | •         |     | •                    |
| ENVARUSUS XR – tacrolimus tab er 24hr 1 mg                             | 3         |                     |                 | •         |     | •                    | RAPAMUNE – sirolimus tab 2 mg                                           | 3         | •                   |                 | •         |     | •                    |
| ENVARUSUS XR – tacrolimus tab er 24hr 4 mg                             | 3         |                     |                 | •         |     | •                    | REVLIMID – lenalidomide caps 2.5 mg                                     | 2         | •                   | •               | •         |     | •                    |
| IMURAN – azathioprine tab 50 mg                                        | 3         | •                   |                 |           |     |                      | REVLIMID – lenalidomide cap 5 mg                                        | 2         | •                   | •               | •         |     | •                    |
|                                                                        |           |                     |                 |           |     |                      | REVLIMID – lenalidomide cap 10 mg                                       | 2         | •                   | •               | •         |     | •                    |

| Drug Name                                                             | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution | Drug Name                                                              | Drug Tier | Prior Authorization | Quantity Limits | Specialty | ACA | Limited Distribution |
|-----------------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|------------------------------------------------------------------------|-----------|---------------------|-----------------|-----------|-----|----------------------|
| REVLIMID – lenalidomide cap 15 mg                                     | 2         | •                   | •               | •         |     | •                    | VELTASSA – patiomer sorbitex calcium for susp packet 16.8 gm (base eq) | 3         |                     | •               |           |     |                      |
| REVLIMID – lenalidomide cap 20 mg                                     | 2         | •                   | •               | •         |     | •                    | VELTASSA – patiomer sorbitex calcium for susp packet 25.2 gm (base eq) | 3         |                     | •               |           |     |                      |
| REVLIMID – lenalidomide cap 25 mg                                     | 2         | •                   | •               | •         |     | •                    | ZORTRESS – everolimus tab 0.25 mg                                      | 3         |                     |                 | •         |     | •                    |
| ringer's solution for irrigation                                      | 1         |                     |                 |           |     |                      | ZORTRESS – everolimus tab 0.5 mg                                       | 3         |                     |                 | •         |     | •                    |
| SANDIMMUNE – cyclosporine oral soln 100 mg/ml                         | 3         |                     |                 | •         |     | •                    | ZORTRESS – everolimus tab 0.75 mg                                      | 3         |                     |                 | •         |     | •                    |
| SANDIMMUNE – cyclosporine cap 25 mg                                   | 3         |                     |                 | •         |     | •                    |                                                                        |           |                     |                 |           |     |                      |
| SANDIMMUNE – cyclosporine cap 100 mg                                  | 3         | •                   |                 | •         |     | •                    |                                                                        |           |                     |                 | •         |     | •                    |
| sirolimus tab 0.5 mg (Rapamune)                                       | 1         |                     |                 | •         |     | •                    |                                                                        |           |                     |                 |           |     |                      |
| sirolimus tab 1 mg (Rapamune)                                         | 1         |                     |                 | •         |     | •                    |                                                                        |           |                     |                 |           |     |                      |
| sirolimus tab 2 mg (Rapamune)                                         | 1         |                     |                 | •         |     | •                    |                                                                        |           |                     |                 |           |     |                      |
| sodium polystyrene sulfonate oral susp 15 gm/60ml (Sps)               | 1         |                     |                 |           |     |                      |                                                                        |           |                     |                 |           |     |                      |
| sodium polystyrene sulfonate powder (Kayexalate)                      | 1         |                     |                 |           |     |                      |                                                                        |           |                     |                 |           |     |                      |
| sodium polystyrene sulfonate rectal susp 30 gm/120ml                  | 1         |                     |                 |           |     |                      |                                                                        |           |                     |                 |           |     |                      |
| SYPRINE – trientine hcl cap 250 mg                                    | 3         | •                   | •               | •         |     | •                    |                                                                        |           |                     |                 |           |     |                      |
| tacrolimus cap 0.5 mg (Prograf)                                       | 1         |                     |                 | •         |     | •                    |                                                                        |           |                     |                 |           |     |                      |
| tacrolimus cap 1 mg (Prograf)                                         | 1         |                     |                 | •         |     | •                    |                                                                        |           |                     |                 |           |     |                      |
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| THALOMID – thalidomide cap 100 mg                                     | 2         | •                   | •               | •         |     | •                    |                                                                        |           |                     |                 |           |     |                      |
| THALOMID – thalidomide cap 150 mg                                     | 2         | •                   | •               | •         |     | •                    |                                                                        |           |                     |                 |           |     |                      |
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| amlodipine besylate-olmesartan medoxomil tab 10-20 mg (Azor).....                 | 47 | amoxicillin (trihydrate) for susp 125 mg/5ml.....                          | 1   |
| amlodipine besylate-olmesartan medoxomil tab 10-40 mg (Azor).....                 | 47 | amoxicillin (trihydrate) for susp 200 mg/5ml.....                          | 1   |
| amlodipine besylate tab 2.5 mg (Norvasc).....                                     | 43 | amoxicillin (trihydrate) for susp 250 mg/5ml.....                          | 1   |
| amlodipine besylate tab 5 mg (Norvasc).....                                       | 43 | amoxicillin (trihydrate) for susp 400 mg/5ml.....                          | 1   |
| amlodipine besylate tab 10 mg (Norvasc).....                                      | 43 | amoxicillin (trihydrate) tab 500 mg.....                                   | 1   |
| amlodipine besylate-valsartan tab 5-160 mg (Exforge).....                         | 47 | amoxicillin (trihydrate) tab 875 mg.....                                   | 1   |
| amlodipine besylate-valsartan tab 5-320 mg (Exforge).....                         | 47 | amphetamine-dextroamphetamine cap er 24hr 5 mg (Adderall xr).....          | 91  |
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| amoxicillin & k clavulanate for susp 200-28.5 mg/5ml.....                         | 1  | AMPYRA – dalfampridine tab er 12hr 10 mg.....                              | 96  |
| amoxicillin & k clavulanate for susp 400-57 mg/5ml.....                           | 1  | AMRIX – cyclobenzaprine hcl cap er 24hr 15 mg.....                         | 123 |
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| amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (Augmentin es-600).....      | 1  | ANADROL-50 – oxymetholone tab 50 mg.....                                   | 20  |
| amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg (Augmentin xr).....          | 1  | ANAFRANIL – clomipramine hcl cap 25 mg.....                                | 79  |
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| ATACAND HCT – candesartan cilexetil-<br>hydrochlorothiazide tab 16-12.5 mg..... | 48        | AUGMENTIN – amoxicillin & k clavulanate tab 875-125<br>mg.....                     | 1   |
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| <b>budesonide delayed release particles cap 3 mg (Entocort ec).....</b>    | <b>19</b>  | <b>butalbital-acetaminophen-caffeine cap 50-325-40 mg.....</b>                           | <b>100</b> |
| <b>budesonide inhalation susp 0.25 mg/2ml (Pulmicort).....</b>             | <b>64</b>  | <b>butalbital-acetaminophen-caffeine cap 50-300-40 mg (Fioricet).....</b>                | <b>100</b> |
| <b>budesonide inhalation susp 0.5 mg/2ml (Pulmicort).....</b>              | <b>64</b>  | <b>butalbital-acetaminophen-caffeine tab 50-325-40 mg (Esgic).....</b>                   | <b>100</b> |
| <b>budesonide inhalation susp 1 mg/2ml (Pulmicort).....</b>                | <b>64</b>  | <b>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg.....</b>                     | <b>101</b> |
| BULLSEYE MINI SAFETY LANC – lancets.....                                   | 168        | <b>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg (Fioricet/codeine).....</b>  | <b>101</b> |
| BULLSEYE SAFETY LANCETS – lancets.....                                     | 168        | <b>butalbital-acetaminophen tab 50-300 mg.....</b>                                       | <b>100</b> |
| <b>bumetanide tab 0.5 mg.....</b>                                          | <b>55</b>  | <b>butalbital-acetaminophen tab 50-325 mg.....</b>                                       | <b>100</b> |
| <b>bumetanide tab 1 mg.....</b>                                            | <b>55</b>  | <b>butalbital-aspirin-caffeine cap 50-325-40 mg (Fiorinal).....</b>                      | <b>100</b> |
| <b>bumetanide tab 2 mg.....</b>                                            | <b>55</b>  | <b>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg (Fiorinal/codeine #3).....</b> | <b>101</b> |
| BUMEX – bumetanide tab 0.5 mg.....                                         | 55         | BUTISOL SODIUM – butabarbital sodium tab 30 mg.....                                      | 90         |
| BUMEX – bumetanide tab 1 mg.....                                           | 55         | BUTORPHANOL TARTRATE – butorphanol tartrate inj 1 mg/ml.....                             | 102        |
| BUMEX – bumetanide tab 2 mg.....                                           | 55         | <b>butorphanol tartrate inj 2 mg/ml.....</b>                                             | <b>102</b> |
| BUNAVAIL – buprenorphine-naloxone buccal film 2.1-0.3 mg (base equiv)..... | 101        | <b>butorphanol tartrate nasal soln 10 mg/ml.....</b>                                     | <b>102</b> |
| BUNAVAIL – buprenorphine-naloxone buccal film 4.2-0.7 mg (base equiv)..... | 101        | BUTRANS – buprenorphine td patch weekly 5 mcg/hr.....                                    | 102        |
| BUNAVAIL – buprenorphine-naloxone buccal film 6.3-1 mg (base equiv).....   | 101        | BUTRANS – buprenorphine td patch weekly 7.5 mcg/hr.....                                  | 102        |
| BUPHENYL – sodium phenylbutyrate oral powder 3 gm/teaspoonful.....         | 36         | BUTRANS – buprenorphine td patch weekly 10 mcg/hr.....                                   | 102        |
| BUPHENYL – sodium phenylbutyrate tab 500 mg.....                           | 36         | BUTRANS – buprenorphine td patch weekly 15 mcg/hr.....                                   | 102        |
| BUPRENORPHINE – buprenorphine td patch weekly 5 mcg/hr.....                | 101        | BUTRANS – buprenorphine td patch weekly 20 mcg/hr.....                                   | 102        |
| BUPRENORPHINE – buprenorphine td patch weekly 7.5 mcg/hr.....              | 101        | BYDUREON – exenatide for inj extended release susp 2 mg.....                             | 28         |
| BUPRENORPHINE – buprenorphine td patch weekly 10 mcg/hr.....               | 101        | BYDUREON PEN – exenatide extended release for susp pen-injector 2 mg.....                | 28         |
| BUPRENORPHINE – buprenorphine td patch weekly 15 mcg/hr.....               | 101        | BYETTA – exenatide soln pen-injector 5 mcg/0.02ml.....                                   | 28         |
| BUPRENORPHINE – buprenorphine td patch weekly 20 mcg/hr.....               | 101        | BYETTA – exenatide soln pen-injector 10 mcg/0.04ml.....                                  | 28         |
| <b>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv).....</b>    | <b>101</b> | BYSTOLIC – nebivolol hcl tab 2.5 mg (base equivalent).....                               | 41         |
| <b>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv).....</b>      | <b>101</b> | BYSTOLIC – nebivolol hcl tab 5 mg (base equivalent).....                                 | 41         |
| <b>buprenorphine hcl sl tab 2 mg (base equiv).....</b>                     | <b>101</b> | BYSTOLIC – nebivolol hcl tab 10 mg (base equivalent).....                                | 42         |
| <b>buprenorphine hcl sl tab 8 mg (base equiv).....</b>                     | <b>101</b> | BYSTOLIC – nebivolol hcl tab 20 mg (base equivalent).....                                | 42         |
| <b>bupropion hcl (smoking deterrent) tab er 12hr 150 mg (Zyban).....</b>   | <b>96</b>  | BYVALSON – nebivolol-valsartan tab 5-80 mg.....                                          | 48         |
| <b>bupropion hcl tab er 12hr 100 mg (Wellbutrin sr).....</b>               | <b>79</b>  | <b>C</b>                                                                                 |            |
| <b>bupropion hcl tab er 12hr 150 mg (Wellbutrin sr).....</b>               | <b>79</b>  | <b>cabergoline tab 0.5 mg.....</b>                                                       | <b>36</b>  |
| <b>bupropion hcl tab er 12hr 200 mg (Wellbutrin sr).....</b>               | <b>80</b>  | CABOMETYX – cabozantinib s-malate tab 20 mg (base equivalent).....                       | 14         |
| <b>bupropion hcl tab er 24hr 150 mg (Wellbutrin xl).....</b>               | <b>80</b>  | CABOMETYX – cabozantinib s-malate tab 40 mg (base equivalent).....                       | 14         |
| <b>bupropion hcl tab er 24hr 300 mg (Wellbutrin xl).....</b>               | <b>80</b>  | CABOMETYX – cabozantinib s-malate tab 60 mg (base equivalent).....                       | 14         |
| <b>bupropion hcl tab 75 mg (Wellbutrin).....</b>                           | <b>80</b>  |                                                                                          |            |
| <b>bupropion hcl tab 100 mg (Wellbutrin).....</b>                          | <b>80</b>  |                                                                                          |            |
| <b>buspirone hcl tab 5 mg.....</b>                                         | <b>78</b>  |                                                                                          |            |
| <b>buspirone hcl tab 7.5 mg.....</b>                                       | <b>78</b>  |                                                                                          |            |
| <b>buspirone hcl tab 10 mg.....</b>                                        | <b>78</b>  |                                                                                          |            |
| <b>buspirone hcl tab 15 mg.....</b>                                        | <b>78</b>  |                                                                                          |            |
| <b>buspirone hcl tab 30 mg.....</b>                                        | <b>78</b>  |                                                                                          |            |

|                                                                                            |            |                                                                                      |            |
|--------------------------------------------------------------------------------------------|------------|--------------------------------------------------------------------------------------|------------|
| CADUET – amlodipine besylate-atorvastatin calcium tab 5-10 mg.....                         | 60         | CAPRELSA – vandetanib tab 100 mg.....                                                | 14         |
| CADUET – amlodipine besylate-atorvastatin calcium tab 5-20 mg.....                         | 60         | CAPRELSA – vandetanib tab 300 mg.....                                                | 14         |
| CADUET – amlodipine besylate-atorvastatin calcium tab 5-40 mg.....                         | 60         | CAPTOPRIL/HYDROCHLOROTHIA – captopril & hydrochlorothiazide tab 25-15 mg.....        | 49         |
| CADUET – amlodipine besylate-atorvastatin calcium tab 5-80 mg.....                         | 60         | CAPTOPRIL/HYDROCHLOROTHIA – captopril & hydrochlorothiazide tab 25-25 mg.....        | 49         |
| CADUET – amlodipine besylate-atorvastatin calcium tab 10-10 mg.....                        | 61         | CAPTOPRIL/HYDROCHLOROTHIA – captopril & hydrochlorothiazide tab 50-15 mg.....        | 49         |
| CADUET – amlodipine besylate-atorvastatin calcium tab 10-20 mg.....                        | 61         | CAPTOPRIL/HYDROCHLOROTHIA – captopril & hydrochlorothiazide tab 50-25 mg.....        | 49         |
| CADUET – amlodipine besylate-atorvastatin calcium tab 10-40 mg.....                        | 61         | <b>captopril tab 12.5 mg.....</b>                                                    | <b>49</b>  |
| CADUET – amlodipine besylate-atorvastatin calcium tab 10-80 mg.....                        | 61         | <b>captopril tab 25 mg.....</b>                                                      | <b>49</b>  |
| CAFERGOT – ergotamine w/ caffeine tab 1-100 mg.....                                        | 112        | <b>captopril tab 50 mg.....</b>                                                      | <b>49</b>  |
| <b>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv).....</b>                     | <b>92</b>  | <b>captopril tab 100 mg.....</b>                                                     | <b>49</b>  |
| CALAN SR – verapamil hcl tab er 120 mg.....                                                | 43         | CARAC – fluorouracil cream 0.5%.....                                                 | 147        |
| CALAN SR – verapamil hcl tab er 180 mg.....                                                | 43         | CARAFATE – sucralfate susp 1 gm/10ml.....                                            | 68         |
| CALAN SR – verapamil hcl tab er 240 mg.....                                                | 43         | CARAFATE – sucralfate tab 1 gm.....                                                  | 68         |
| CALAN – verapamil hcl tab 80 mg.....                                                       | 43         | CARBAGLU – carglumic acid tab 200 mg.....                                            | 36         |
| CALAN – verapamil hcl tab 120 mg.....                                                      | 43         | <b>carbamazepine cap er 12hr 100 mg (Carbatrol).....</b>                             | <b>115</b> |
| <b>calciptotriene-betamethasone dipropionate oint 0.005-0.064% (Taclonex).....</b>         | <b>147</b> | <b>carbamazepine cap er 12hr 200 mg (Carbatrol).....</b>                             | <b>115</b> |
| <b>calciptotriene cream 0.005% (Dovonex).....</b>                                          | <b>147</b> | <b>carbamazepine cap er 12hr 300 mg (Carbatrol).....</b>                             | <b>115</b> |
| <b>calciptotriene oint 0.005%.....</b>                                                     | <b>147</b> | <b>carbamazepine chew tab 100 mg.....</b>                                            | <b>115</b> |
| <b>calciptotriene soln 0.005% (50 mcg/ml).....</b>                                         | <b>147</b> | <b>carbamazepine susp 100 mg/5ml (Tegretol).....</b>                                 | <b>115</b> |
| <b>calcitonin (salmon) nasal soln 200 unit/act (Miacalcin).....</b>                        | <b>36</b>  | <b>carbamazepine tab er 12hr 100 mg (Tegretol-xr).....</b>                           | <b>115</b> |
| CALCITRIOL – calcitriol oint 3 mcg/gm.....                                                 | 147        | <b>carbamazepine tab er 12hr 200 mg (Tegretol-xr).....</b>                           | <b>115</b> |
| <b>calcitriol cap 0.25 mcg (Rocaltrol).....</b>                                            | <b>36</b>  | <b>carbamazepine tab er 12hr 400 mg (Tegretol-xr).....</b>                           | <b>115</b> |
| <b>calcitriol cap 0.5 mcg (Rocaltrol).....</b>                                             | <b>36</b>  | <b>carbamazepine tab 200 mg (Tegretol).....</b>                                      | <b>115</b> |
| <b>calcitriol oral soln 1 mcg/ml (Rocaltrol).....</b>                                      | <b>36</b>  | CARBATROL – carbamazepine cap er 12hr 100 mg.....                                    | 115        |
| <b>calcium acetate (phosphate binder) cap 667 mg (169 mg ca) (Phoslo).....</b>             | <b>73</b>  | CARBATROL – carbamazepine cap er 12hr 200 mg.....                                    | 115        |
| <b>calcium acetate (phosphate binder) tab 667 mg (Eliphos).....</b>                        | <b>73</b>  | CARBATROL – carbamazepine cap er 12hr 300 mg.....                                    | 115        |
| CALCIUM-FOLIC ACID PLUS D – ca carb-folic acid-vit d-b6-b12-boron-mag wafer 1342-1 mg..... | 132        | CARBIDOPA/LEVODOPA/ENTACA – carbidopa-levodopa-entacapone tabs 12.5-50-200 mg.....   | 121        |
| CALCIUM PNV – prenatal w/o vit a w/ fe fum-fa-omega 3 cap 28-1-250 mg.....                 | 125        | CARBIDOPA/LEVODOPA/ENTACA – carbidopa-levodopa-entacapone tabs 18.75-75-200 mg.....  | 121        |
| CANASA – mesalamine suppos 1000 mg.....                                                    | 73         | CARBIDOPA/LEVODOPA/ENTACA – carbidopa-levodopa-entacapone tabs 25-100-200 mg.....    | 121        |
| <b>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg (Atacand hct).....</b>         | <b>48</b>  | CARBIDOPA/LEVODOPA/ENTACA – carbidopa-levodopa-entacapone tabs 31.25-125-200 mg..... | 121        |
| <b>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg (Atacand hct).....</b>         | <b>49</b>  | CARBIDOPA/LEVODOPA/ENTACA – carbidopa-levodopa-entacapone tabs 37.5-150-200 mg.....  | 121        |
| <b>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg (Atacand hct).....</b>           | <b>49</b>  | CARBIDOPA/LEVODOPA/ENTACA – carbidopa-levodopa-entacapone tabs 50-200-200 mg.....    | 121        |
| <b>candesartan cilexetil tab 4 mg (Atacand).....</b>                                       | <b>48</b>  | <b>carbidopa &amp; levodopa orally disintegrating tab 10-100 mg.....</b>             | <b>120</b> |
| <b>candesartan cilexetil tab 8 mg (Atacand).....</b>                                       | <b>48</b>  | <b>carbidopa &amp; levodopa orally disintegrating tab 25-100 mg.....</b>             | <b>120</b> |
| <b>candesartan cilexetil tab 16 mg (Atacand).....</b>                                      | <b>48</b>  | <b>carbidopa &amp; levodopa orally disintegrating tab 25-250 mg.....</b>             | <b>120</b> |
| <b>candesartan cilexetil tab 32 mg (Atacand).....</b>                                      | <b>48</b>  | <b>carbidopa &amp; levodopa tab er 25-100 mg (Sinemet cr).....</b>                   | <b>120</b> |
| <b>capecitabine tab 150 mg (Xeloda).....</b>                                               | <b>14</b>  | <b>carbidopa &amp; levodopa tab er 50-200 mg (Sinemet cr).....</b>                   | <b>120</b> |
| <b>capecitabine tab 500 mg (Xeloda).....</b>                                               | <b>14</b>  | <b>carbidopa &amp; levodopa tab 10-100 mg (Sinemet).....</b>                         | <b>120</b> |
| CAPEX – fluocinolone acetonide shampoo 0.01%.....                                          | 147        | <b>carbidopa &amp; levodopa tab 25-100 mg (Sinemet).....</b>                         | <b>121</b> |
|                                                                                            |            | <b>carbidopa &amp; levodopa tab 25-250 mg (Sinemet).....</b>                         | <b>121</b> |
|                                                                                            |            | <b>carbidopa tab 25 mg (Lodosyn).....</b>                                            | <b>121</b> |
|                                                                                            |            | <b>carbinoxamine maleate soln 4 mg/5ml.....</b>                                      | <b>61</b>  |

|                                                               |            |                                                             |            |
|---------------------------------------------------------------|------------|-------------------------------------------------------------|------------|
| <b>carbinoxamine maleate tab 4 mg</b> .....                   | <b>61</b>  | CAREONE INSULIN SYRINGES/ – insulin syringe/needle          |            |
| <b>carbonyl iron susp 15 mg/1.25ml (elemental iron)</b> ..... | <b>134</b> | u-100 1/2 ml 30 x 1/2".....                                 | 169        |
| CARDIOM LANCING DEVICE – lancet devices.....                  | 168        | CAREONE INSULIN SYRINGES/ – insulin syringe/needle          |            |
| CARDIZEM CD – diltiazem hcl coated beads cap er 24hr          |            | u-100 0.3 ml 30 x 1/2".....                                 | 168        |
| 120 mg.....                                                   | 43         | CAREONE INSULIN SYRINGES/ – insulin syringe/needle          |            |
| CARDIZEM CD – diltiazem hcl coated beads cap er 24hr          |            | u-100 1 ml 30 x 1/2".....                                   | 169        |
| 180 mg.....                                                   | 44         | CAREONE INSULIN SYRINGES/ – insulin syringe/needle          |            |
| CARDIZEM CD – diltiazem hcl coated beads cap er 24hr          |            | u-100 1 ml 31 x 5/16".....                                  | 169        |
| 240 mg.....                                                   | 44         | CAREONE INSULIN SYRINGES/ – insulin syringe/needle          |            |
| CARDIZEM CD – diltiazem hcl coated beads cap er 24hr          |            | u-100 0.3 ml 31 x 5/16".....                                | 169        |
| 360 mg.....                                                   | 44         | CAREONE LANCET THIN – lancets.....                          | 169        |
| CARDIZEM – diltiazem hcl tab 30 mg.....                       | 43         | CAREONE LANCET ULTRA THIN – lancets.....                    | 169        |
| CARDIZEM – diltiazem hcl tab 60 mg.....                       | 43         | CAREONE UNIFINE PENTIPS 2 – insulin pen needle 29           |            |
| CARDIZEM – diltiazem hcl tab 120 mg.....                      | 43         | g x 12 mm (1/2").....                                       | 169        |
| CARDIZEM LA – diltiazem hcl coated beads tab er 24hr          |            | CAREONE UNIFINE PENTIPS 3 – insulin pen needle 31           |            |
| 120 mg.....                                                   | 44         | g x 5 mm (3/16").....                                       | 169        |
| CARDIZEM LA – diltiazem hcl coated beads tab er 24hr          |            | CAREONE UNIFINE PENTIPS 3 – insulin pen needle 31           |            |
| 180 mg.....                                                   | 44         | g x 6 mm (1/4").....                                        | 169        |
| CARDIZEM LA – diltiazem hcl coated beads tab er 24hr          |            | CAREONE UNIFINE PENTIPS 3 – insulin pen needle 31           |            |
| 240 mg.....                                                   | 44         | g x 8 mm (1/3" or 5/16").....                               | 169        |
| CARDIZEM LA – diltiazem hcl coated beads tab er 24hr          |            | CAREONE UNIFINE PENTIPS P – insulin pen needle 29           |            |
| 300 mg.....                                                   | 44         | g x 12 mm (1/2").....                                       | 169        |
| CARDIZEM LA – diltiazem hcl coated beads tab er 24hr          |            | CAREONE UNIFINE PENTIPS P – insulin pen needle 31           |            |
| 360 mg.....                                                   | 44         | g x 5 mm (3/16").....                                       | 169        |
| CARDIZEM LA – diltiazem hcl coated beads tab er 24hr          |            | CAREONE UNIFINE PENTIPS P – insulin pen needle 31           |            |
| 420 mg.....                                                   | 44         | g x 6 mm (1/4").....                                        | 169        |
| CARDURA – doxazosin mesylate tab 1 mg.....                    | 49         | CAREONE UNIFINE PENTIPS P – insulin pen needle 32           |            |
| CARDURA – doxazosin mesylate tab 2 mg.....                    | 49         | g x 4 mm (5/32").....                                       | 169        |
| CARDURA – doxazosin mesylate tab 4 mg.....                    | 49         | CAREONE UNIFINE PENTIPS P – insulin pen needle 31           |            |
| CARDURA – doxazosin mesylate tab 8 mg.....                    | 49         | g x 8 mm (1/3" or 5/16").....                               | 169        |
| CARDURA XL – doxazosin mesylate tab er 24 hr 4 mg             |            | CARESENS CONTROL A SOLUTI – blood glucose                   |            |
| (base equiv).....                                             | 77         | calibration - liquid.....                                   | 169        |
| CARDURA XL – doxazosin mesylate tab er 24 hr 8 mg             |            | CARESENS N BLOOD GLUCOSE – glucose blood test               |            |
| (base equiv).....                                             | 77         | strip.....                                                  | 158        |
| CAREFINE PEN NEEDLE 32GX4 – insulin pen needle 32             |            | CARETOUCH LANCING DEVICE – lancet devices.....              | 169        |
| g x 4 mm (5/32").....                                         | 168        | CARETOUCH PEN NEEDLES 31G – insulin pen needle              |            |
| CAREFINE PEN NEEDLES 29GX – insulin pen needle                |            | 31 g x 5 mm (3/16").....                                    | 169        |
| 29 g x 12 mm (1/2").....                                      | 168        | CARETOUCH PEN NEEDLES 32G – insulin pen needle              |            |
| CAREFINE PEN NEEDLES 31GX – insulin pen needle                |            | 32 g x 4 mm (5/32").....                                    | 169        |
| 31 g x 6 mm (1/4").....                                       | 168        | CARETOUCH PEN NEEDLES 31G – insulin pen needle              |            |
| CAREFINE PEN NEEDLES 32GX – insulin pen needle                |            | 31 g x 8 mm (1/3" or 5/16").....                            | 169        |
| 32 g x 6 mm (1/4").....                                       | 168        | CARETOUCH PEN NEEDLES 32G – insulin pen needle              |            |
| CAREFINE PEN NEEDLES 30GX – insulin pen needle                |            | 32 g x 5 mm (1/5" or 3/16").....                            | 169        |
| 30 g x 8 mm (1/3" or 5/16").....                              | 168        | CARETOUCH PEN NEEDLES 31 – insulin pen needle 31            |            |
| CAREFINE PEN NEEDLES 31GX – insulin pen needle                |            | g x 6 mm (1/4").....                                        | 169        |
| 31 g x 8 mm (1/3" or 5/16").....                              | 168        | CARETOUCH TWIST LANCETS 2 – lancets.....                    | 169        |
| CAREFINE PEN NEEDLES 32GX – insulin pen needle                |            | CARETOUCH TWIST LANCETS 3 – lancets.....                    | 169        |
| 32 g x 5 mm (1/5" or 3/16").....                              | 168        | <b>carisoprodol tab 250 mg (Soma)</b> .....                 | <b>123</b> |
| CAREONE ADVANCED LANCING – lancet devices.....                | 168        | <b>carisoprodol tab 350 mg (Soma)</b> .....                 | <b>123</b> |
| CAREONE BLOOD GLUCOSE MON – blood glucose                     |            | <b>carisoprodol w/ aspirin &amp; codeine tab 200-325-16</b> |            |
| monitoring kit w/ device.....                                 | 168        | mg.....                                                     | <b>123</b> |
| CAREONE BLOOD GLUCOSE TES – glucose blood test                |            | <b>carisoprodol w/ aspirin tab 200-325 mg</b> .....         | <b>123</b> |
| strip.....                                                    | 158        | CARNITOR – levocarnitine oral soln 1 gm/10ml                |            |
| CAREONE INSULIN SYRINGES/ – insulin syringe/needle            |            | (10%).....                                                  | 36         |
| u-100 1/2 ml 31 x 5/16".....                                  | 169        | CARNITOR – levocarnitine tab 330 mg.....                    | 36         |
|                                                               |            | CARNITOR SF – levocarnitine oral soln 1 gm/10ml             |            |
|                                                               |            | (10%).....                                                  | 36         |



|                                                                           |            |                                                                                            |            |
|---------------------------------------------------------------------------|------------|--------------------------------------------------------------------------------------------|------------|
| <b>carteolol hcl ophth soln 1%.....</b>                                   | <b>140</b> | <b>CELEBREX – celecoxib cap 400 mg.....</b>                                                | <b>109</b> |
| <b>carvedilol tab 3.125 mg (Coreg).....</b>                               | <b>42</b>  | <b>celecoxib cap 50 mg (Celebrex).....</b>                                                 | <b>109</b> |
| <b>carvedilol tab 6.25 mg (Coreg).....</b>                                | <b>42</b>  | <b>celecoxib cap 100 mg (Celebrex).....</b>                                                | <b>109</b> |
| <b>carvedilol tab 12.5 mg (Coreg).....</b>                                | <b>42</b>  | <b>celecoxib cap 200 mg (Celebrex).....</b>                                                | <b>109</b> |
| <b>carvedilol tab 25 mg (Coreg).....</b>                                  | <b>42</b>  | <b>celecoxib cap 400 mg (Celebrex).....</b>                                                | <b>109</b> |
| CASODEX – bicalutamide tab 50 mg.....                                     | 14         | CELEXA – citalopram hydrobromide tab 10 mg (base equiv).....                               | 80         |
| CATAPRES – clonidine hcl tab 0.1 mg.....                                  | 49         | CELEXA – citalopram hydrobromide tab 20 mg (base equiv).....                               | 80         |
| CATAPRES – clonidine hcl tab 0.2 mg.....                                  | 49         | CELEXA – citalopram hydrobromide tab 40 mg (base equiv).....                               | 80         |
| CATAPRES – clonidine hcl tab 0.3 mg.....                                  | 49         | CELLCEPT – mycophenolate mofetil cap 250 mg.....                                           | 214        |
| CATAPRES-TTS-1 – clonidine hcl td patch weekly 0.1 mg/24hr.....           | 49         | CELLCEPT – mycophenolate mofetil for oral susp 200 mg/ml.....                              | 214        |
| CATAPRES-TTS-2 – clonidine hcl td patch weekly 0.2 mg/24hr.....           | 49         | CELLCEPT – mycophenolate mofetil tab 500 mg.....                                           | 214        |
| CATAPRES-TTS-3 – clonidine hcl td patch weekly 0.3 mg/24hr.....           | 49         | CELONTIN – methsuximide cap 300 mg.....                                                    | 115        |
| CAYA – diaphragm arc-spring.....                                          | 169        | CENTANY – mupirocin oint 2%.....                                                           | 147        |
| CAYSTON – aztreonam lysine for inhal soln 75 mg (base equivalent).....    | 12         | CENTRATEX – ferrous fumarate-fa-b complex-c-zn-mg-mn-cu cap 106-1 mg.....                  | 134        |
| CEDAX – ceftibuten cap 400 mg.....                                        | 1          | <b>cephalexin cap 250 mg (Keflex).....</b>                                                 | <b>2</b>   |
| CEDAX – ceftibuten for susp 180 mg/5ml.....                               | 1          | <b>cephalexin cap 500 mg (Keflex).....</b>                                                 | <b>2</b>   |
| <b>cefaclor cap 250 mg.....</b>                                           | <b>1</b>   | <b>cephalexin cap 750 mg (Keflex).....</b>                                                 | <b>2</b>   |
| <b>cefaclor cap 500 mg.....</b>                                           | <b>1</b>   | CEPHALEXIN – cephalexin tab 250 mg.....                                                    | 2          |
| CEFACLOR – cefaclor for susp 125 mg/5ml.....                              | 1          | CEPHALEXIN – cephalexin tab 500 mg.....                                                    | 2          |
| CEFACLOR – cefaclor for susp 250 mg/5ml.....                              | 1          | <b>cephalexin for susp 125 mg/5ml.....</b>                                                 | <b>2</b>   |
| CEFACLOR – cefaclor for susp 375 mg/5ml.....                              | 1          | <b>cephalexin for susp 250 mg/5ml.....</b>                                                 | <b>2</b>   |
| CEFACLOR ER – cefaclor monohydrate tab er 12hr 500 mg.....                | 2          | CERDELGA – eliglustat tartrate cap 84 mg (base equivalent).....                            | 134        |
| <b>cefadroxil cap 500 mg.....</b>                                         | <b>2</b>   | CEREFOLIN – l-methylfolate w/ vit b12-vit b6-vit b2 tab 6-1-50-5 mg.....                   | 133        |
| <b>cefadroxil for susp 250 mg/5ml.....</b>                                | <b>2</b>   | CESAMET – nabilone cap 1 mg.....                                                           | 71         |
| <b>cefadroxil for susp 500 mg/5ml.....</b>                                | <b>2</b>   | <b>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml).....</b>                                    | <b>61</b>  |
| <b>cefadroxil tab 1 gm.....</b>                                           | <b>2</b>   | CETRAXAL – ciprofloxacin hcl otic soln 0.2% (base equivalent).....                         | 143        |
| <b>cefdinir cap 300 mg.....</b>                                           | <b>2</b>   | CETROTIDE – cetorelix acetate for inj kit 0.25 mg.....                                     | 36         |
| <b>cefdinir for susp 125 mg/5ml.....</b>                                  | <b>2</b>   | CETYLEV – acetylcysteine effervescent tab 2.5 gm.....                                      | 157        |
| <b>cefdinir for susp 250 mg/5ml.....</b>                                  | <b>2</b>   | CETYLEV – acetylcysteine effervescent tab 500 mg.....                                      | 157        |
| CEFDITOREN PIVOXIL – cefditoren pivoxil tab 200 mg (base equivalent)..... | 2          | <b>cevimeline hcl cap 30 mg (Evoxac).....</b>                                              | <b>144</b> |
| CEFDITOREN PIVOXIL – cefditoren pivoxil tab 400 mg (base equivalent)..... | 2          | CHANTIX CONTINUING MONTH – varenicline tartrate tab 1 mg (base equiv).....                 | 96         |
| <b>cefixime for susp 100 mg/5ml (Suprax).....</b>                         | <b>2</b>   | CHANTIX STARTING MONTH PA – varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack..... | 96         |
| <b>cefixime for susp 200 mg/5ml (Suprax).....</b>                         | <b>2</b>   | CHANTIX – varenicline tartrate tab 0.5 mg (base equiv).....                                | 96         |
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| <b>cefprozil for susp 125 mg/5ml.....</b>                                 | <b>2</b>   | CHLORDIAZEPOXIDE/AMITRIPT – chlordiazepoxide-amitriptyline tab 10-25 mg.....               | 96         |
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| <b>cefprozil tab 250 mg.....</b>                                          | <b>2</b>   | <b>chlordiazepoxide hcl cap 10 mg.....</b>                                                 | <b>78</b>  |
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| CHLORPROMAZINE HCL – chlorpromazine hcl inj 50<br>mg/2ml.....                | 85  | CIPRO – ciprofloxacin for oral susp 500 mg/5ml (10%)<br>(10 gm/100ml).....              | 5   |
| chlorpromazine hcl tab 10 mg.....                                            | 85  | CIPRO – ciprofloxacin hcl tab 250 mg (base equiv).....                                  | 5   |
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| CHLORPROPAMIDE – chlorpropamide tab 250 mg.....                              | 28  | ciprofloxacin for oral susp 250 mg/5ml (5%) (5<br>gm/100ml) (Cipro).....                | 5   |
| chlorthalidone tab 25 mg.....                                                | 55  | ciprofloxacin for oral susp 500 mg/5ml (10%) (10<br>gm/100ml) (Cipro).....              | 5   |
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| cholecalciferol drops 400 unit/0.03ml (per drop).....                        | 124 | citalopram hydrobromide tab 10 mg (base equiv)<br>(Celexa).....                         | 80  |
| cholecalciferol drops 5000 unit/ml (1000<br>unit/0.2ml).....                 | 124 | citalopram hydrobromide tab 20 mg (base equiv)<br>(Celexa).....                         | 80  |
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| mg/0.3ml (1:2000).....                                | 57         | 100 mg.....                                                | 85         |
| EPINEPHRINE – epinephrine solution auto-injector 0.15 |            | EQUETRO – carbamazepine (antipsychotic) cap er 12hr        |            |
| mg/0.15ml (1:1000).....                               | 57         | 200 mg.....                                                | 85         |
| EPINEPHRINE – epinephrine solution auto-injector 0.3  |            | EQUETRO – carbamazepine (antipsychotic) cap er 12hr        |            |
| mg/0.3ml (1:1000).....                                | 57         | 300 mg.....                                                | 85         |
| EPIPEN-JR 2-PAK – epinephrine solution auto-injector  |            | <b>ergocalciferol cap 50000 unit (Drisdol).....</b>        | <b>125</b> |
| 0.15 mg/0.3ml (1:2000).....                           | 57         | ERGOLOID MESYLATES – ergoloid mesylates tab 1              |            |
| EPIPEN 2-PAK – epinephrine solution auto-injector 0.3 |            | mg.....                                                    | 97         |
| mg/0.3ml (1:1000).....                                | 57         | ERGOMAR – ergotamine tartrate sl tab 2 mg.....             | 113        |
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| EPIVIR HBV – lamivudine tab 100 mg (hbv).....         | 8          | ERIVEDGE – vismodegib cap 150 mg.....                      | 15         |
| EPIVIR – lamivudine oral soln 10 mg/ml.....           | 8          | ERTACZO – sertaconazole nitrate cream 2%.....              | 150        |
| EPIVIR – lamivudine tab 150 mg.....                   | 8          | ERYGEL – erythromycin gel 2%.....                          | 150        |
| EPIVIR – lamivudine tab 300 mg.....                   | 8          | ERYPED 200 – erythromycin ethylsuccinate for susp 200      |            |
| <b>eplerenone tab 25 mg (Inspra).....</b>             | <b>50</b>  | mg/5ml.....                                                | 3          |
| <b>eplerenone tab 50 mg (Inspra).....</b>             | <b>50</b>  | ERYPED 400 – erythromycin ethylsuccinate for susp 400      |            |
| EPOGEN – epoetin alfa inj 2000 unit/ml.....           | 134        | mg/5ml.....                                                | 3          |
| EPOGEN – epoetin alfa inj 3000 unit/ml.....           | 134        | ERY-TAB – erythromycin tab delayed release 250 mg.....     | 3          |
| EPOGEN – epoetin alfa inj 4000 unit/ml.....           | 135        | ERY-TAB – erythromycin tab delayed release 333 mg.....     | 3          |
| EPOGEN – epoetin alfa inj 10000 unit/ml.....          | 135        | ERY-TAB – erythromycin tab delayed release 500 mg.....     | 3          |
| EPOGEN – epoetin alfa inj 20000 unit/ml.....          | 135        | ERYTHROCIN STEARATE – erythromycin stearate tab            |            |
| EPROSARTAN MESYLATE – eprosartan mesylate tab         |            | 250 mg.....                                                | 3          |
| 600 mg.....                                           | 50         | ERYTHROMYCIN BASE – erythromycin tab 250 mg.....           | 3          |
| EPZICOM – abacavir sulfate-lamivudine tab 600-300     |            | ERYTHROMYCIN BASE – erythromycin tab 500 mg.....           | 3          |
| mg.....                                               | 8          | ERYTHROMYCIN ETHYLSUCCINA – erythromycin                   |            |
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| strip.....                                            | 159        | <b>erythromycin ethylsuccinate for susp 200 mg/5ml</b>     |            |
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| EQL INSULIN SYRINGE/0.5ML – insulin syringe/needle    |            | <b>escitalopram oxalate soln 5 mg/5ml (base equiv)</b>     |            |
| u-100 1/2 ml 29 x 1/2".....                           | 177        | (Lexapro).....                                             | 81         |
| EQL INSULIN SYRINGE/0.5ML – insulin syringe/needle    |            | <b>escitalopram oxalate tab 5 mg (base equiv)</b>          |            |
| u-100 1/2 ml 30 x 5/16".....                          | 178        | (Lexapro).....                                             | 81         |
| EQL INSULIN SYRINGE/0.3ML – insulin syringe/needle    |            | <b>escitalopram oxalate tab 10 mg (base equiv)</b>         |            |
| u-100 0.3 ml 29 x 1/2".....                           | 177        | (Lexapro).....                                             | 81         |
| EQL INSULIN SYRINGE/0.3ML – insulin syringe/needle    |            | <b>escitalopram oxalate tab 20 mg (base equiv)</b>         |            |
| u-100 0.3 ml 30 x 5/16".....                          | 177        | (Lexapro).....                                             | 81         |
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| ESTRACE – estradiol tab 1 mg.....                                                 | 22        | <b>etodolac cap 300 mg.....</b>                                                        | <b>110</b> |
| ESTRACE – estradiol tab 2 mg.....                                                 | 22        | <b>etodolac tab er 24hr 400 mg.....</b>                                                | <b>110</b> |
| ESTRACE – estradiol vaginal cream 0.1 mg/gm.....                                  | 76        | <b>etodolac tab er 24hr 500 mg.....</b>                                                | <b>110</b> |
| <b>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg (Activella).....</b>      | <b>22</b> | <b>etodolac tab er 24hr 600 mg.....</b>                                                | <b>110</b> |
| <b>estradiol &amp; norethindrone acetate tab 1-0.5 mg (Activella).....</b>        | <b>22</b> | <b>etodolac tab 400 mg.....</b>                                                        | <b>110</b> |
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| <b>estradiol td patch twice weekly 0.0375 mg/24hr (Vivelle-dot).....</b>          | <b>22</b> | EURAX – crotamiton lotion 10%.....                                                     | 150        |
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| <b>leflunomide tab 10 mg (Arava).....</b>                                                       | <b>110</b> | <b>levetiracetam tab 500 mg (Keppra).....</b>                                                    | <b>118</b> |
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| LENVIMA 14 MG DAILY DOSE – lenvatinib cap therapy<br>pack 10 & 4 mg (14 mg daily dose).....     | 16         | <b>levetiracetam tab 1000 mg (Keppra).....</b>                                                   | <b>118</b> |
| LENVIMA 18 MG DAILY DOSE – lenvatinib cap therapy<br>pack 10 & 4 (2) mg (18 mg daily dose)..... | 16         | <b>levobunolol hcl ophth soln 0.5% (Betagan).....</b>                                            | <b>141</b> |
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|                                                                                                 |            | <b>levocarnitine tab 330 mg (Carnitor).....</b>                                                  | <b>37</b>  |
|                                                                                                 |            | <b>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5<br/>mg/ml) (Xyzal).....</b>               | <b>62</b>  |
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|                                                                                                 |            | <b>levofloxacin tab 250 mg (Levaquin).....</b>                                                   | <b>5</b>   |
|                                                                                                 |            | <b>levofloxacin tab 500 mg (Levaquin).....</b>                                                   | <b>5</b>   |
|                                                                                                 |            | <b>levofloxacin tab 750 mg (Levaquin).....</b>                                                   | <b>5</b>   |
|                                                                                                 |            | <b>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &amp;eth est<br/>0.01 mg (Quartette).....</b>     | <b>24</b>  |

|                                                                                                                 |            |                                                                                                               |            |
|-----------------------------------------------------------------------------------------------------------------|------------|---------------------------------------------------------------------------------------------------------------|------------|
| <b>levonorgestrel &amp; ethinyl estradiol (91-day) tab</b><br><b>0.15-0.03 mg</b> .....                         | <b>24</b>  | <b>LIBRAX – chlordiazepoxide hcl-clidinium bromide cap</b><br><b>5-2.5 mg</b> .....                           | <b>69</b>  |
| <b>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20</b><br><b>mcg</b> .....                                 | <b>24</b>  | <b>lidocaine hcl gel 2%</b> .....                                                                             | <b>151</b> |
| <b>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30</b><br><b>mcg</b> .....                                | <b>24</b>  | <b>LIDOCAINE HCL-HYDROCORTIS – lidocaine-</b><br><b>hydrocortisone acetate rectal gel 2.8-0.55%</b> .....     | <b>146</b> |
| <b>LEVONORGESTREL AND ETHINY – levonorgestrel-</b><br><b>ethinyl estradiol (continuous) tab 90-20 mcg</b> ..... | <b>24</b>  | <b>lidocaine hcl soln 4% (Xylocaine)</b> .....                                                                | <b>151</b> |
| <b>levonorgestrel-eth estra tab</b><br><b>0.05-30/0.075-40/0.125-30mg-mcg</b> .....                             | <b>25</b>  | <b>lidocaine hcl viscous soln 2%</b> .....                                                                    | <b>144</b> |
| <b>levonorgestrel-ethinyl estradiol (continuous) tab</b><br><b>90-20 mcg</b> .....                              | <b>25</b>  | <b>lidocaine-hydrocortisone acetate rectal cream</b><br><b>3-0.5%</b> .....                                   | <b>146</b> |
| <b>levonorgestrel tab 1.5 mg</b> .....                                                                          | <b>25</b>  | <b>lidocaine oint 5%</b> .....                                                                                | <b>151</b> |
| <b>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab</b><br><b>0.01mg(7) (Loseasonique)</b> .....           | <b>24</b>  | <b>lidocaine patch 5% (Lidoderm)</b> .....                                                                    | <b>151</b> |
| <b>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab</b><br><b>0.01mg(7) (Seasonique)</b> .....            | <b>24</b>  | <b>lidocaine-prilocaine cream 2.5-2.5% (Emla)</b> .....                                                       | <b>151</b> |
| <b>LEVORPHANOL TARTRATE – levorphanol tartrate tab 2</b><br><b>mg</b> .....                                     | <b>104</b> | <b>LIDODERM – lidocaine patch 5%</b> .....                                                                    | <b>151</b> |
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| <b>levothyroxine sodium tab 50 mcg (Synthroid)</b> .....                                                        | <b>33</b>  | <b>LIFESCAN UNISTIK II LANCE – lancets</b> .....                                                              | <b>189</b> |
| <b>levothyroxine sodium tab 75 mcg (Synthroid)</b> .....                                                        | <b>33</b>  | <b>LILETTA – levonorgestrel releasing iud 18.6 mcg/day (52</b><br><b>mg total)</b> .....                      | <b>25</b>  |
| <b>levothyroxine sodium tab 88 mcg (Synthroid)</b> .....                                                        | <b>33</b>  | <b>LINDANE – lindane shampoo 1%</b> .....                                                                     | <b>151</b> |
| <b>levothyroxine sodium tab 100 mcg (Synthroid)</b> .....                                                       | <b>33</b>  | <b>linezolid for susp 100 mg/5ml (Zyvox)</b> .....                                                            | <b>13</b>  |
| <b>levothyroxine sodium tab 112 mcg (Synthroid)</b> .....                                                       | <b>33</b>  | <b>linezolid tab 600 mg (Zyvox)</b> .....                                                                     | <b>13</b>  |
| <b>levothyroxine sodium tab 125 mcg (Synthroid)</b> .....                                                       | <b>33</b>  | <b>LINZESS – linacotide cap 72 mcg</b> .....                                                                  | <b>73</b>  |
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| <b>levothyroxine sodium tab 175 mcg (Synthroid)</b> .....                                                       | <b>34</b>  | <b>liothyronine sodium tab 5 mcg (Cytomel)</b> .....                                                          | <b>34</b>  |
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| <b>LEXAPRO – escitalopram oxalate tab 5 mg (base</b><br><b>equiv)</b> .....                                     | <b>81</b>  | <b>LIPITOR – atorvastatin calcium tab 40 mg (base</b><br><b>equivalent)</b> .....                             | <b>58</b>  |
| <b>LEXAPRO – escitalopram oxalate tab 10 mg (base</b><br><b>equiv)</b> .....                                    | <b>81</b>  | <b>LIPITOR – atorvastatin calcium tab 80 mg (base</b><br><b>equivalent)</b> .....                             | <b>58</b>  |
| <b>LEXAPRO – escitalopram oxalate tab 20 mg (base</b><br><b>equiv)</b> .....                                    | <b>81</b>  | <b>LIPOFEN – fenofibrate cap 50 mg</b> .....                                                                  | <b>59</b>  |
| <b>LEXIVA – fosamprenavir calcium susp 50 mg/ml (base</b><br><b>equiv)</b> .....                                | <b>8</b>   | <b>LIPOFEN – fenofibrate cap 150 mg</b> .....                                                                 | <b>59</b>  |
| <b>LEXIVA – fosamprenavir calcium tab 700 mg (base</b><br><b>equiv)</b> .....                                   | <b>8</b>   | <b>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</b><br><b>(Zestoretic)</b> .....                       | <b>51</b>  |
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| <b>LIBERTY GLUCOSE CONTROL N – blood glucose</b><br><b>calibration - liquid - normal</b> .....                  | <b>189</b> | <b>lisinopril tab 20 mg (Prinivil)</b> .....                                                                  | <b>51</b>  |
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|                                                                                    |           |                                                                                         |           |
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| <b>losartan potassium &amp; hydrochlorothiazide tab</b>         |            | <b>LUPANETA PACK – leuprolide (3 mon) inj 11.25 mg &amp;</b> |            |
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| <b>mg (Hyzaar).....</b>                                         | <b>51</b>  | <b>kit 3.75 mg.....</b>                                      | <b>16</b>  |
| <b>losartan potassium tab 25 mg (Cozaar).....</b>               | <b>51</b>  | <b>LUPRON DEPOT (1-MONTH) – leuprolide acetate for inj</b>   |            |
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| <b>losartan potassium tab 100 mg (Cozaar).....</b>              | <b>51</b>  | <b>LUPRON DEPOT (3-MONTH) – leuprolide acetate (3</b>        |            |
| <b>LOSEASONIQUE – levonorg-eth est tab 0.1-0.02mg(84)</b>       |            | <b>month) for inj kit 11.25 mg.....</b>                      | <b>16</b>  |
| <b>&amp; eth est tab 0.01mg(7).....</b>                         | <b>25</b>  | <b>LUPRON DEPOT (3-MONTH) – leuprolide acetate (3</b>        |            |
| <b>LOTEMAX – loteprednol etabonate ophth gel 0.5%.....</b>      | <b>141</b> | <b>month) for inj kit 22.5 mg.....</b>                       | <b>16</b>  |
| <b>LOTEMAX – loteprednol etabonate ophth oint 0.5%.....</b>     | <b>141</b> | <b>LUPRON DEPOT (4-MONTH) – leuprolide acetate (4</b>        |            |
| <b>LOTEMAX – loteprednol etabonate ophth susp</b>               |            | <b>month) for inj kit 30 mg.....</b>                         | <b>16</b>  |
| <b>0.5%.....</b>                                                | <b>141</b> | <b>LUPRON DEPOT (6-MONTH) – leuprolide acetate (6</b>        |            |
| <b>LOTENSIN – benazepril hcl tab 20 mg.....</b>                 | <b>51</b>  | <b>month) for inj kit 45 mg.....</b>                         | <b>16</b>  |
| <b>LOTENSIN – benazepril hcl tab 40 mg.....</b>                 | <b>51</b>  | <b>LUPRON DEPOT-PED (1-MONTH – leuprolide acetate</b>        |            |
| <b>LOTENSIN HCT – benazepril &amp; hydrochlorothiazide tab</b>  |            | <b>for inj pediatric kit 7.5 mg.....</b>                     | <b>38</b>  |
| <b>10-12.5 mg.....</b>                                          | <b>51</b>  | <b>LUPRON DEPOT-PED (1-MONTH – leuprolide acetate</b>        |            |
| <b>LOTENSIN HCT – benazepril &amp; hydrochlorothiazide tab</b>  |            | <b>for inj pediatric kit 11.25 mg.....</b>                   | <b>38</b>  |
| <b>20-12.5 mg.....</b>                                          | <b>51</b>  | <b>LUPRON DEPOT-PED (1-MONTH – leuprolide acetate</b>        |            |
| <b>LOTENSIN HCT – benazepril &amp; hydrochlorothiazide tab</b>  |            | <b>for inj pediatric kit 15 mg.....</b>                      | <b>38</b>  |
| <b>20-25 mg.....</b>                                            | <b>52</b>  | <b>LUPRON DEPOT-PED (3-MONTH – leuprolide acetate (3</b>     |            |
| <b>LOTREL – amlodipine besylate-benazepril hcl cap 5-10</b>     |            | <b>month) for inj pediatric kit 11.25 mg.....</b>            | <b>38</b>  |
| <b>mg.....</b>                                                  | <b>52</b>  | <b>LUPRON DEPOT-PED (3-MONTH – leuprolide acetate (3</b>     |            |
| <b>LOTREL – amlodipine besylate-benazepril hcl cap 5-20</b>     |            | <b>month) for inj pediatric kit 30 mg.....</b>               | <b>38</b>  |
| <b>mg.....</b>                                                  | <b>52</b>  | <b>LUXIQ – betamethasone valerate aerosol foam</b>           |            |
| <b>LOTREL – amlodipine besylate-benazepril hcl cap 10-20</b>    |            | <b>0.12%.....</b>                                            | <b>152</b> |
| <b>mg.....</b>                                                  | <b>52</b>  | <b>LUZU – luliconazole cream 1%.....</b>                     | <b>152</b> |
| <b>LOTREL – amlodipine besylate-benazepril hcl cap 10-40</b>    |            | <b>LYNPARZA – olaparib cap 50 mg.....</b>                    | <b>16</b>  |
| <b>mg.....</b>                                                  | <b>52</b>  | <b>LYNPARZA – olaparib tab 100 mg.....</b>                   | <b>16</b>  |
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| <b>1-0.05%.....</b>                                             | <b>152</b> | <b>LYRICA – pregabalin cap 25 mg.....</b>                    | <b>118</b> |
| <b>LOTRONEX – alosetron hcl tab 0.5 mg (base equiv).....</b>    | <b>73</b>  | <b>LYRICA – pregabalin cap 50 mg.....</b>                    | <b>118</b> |
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| <b>lovastatin tab 10 mg.....</b>                                | <b>59</b>  | <b>LYRICA – pregabalin cap 100 mg.....</b>                   | <b>118</b> |
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| <b>LOVAZA – omega-3-acid ethyl esters cap 1 gm.....</b>         | <b>59</b>  | <b>LYRICA – pregabalin cap 225 mg.....</b>                   | <b>118</b> |
| <b>LOVENOX – enoxaparin sodium inj 30 mg/0.3ml.....</b>         | <b>138</b> | <b>LYRICA – pregabalin cap 300 mg.....</b>                   | <b>118</b> |
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| MAGELLAN INSULIN SAFETY S – insulin syringe/needle<br>u-100 1/2 ml 30 x 5/16"..... | 190        | MAXZIDE-25 – triamterene & hydrochlorothiazide tab<br>37.5-25 mg.....                              | 56        |
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|                                                                                               |            |                                                                             |            |
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| NATESTO – testosterone nasal gel 5.5 mg/act.....             | 21         | irrigation soln.....                                       | 77         |
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| NATPARA – parathyroid hormone (recombinant) for inj          |            | NEO-SYNALAR – neomycin sulfate-fluocinolone                |            |
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| grain).....                                                  | 34         | NEPTAZANE – methazolamide tab 25 mg.....                   | 56         |
| NATURE-THROID – thyroid tab 16.25 mg.....                    | 34         | NEPTAZANE – methazolamide tab 50 mg.....                   | 56         |
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| NATURE-THROID – thyroid tab 325 mg (5 grain).....            | 34         | mg & omega cap pack.....                                   | 127        |
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| NEOMYCIN/POLYMYXIN/HYDROC – neomycin-                        |            | mcg/0.5ml.....                                             | 136        |
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| NEUPRO – rotigotine td patch 24hr 3 mg/24hr.....                               | 121       | <b>nicotine polacrilex gum 2 mg.....</b>                                          | <b>98</b> |
| NEUPRO – rotigotine td patch 24hr 4 mg/24hr.....                               | 121       | <b>nicotine polacrilex gum 4 mg.....</b>                                          | <b>98</b> |
| NEUPRO – rotigotine td patch 24hr 6 mg/24hr.....                               | 121       | <b>nicotine polacrilex lozenge 2 mg.....</b>                                      | <b>98</b> |
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| NEVANAC – nepafenac ophth susp 0.1%.....                                       | 142       | <b>nifedipine tab er 24hr 30 mg (Adalat cc).....</b>                              | <b>45</b> |
| <b>nevirapine tab er 24hr 100 mg (Viramune xr).....</b>                        | <b>9</b>  | <b>nifedipine tab er 24hr 60 mg (Adalat cc).....</b>                              | <b>45</b> |
| <b>nevirapine tab er 24hr 400 mg (Viramune xr).....</b>                        | <b>9</b>  | <b>nifedipine tab er 24hr 90 mg (Adalat cc).....</b>                              | <b>45</b> |
| <b>nevirapine tab 200 mg (Viramune).....</b>                                   | <b>9</b>  | <b>nifedipine tab er 24hr osmotic release 30 mg<br/>(Procardia xl).....</b>       | <b>45</b> |
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| NEXAVAR – sorafenib tosylate tab 200 mg (base<br>equivalent).....              | 17        | NILANDRON – nilutamide tab 150 mg.....                                            | 17        |
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| NEXIUM – esomeprazole magnesium cap delayed<br>release 40 mg (base eq).....    | 69        | NINLARO – ixazomib citrate cap 2.3 mg (base<br>equivalent).....                   | 17        |
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| <b>niacin tab er 750 mg (antihyperlipidemic)<br/>(Niaspan).....</b>            | <b>59</b> | <b>nisoldipine tab er 24hr 17 mg (Sular).....</b>                                 | <b>45</b> |
| <b>niacin tab er 1000 mg (antihyperlipidemic)<br/>(Niaspan).....</b>           | <b>59</b> | <b>nisoldipine tab er 24hr 34 mg (Sular).....</b>                                 | <b>45</b> |
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| NIASPAN – niacin tab er 750 mg (antihyperlipidemic).....                       | 59        | NITRO-DUR – nitroglycerin td patch 24hr 0.1 mg/hr.....                            | 41        |
| NIASPAN – niacin tab er 1000 mg<br>(antihyperlipidemic).....                   | 59        | NITRO-DUR – nitroglycerin td patch 24hr 0.2 mg/hr.....                            | 41        |
| <b>nicardipine hcl cap 20 mg.....</b>                                          | <b>44</b> | NITRO-DUR – nitroglycerin td patch 24hr 0.3 mg/hr.....                            | 41        |
| <b>nicardipine hcl cap 30 mg.....</b>                                          | <b>45</b> | NITRO-DUR – nitroglycerin td patch 24hr 0.4 mg/hr.....                            | 41        |
| NICOMIDE – niacinamide w/ zn-cu-methylfolate tab<br>750-25-1.5-0.5 mg.....     | 127       | NITRO-DUR – nitroglycerin td patch 24hr 0.6 mg/hr.....                            | 41        |
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|                                                                                |           | <b>nitrofurantoin macrocrystalline cap 25 mg<br/>(Macrochantin).....</b>          | <b>75</b> |
|                                                                                |           | <b>nitrofurantoin macrocrystalline cap 50 mg<br/>(Macrochantin).....</b>          | <b>75</b> |
|                                                                                |           | <b>nitrofurantoin macrocrystalline cap 100 mg<br/>(Macrochantin).....</b>         | <b>75</b> |
|                                                                                |           | <b>nitrofurantoin monohydrate macrocrystalline cap 100<br/>mg (Macrobid).....</b> | <b>75</b> |



|                                                                |            |                                                                   |            |
|----------------------------------------------------------------|------------|-------------------------------------------------------------------|------------|
| <b>nitrofurantoin susp 25 mg/5ml (Furadantin).....</b>         | <b>75</b>  | <b>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20</b>   | <b>25</b>  |
| <b>nitroglycerin cap er 2.5 mg.....</b>                        | <b>41</b>  | <b>mcg (Loestrin fe 1/20).....</b>                                | <b>25</b>  |
| <b>nitroglycerin cap er 6.5 mg.....</b>                        | <b>41</b>  | <b>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30</b> | <b>25</b>  |
| <b>nitroglycerin cap er 9 mg.....</b>                          | <b>41</b>  | <b>mcg (Loestrin fe 1.5/30).....</b>                              | <b>25</b>  |
| <b>NITROGLYCERIN LINGUAL – nitroglycerin lingual</b>           |            | <b>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20</b>      | <b>25</b>  |
| <b>aerosol 400 mcg/spray.....</b>                              | <b>41</b>  | <b>mcg (Loestrin 1/20-21).....</b>                                | <b>25</b>  |
| <b>nitroglycerin sl tab 0.3 mg (Nitrostat).....</b>            | <b>41</b>  | <b>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30</b>    | <b>25</b>  |
| <b>nitroglycerin sl tab 0.4 mg (Nitrostat).....</b>            | <b>41</b>  | <b>mcg (Loestrin 1.5/30-21).....</b>                              | <b>25</b>  |
| <b>nitroglycerin sl tab 0.6 mg (Nitrostat).....</b>            | <b>41</b>  | <b>norethindrone ace-eth estradiol-fe chew tab 1 mg-20</b>        | <b>25</b>  |
| <b>nitroglycerin td patch 24hr 0.1 mg/hr (Nitro-dur).....</b>  | <b>41</b>  | <b>mcg (24) (Minastrin 24 fe).....</b>                            | <b>25</b>  |
| <b>nitroglycerin td patch 24hr 0.2 mg/hr (Nitro-dur).....</b>  | <b>41</b>  | <b>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20</b>         | <b>25</b>  |
| <b>nitroglycerin td patch 24hr 0.4 mg/hr (Nitro-dur).....</b>  | <b>41</b>  | <b>mcg (24).....</b>                                              | <b>25</b>  |
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## R

|                                                                                 |            |
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|                                                       |     |                                                         |     |
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| REBETOL – ribavirin soln 40 mg/ml.....                | 9   | u-100 1 ml 29 x 1/2".....                               | 200 |
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| (12mu/ml).....                                        | 99  | u-100 1 ml 30 x 5/16".....                              | 200 |
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| (24mu/ml).....                                        | 99  | u-100 1 ml 31 x 5/16".....                              | 200 |
| REBIF REBIDOSE – interferon beta-1a soln auto-inj 22  |     | RELION INSULIN SYRINGE/U- – insulin syringe/needle      |     |
| mcg/0.5ml (12mu/ml).....                              | 99  | u-100 0.3 ml 31 x 5/16".....                            | 200 |
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| RELAGARD – acetic acid-oxyquinoline vaginal gel       |     | RELION PEN NEEDLES 29GX12 – insulin pen needle 29       |     |
| 0.9-0.025%.....                                       | 77  | g x 12 mm (1/2").....                                   | 200 |
| RELENZA DISKHALER – zanamivir aero powder breath      |     | RELION PEN NEEDLES 31GX6M – insulin pen needle          |     |
| activated 5 mg/blister.....                           | 9   | 31 g x 6 mm (1/4").....                                 | 200 |
| RELION BLOOD GLUCOSE TEST – glucose blood test        |     | RELION PEN NEEDLES 32GX4M – insulin pen needle          |     |
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|                                                                                              |           |                                                                               |     |
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| SAPHRIS – asenapine maleate sl tab 5 mg (base equiv).....                     | 88         | SE-NATAL 19 – prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg.....                          | 130        |
| SAPHRIS – asenapine maleate sl tab 10 mg (base equiv).....                    | 88         | SE-NATAL 19 – prenatal vit w/ fe fumarate-fa chew tab 29-1 mg.....                         | 130        |
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| SENSIPAR – cinacalcet hcl tab 30 mg (base equiv).....   | 39        | SHOPKO UNIFINE PENTIPS PL – insulin pen needle 31      | 31         |
| SENSIPAR – cinacalcet hcl tab 60 mg (base equiv).....   | 39        | g x 8 mm (1/3" or 5/16").....                          | 202        |
| SENSIPAR – cinacalcet hcl tab 90 mg (base equiv).....   | 39        | SHOPKO UNILET LANCETS SUP – lancets.....               | 202        |
| SENSODYNE REPAIR & PROTEC – stannous fluoride           |           | SHOPKO UNILET LANCETS ULT – lancets.....               | 202        |
| paste 0.454%.....                                       | 145       | SHUR-SEAL – nonoxynol-9 gel 2%.....                    | 77         |
| SEREVENT DISKUS – salmeterol xinafoate aer pow ba       |           | SIDE BUTTON SAFETY LANCET – lancets.....               | 202        |
| 50 mcg/dose (base equiv).....                           | 66        | SIGNIFOR – pasireotide diaspertate inj 0.3 mg/ml (base |            |
| SERNIVO – betamethasone dipropionate spray emulsion     |           | equiv).....                                            | 39         |
| 0.05% (base equiv).....                                 | 154       | SIGNIFOR – pasireotide diaspertate inj 0.6 mg/ml (base |            |
| SEROQUEL – quetiapine fumarate tab 25 mg.....           | 88        | equiv).....                                            | 39         |
| SEROQUEL – quetiapine fumarate tab 50 mg.....           | 88        | SIGNIFOR – pasireotide diaspertate inj 0.9 mg/ml (base |            |
| SEROQUEL – quetiapine fumarate tab 100 mg.....          | 88        | equiv).....                                            | 39         |
| SEROQUEL – quetiapine fumarate tab 200 mg.....          | 88        | <b>sildenafil citrate tab 20 mg (Revatio).....</b>     | <b>61</b>  |
| SEROQUEL – quetiapine fumarate tab 300 mg.....          | 88        | SILENOR – doxepin hcl (sleep) tab 3 mg (base           |            |
| SEROQUEL – quetiapine fumarate tab 400 mg.....          | 88        | equiv).....                                            | 90         |
| SEROQUEL XR – quetiapine fumarate tab er 24hr 50        |           | SILENOR – doxepin hcl (sleep) tab 6 mg (base           |            |
| mg.....                                                 | 88        | equiv).....                                            | 90         |
| SEROQUEL XR – quetiapine fumarate tab er 24hr 150       |           | SILIQ – brodalumab subcutaneous soln prefilled syringe |            |
| mg.....                                                 | 89        | 210 mg/1.5ml.....                                      | 154        |
| SEROQUEL XR – quetiapine fumarate tab er 24hr 200       |           | SILVADENE – silver sulfadiazine cream 1%.....          | 154        |
| mg.....                                                 | 89        | <b>silver sulfadiazine cream 1% (Silvadene).....</b>   | <b>154</b> |
| SEROQUEL XR – quetiapine fumarate tab er 24hr 300       |           | SIMBRINZA – brinzolamide-brimonidine tartrate ophth    |            |
| mg.....                                                 | 89        | susp 1-0.2%.....                                       | 142        |
| SEROQUEL XR – quetiapine fumarate tab er 24hr 400       |           | SIMPLE DIAGNOSTICS LANCIN – lancet devices.....        | 202        |
| mg.....                                                 | 89        | SIMPONI – golimumab subcutaneous soln auto-injector    |            |
| SEROSTIM – somatropin (non-refrigerated) for            |           | 50 mg/0.5ml.....                                       | 112        |
| subcutaneous inj 4 mg.....                              | 39        | SIMPONI – golimumab subcutaneous soln auto-injector    |            |
| SEROSTIM – somatropin (non-refrigerated) for            |           | 100 mg/ml.....                                         | 112        |
| subcutaneous inj 5 mg.....                              | 39        | SIMPONI – golimumab subcutaneous soln prefilled        |            |
| SEROSTIM – somatropin (non-refrigerated) for            |           | syringe 50 mg/0.5ml.....                               | 112        |
| subcutaneous inj 6 mg.....                              | 39        | SIMPONI – golimumab subcutaneous soln prefilled        |            |
| <b>sertraline hcl oral conc 20 mg/ml (Zoloft).....</b>  | <b>83</b> | syringe 100 mg/ml.....                                 | 112        |
| <b>sertraline hcl tab 25 mg (Zoloft).....</b>           | <b>83</b> | <b>simvastatin tab 5 mg (Zocor).....</b>               | <b>59</b>  |
| <b>sertraline hcl tab 50 mg (Zoloft).....</b>           | <b>83</b> | <b>simvastatin tab 10 mg (Zocor).....</b>              | <b>60</b>  |
| <b>sertraline hcl tab 100 mg (Zoloft).....</b>          | <b>83</b> | <b>simvastatin tab 20 mg (Zocor).....</b>              | <b>60</b>  |
| <b>sevelamer carbonate packet 0.8 gm (Renvela).....</b> | <b>74</b> | <b>simvastatin tab 40 mg (Zocor).....</b>              | <b>60</b>  |
| <b>sevelamer carbonate packet 2.4 gm (Renvela).....</b> | <b>74</b> | <b>simvastatin tab 80 mg (Zocor).....</b>              | <b>60</b>  |
| <b>sevelamer carbonate tab 800 mg (Renvela).....</b>    | <b>74</b> | SINEMET – carbidopa & levodopa tab 10-100 mg.....      | 123        |
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| gm/60ml.....                                            | 74        | SINEMET – carbidopa & levodopa tab 25-250 mg.....      | 123        |
| SHOPKO AUTOLET LANCING DE – lancet devices.....         | 202       | SINEMET CR – carbidopa & levodopa tab er 25-100        |            |
| SHOPKO ON-THE-GO COMFORT – lancets.....                 | 202       | mg.....                                                | 123        |
| SHOPKO UNIFINE PENTIPS PE – insulin pen needle 29       |           | SINEMET CR – carbidopa & levodopa tab er 50-200        |            |
| g x 12 mm (1/2").....                                   | 202       | mg.....                                                | 123        |
| SHOPKO UNIFINE PENTIPS PE – insulin pen needle 31       |           | SINGLE-LET – lancets.....                              | 202        |
| g x 5 mm (3/16").....                                   | 202       | SINGULAIR – montelukast sodium chew tab 4 mg (base     |            |
| SHOPKO UNIFINE PENTIPS PE – insulin pen needle 32       |           | equiv).....                                            | 66         |
| g x 4 mm (5/32").....                                   | 202       | SINGULAIR – montelukast sodium chew tab 5 mg (base     |            |
| SHOPKO UNIFINE PENTIPS PE – insulin pen needle 31       |           | equiv).....                                            | 66         |
| g x 8 mm (1/3" or 5/16").....                           | 202       | SINGULAIR – montelukast sodium oral granules packet 4  |            |
| SHOPKO UNIFINE PENTIPS PL – insulin pen needle 29       |           | mg (base equiv).....                                   | 66         |
| g x 12 mm (1/2").....                                   | 202       | SINGULAIR – montelukast sodium tab 10 mg (base         |            |
| SHOPKO UNIFINE PENTIPS PL – insulin pen needle 31       |           | equiv).....                                            | 66         |
| g x 5 mm (3/16").....                                   | 202       | <b>sirolimus tab 0.5 mg (Rapamune).....</b>            | <b>215</b> |
| SHOPKO UNIFINE PENTIPS PL – insulin pen needle 32       |           | <b>sirolimus tab 1 mg (Rapamune).....</b>              | <b>215</b> |
| g x 4 mm (5/32").....                                   | 202       | <b>sirolimus tab 2 mg (Rapamune).....</b>              | <b>215</b> |

|                                                                                         |            |
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| SITAVIG – acyclovir buccal tab 50 mg.....                                               | 10         |
| SIVEXTRO – tedizolid phosphate tab 200 mg.....                                          | 13         |
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| <b>sodium chloride soln nebu 0.9%.....</b>                                              | <b>63</b>  |
| <b>sodium chloride soln nebu 3%.....</b>                                                | <b>63</b>  |
| <b>sodium chloride soln nebu 7% (Hyper-sal).....</b>                                    | <b>63</b>  |
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| <b>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf) (Luride).....</b>              | <b>133</b> |
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| SOLODYN – minocycline hcl tab er 24hr 65 mg.....                                        | 4          |
| SOLODYN – minocycline hcl tab er 24hr 80 mg.....                                        | 4          |
| SOLODYN – minocycline hcl tab er 24hr 105 mg.....                                       | 4          |
| SOLODYN – minocycline hcl tab er 24hr 115 mg.....                                       | 4          |
| SOLTAMOX – tamoxifen citrate oral soln 10 mg/5ml (base equivalent).....                 | 17         |
| SOLU-CORTEF – hydrocortisone sodium succinate pf for inj 100 mg.....                    | 20         |
| SOLU-CORTEF – hydrocortisone sodium succinate pf for inj 250 mg.....                    | 20         |
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| SOMAVERT – pegvisomant for inj 15 mg (as protein).....       | 40        | SPRYCEL – dasatinib tab 100 mg.....                    | 17         |
| SOMAVERT – pegvisomant for inj 20 mg (as protein).....       | 40        | SPRYCEL – dasatinib tab 140 mg.....                    | 17         |
| SOMAVERT – pegvisomant for inj 25 mg (as protein).....       | 40        | SSS 10-5 – sulfacetamide sodium w/ sulfur foam         |            |
| SOMAVERT – pegvisomant for inj 30 mg (as protein).....       | 40        | 10-5%.....                                             | 154        |
| SONATA – zaleplon cap 5 mg.....                              | 90        | STALEVO 100 – carbidopa-levodopa-entacapone tabs       |            |
| SONATA – zaleplon cap 10 mg.....                             | 90        | 25-100-200 mg.....                                     | 123        |
| SOOLANTRA – ivermectin cream 1%.....                         | 154       | STALEVO 125 – carbidopa-levodopa-entacapone tabs       |            |
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| 2.7-0.54 gm/100ml.....                                       | 78        | STALEVO 150 – carbidopa-levodopa-entacapone tabs       |            |
| SORBITOL – sorbitol irrigation soln 3%.....                  | 78        | 37.5-150-200 mg.....                                   | 123        |
| SORBITOL – sorbitol irrigation soln 3.3%.....                | 78        | STALEVO 200 – carbidopa-levodopa-entacapone tabs       |            |
| SORIATANE – acitretin cap 10 mg.....                         | 154       | 50-200-200 mg.....                                     | 123        |
| SORIATANE – acitretin cap 17.5 mg.....                       | 154       | STALEVO 50 – carbidopa-levodopa-entacapone tabs        |            |
| SORIATANE – acitretin cap 25 mg.....                         | 154       | 12.5-50-200 mg.....                                    | 123        |
| SORILUX – calcipotriene foam 0.005%.....                     | 154       | STALEVO 75 – carbidopa-levodopa-entacapone tabs        |            |
| <b>sotalol hcl (afib/afi) tab 80 mg (Betapace af).....</b>   | <b>43</b> | 18.75-75-200 mg.....                                   | 123        |
| <b>sotalol hcl (afib/afi) tab 120 mg (Betapace af).....</b>  | <b>43</b> | <b>stannous fluoride conc 0.63% (Gel-kam oral care</b> |            |
| <b>sotalol hcl (afib/afi) tab 160 mg (Betapace af).....</b>  | <b>43</b> | <b>ri).....</b>                                        | <b>145</b> |
| <b>sotalol hcl tab 240 mg.....</b>                           | <b>43</b> | <b>stannous fluoride gel 0.4%.....</b>                 | <b>145</b> |
| <b>sotalol hcl tab 80 mg (Betapace).....</b>                 | <b>43</b> | STANNOUS FLUORIDE RINSE – stannous fluoride liq        |            |
| <b>sotalol hcl tab 120 mg (Betapace).....</b>                | <b>43</b> | 0.1%.....                                              | 145        |
| <b>sotalol hcl tab 160 mg (Betapace).....</b>                | <b>43</b> | STARLIX – nateglinide tab 60 mg.....                   | 31         |
| SOTYLIZE – sotalol hcl oral solution 5 mg/ml.....            | 43        | STARLIX – nateglinide tab 120 mg.....                  | 31         |
| SOVALDI – sofosbuvir tab 400 mg.....                         | 10        | <b>stavudine cap 15 mg (Zerit).....</b>                | <b>10</b>  |
| SPATONE PUR-ABSORB IRON – ferrous sulfate liquid 5           |           | <b>stavudine cap 20 mg (Zerit).....</b>                | <b>10</b>  |
| mg/20ml (elemental iron).....                                | 137       | <b>stavudine cap 30 mg (Zerit).....</b>                | <b>10</b>  |
| SPECTRACEF – cefditoren pivoxil tab 400 mg (base             |           | <b>stavudine cap 40 mg (Zerit).....</b>                | <b>10</b>  |
| equivalent).....                                             | 2         | 1ST CHOICE LANCETS SUPER – lancets.....                | 213        |
| SPINOSAD – spinosad susp 0.9%.....                           | 154       | 1ST CHOICE LANCETS THIN – lancets.....                 | 213        |
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| monohydrate inhal cap 18 mcg (base equiv).....               | 66        | STELARA – ustekinumab inj 45 mg/0.5ml.....             | 154        |
| SPIRIVA RESPIMAT – tiotropium bromide monohydrate            |           | STELARA – ustekinumab soln prefilled syringe 45        |            |
| inhal aerosol 1.25 mcg/act.....                              | 66        | mg/0.5ml.....                                          | 154        |
| SPIRIVA RESPIMAT – tiotropium bromide monohydrate            |           | STELARA – ustekinumab soln prefilled syringe 90 mg/    |            |
| inhal aerosol 2.5 mcg/act.....                               | 66        | ml.....                                                | 154        |
| <b>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</b> |           | STERILANCE TL – lancets.....                           | 203        |
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| <b>spironolactone tab 25 mg (Aldactone).....</b>             | <b>56</b> | ml.....                                                | 40         |
| <b>spironolactone tab 50 mg (Aldactone).....</b>             | <b>56</b> | STIOLTO RESPIMAT – tiotropium br-olodaterol inhal aero |            |
| <b>spironolactone tab 100 mg (Aldactone).....</b>            | <b>56</b> | soln 2.5-2.5 mcg/act.....                              | 66         |
| SPORANOX – itraconazole cap 100 mg.....                      | 7         | STIVARGA – regorafenib tab 40 mg.....                  | 17         |
| SPORANOX – itraconazole oral soln 10 mg/ml.....              | 7         | STRATTERA – atomoxetine hcl cap 10 mg (base            |            |
| SPORANOX PULSEPAK – itraconazole cap 100 mg.....             | 7         | equiv).....                                            | 95         |
| SPRITAM – levetiracetam tab disintegrating soluble 250       |           | STRATTERA – atomoxetine hcl cap 18 mg (base            |            |
| mg.....                                                      | 119       | equiv).....                                            | 95         |
| SPRITAM – levetiracetam tab disintegrating soluble 500       |           | STRATTERA – atomoxetine hcl cap 25 mg (base            |            |
| mg.....                                                      | 119       | equiv).....                                            | 95         |
| SPRITAM – levetiracetam tab disintegrating soluble 750       |           | STRATTERA – atomoxetine hcl cap 40 mg (base            |            |
| mg.....                                                      | 119       | equiv).....                                            | 95         |
| SPRITAM – levetiracetam tab disintegrating soluble 1000      |           | STRATTERA – atomoxetine hcl cap 60 mg (base            |            |
| mg.....                                                      | 119       | equiv).....                                            | 95         |
| SPRIX – ketorolac tromethamine nasal spray 15.75 mg/         |           | STRATTERA – atomoxetine hcl cap 80 mg (base            |            |
| spray.....                                                   | 112       | equiv).....                                            | 95         |
| SPRYCEL – dasatinib tab 20 mg.....                           | 17        |                                                        |            |



|                                                                                            |            |
|--------------------------------------------------------------------------------------------|------------|
| STRATTERA – atomoxetine hcl cap 100 mg (base equiv).....                                   | 95         |
| STRENSIQ – asfotase alfa subcutaneous inj 18 mg/0.45ml.....                                | 40         |
| STRENSIQ – asfotase alfa subcutaneous inj 28 mg/0.7ml.....                                 | 40         |
| STRENSIQ – asfotase alfa subcutaneous inj 40 mg/ml.....                                    | 40         |
| STRENSIQ – asfotase alfa subcutaneous inj 80 mg/0.8ml.....                                 | 40         |
| STRIANT – testosterone buccal mucoadhesive system 30 mg.....                               | 21         |
| STRIBILD – elvitegrav-cobic-emtricitab-tenofovd tab 150-150-200-300 mg.....                | 10         |
| STRIVERDI RESPIMAT – olodaterol hcl inhal aerosol soln 2.5 mcg/act (base equiv).....       | 66         |
| STROMEKTOL – ivermectin tab 3 mg.....                                                      | 12         |
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| 1ST TIER UNIFINE PENTIPS – insulin pen needle 31 g x 5 mm (3/16").....                     | 213        |
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| 1ST TIER UNIFINE PENTIPS – insulin pen needle 32 g x 4 mm (5/32").....                     | 213        |
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| SUBSYS – fentanyl sublingual spray 100 mcg.....                                            | 108        |
| SUBSYS – fentanyl sublingual spray 200 mcg.....                                            | 108        |
| SUBSYS – fentanyl sublingual spray 400 mcg.....                                            | 108        |
| SUBSYS – fentanyl sublingual spray 600 mcg.....                                            | 108        |
| SUBSYS – fentanyl sublingual spray 800 mcg.....                                            | 108        |
| SUBSYS – fentanyl sublingual spray 1200 mcg (600 mcg x 2).....                             | 108        |
| SUBSYS – fentanyl sublingual spray 1600 mcg (800 mcg x 2).....                             | 108        |
| SUCRAID – sacrosidase soln 8500 unit/ml.....                                               | 72         |
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| TEMODAR – temozolomide cap 20 mg.....                                   | 18  | tetracycline hcl cap 250 mg (Tetracycline hcl).....                     | 4   |
| TEMODAR – temozolomide cap 100 mg.....                                  | 18  | tetracycline hcl cap 500 mg (Tetracycline hcl).....                     | 4   |
| TEMODAR – temozolomide cap 140 mg.....                                  | 18  | TETRACYCLINE HCL – tetracycline hcl cap 250 mg.....                     | 4   |
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| TOFRANIL – imipramine hcl tab 25 mg.....                                            | 83         | TOPIRAMATE ER – topiramate cap er 24hr sprinkle 200<br>mg.....                      | 119        |
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| trazodone hcl tab 100 mg.....                           | 83  | triazolam tab 0.25 mg (Halcion).....                  | 90  |
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| trazodone hcl tab 300 mg.....                           | 83  | TRIBENZOR – olmesartan-amlodipine-                    |     |
| TRECTOR – ethionamide tab 250 mg.....                   | 6   | hydrochlorothiazide tab 20-5-12.5 mg.....             | 54  |
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| injector 200 unit/ml.....                               | 33  | hydrochlorothiazide tab 40-10-12.5 mg.....            | 54  |
| tretinoin cap 10 mg.....                                | 18  | TRIBENZOR – olmesartan-amlodipine-                    |     |
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| tretinoin gel 0.05% (Atralin).....                      | 156 | TRICARE PRENATAL DHA ONE – prenatal w/fe              |     |
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| tretinoin gel 0.025% (Retin-a).....                     | 156 | TRICARE PRENATAL – prenat w/o vit a w/ fe pyrophos-   |     |
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| UNIFINE PENTIPS PLUS 31GX – insulin pen needle 31 g x 5 mm (3/16").....         | 211 | <b>urea cream 39% (Aluvea).....</b>                                        | <b>156</b> |
| UNIFINE PENTIPS PLUS 31GX – insulin pen needle 31 g x 6 mm (1/4").....          | 211 | <b>urea cream 45% (Uramaxin).....</b>                                      | <b>156</b> |
| UNIFINE PENTIPS PLUS 32GX – insulin pen needle 32 g x 4 mm (5/32").....         | 211 | <b>urea foam 40% (Hydro 40 foam).....</b>                                  | <b>156</b> |
| UNIFINE PENTIPS PLUS 31GX – insulin pen needle 31 g x 8 mm (1/3" or 5/16")..... | 211 | <b>urea gel 45% (Uramaxin).....</b>                                        | <b>156</b> |
| UNILET COMFORTOUCH LANCET – lancets.....                                        | 211 | <b>urea in lactic acid vehicle foam 35% (Hydro 35).....</b>                | <b>156</b> |
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| UNILET EXCELITE – lancets.....                                                  | 211 | <b>urea lotion 45% (Uramaxin).....</b>                                     | <b>156</b> |
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| UNILET GP 28 ULTRA THIN – lancets.....                                          | 211 | URECHOLINE – bethanechol chloride tab 10 mg.....                           | 76         |
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|                                                                                 |     | UROCIT-K 15 – potassium citrate tab er 15 meq (1620 mg).....               | 78         |
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|                                                                                 |     | UROGESIC-BLUE – methenamine-hyoscamine-meth blue-sod phos tab 81.6 mg..... | 75         |
|                                                                                 |     | UROXATRAL – alfuzosin hcl tab er 24hr 10 mg.....                           | 78         |
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## V

|                                                                                   |            |                                                                                           |           |
|-----------------------------------------------------------------------------------|------------|-------------------------------------------------------------------------------------------|-----------|
| VAGIFEM – estradiol vaginal tab 10 mcg.....                                       | 77         | VANATOL S – butalbital-acetaminophen-caffeine soln<br>50-325-40 mg/15ml.....              | 100       |
| <b>valacyclovir hcl tab 1 gm (Valtrex).....</b>                                   | <b>11</b>  | VANCOCIN HCL – vancomycin hcl cap 125 mg.....                                             | 13        |
| <b>valacyclovir hcl tab 500 mg (Valtrex).....</b>                                 | <b>11</b>  | VANCOCIN HCL – vancomycin hcl cap 250 mg.....                                             | 13        |
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| VALCYTE – valganciclovir hcl for soln 50 mg/ml (base<br>equiv).....               | 11         | <b>vancomycin hcl cap 250 mg (Vancocin hcl).....</b>                                      | <b>13</b> |
| VALCYTE – valganciclovir hcl tab 450 mg (base<br>equivalent).....                 | 11         | VANISHPOINT INSULIN SYRIN – insulin syringe/needle<br>u-100 1/2 ml 30 x 5/16".....        | 212       |
| <b>valganciclovir hcl for soln 50 mg/ml (base equiv)<br/>(Valcyte).....</b>       | <b>11</b>  | VANISHPOINT INSULIN SYRIN – insulin syringe/needle<br>u-100 1/2 ml 30 x 1/2".....         | 212       |
| <b>valganciclovir hcl tab 450 mg (base equivalent)<br/>(Valcyte).....</b>         | <b>11</b>  | VANISHPOINT INSULIN SYRIN – insulin syringe/needle<br>u-100 1 ml 29 x 1/2".....           | 212       |
| VALIUM – diazepam tab 2 mg.....                                                   | 79         | VANISHPOINT INSULIN SYRIN – insulin syringe/needle<br>u-100 1 ml 29 x 5/16".....          | 212       |
| VALIUM – diazepam tab 5 mg.....                                                   | 79         | VANISHPOINT INSULIN SYRIN – insulin syringe/needle<br>u-100 1 ml 30 x 5/16".....          | 212       |
| VALIUM – diazepam tab 10 mg.....                                                  | 79         | VANISHPOINT INSULIN SYRIN – insulin syringe/needle<br>u-100 1 ml 30 x 3/16" (5 mm).....   | 212       |
| <b>valproate sodium oral soln 250 mg/5ml (base equiv)<br/>(Depakene).....</b>     | <b>120</b> | VANISHPOINT INSULIN SYRIN – insulin syringe/needle<br>u-100 0.5 ml 30 x 3/16" (5 mm)..... | 212       |
| <b>valproic acid cap 250 mg (Depakene).....</b>                                   | <b>120</b> | VANOS – fluocinonide cream 0.1%.....                                                      | 156       |
| <b>valsartan-hydrochlorothiazide tab 80-12.5 mg (Diovan<br/>hct).....</b>         | <b>54</b>  | VANOXIDE-HC – benzoyl peroxide-hc lotion 5-0.5%.....                                      | 156       |
| <b>valsartan-hydrochlorothiazide tab 160-12.5 mg<br/>(Diovan hct).....</b>        | <b>55</b>  | VARUBI – rolapitant hcl tab 90 mg (base equiv).....                                       | 71        |
| <b>valsartan-hydrochlorothiazide tab 160-25 mg (Diovan<br/>hct).....</b>          | <b>55</b>  | VASCEPA – icosapent ethyl cap 0.5 gm.....                                                 | 60        |
| <b>valsartan-hydrochlorothiazide tab 320-12.5 mg<br/>(Diovan hct).....</b>        | <b>55</b>  | VASCEPA – icosapent ethyl cap 1 gm.....                                                   | 60        |
| <b>valsartan-hydrochlorothiazide tab 320-25 mg (Diovan<br/>hct).....</b>          | <b>55</b>  | VASERETIC – enalapril maleate & hydrochlorothiazide<br>tab 10-25 mg.....                  | 55        |
| <b>valsartan tab 40 mg (Diovan).....</b>                                          | <b>54</b>  | VASOTEC – enalapril maleate tab 2.5 mg.....                                               | 55        |
| <b>valsartan tab 80 mg (Diovan).....</b>                                          | <b>54</b>  | VASOTEC – enalapril maleate tab 5 mg.....                                                 | 55        |
| <b>valsartan tab 160 mg (Diovan).....</b>                                         | <b>54</b>  | VASOTEC – enalapril maleate tab 10 mg.....                                                | 55        |
| <b>valsartan tab 320 mg (Diovan).....</b>                                         | <b>54</b>  | VASOTEC – enalapril maleate tab 20 mg.....                                                | 55        |
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| VALTREX – valacyclovir hcl tab 500 mg.....                                        | 11         | VCF VAGINAL CONTRACEPTIVE – nonoxynol-9 film<br>28%.....                                  | 77        |
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| VALUE HEALTH INSULIN SYRI – insulin syringe/needle<br>u-100 1 ml 29 x 1/2".....   | 212        | VECAMYL – mecamlamine hcl tab 2.5 mg.....                                                 | 55        |
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| VALUE PLUS LANCETS THIN 2 – lancets.....                                          | 212        | VELTASSA – patiomer sorbitex calcium for susp packet<br>8.4 gm (base eq).....             | 215       |
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| VALUMARK LANCET SUPER THI – lancets.....                                          | 212        | VELTASSA – patiomer sorbitex calcium for susp packet<br>25.2 gm (base eq).....            | 215       |
| VALUMARK LANCET ULTRA THI – lancets.....                                          | 212        | VELTIN – clindamycin phosphate-tretinoin gel<br>1.2-0.025%.....                           | 156       |
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| VALUMARK PEN NEEDLES 31G – insulin pen needle 31<br>g x 8 mm (1/3" or 5/16")..... | 212        | VEMLIDY – tenofovir alafenamide fumarate tab 25<br>mg.....                                | 11        |
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| VALVED HOLDING CHAMBER – spacer/aerosol-holding<br>chambers - device.....         | 212        | VENCLEXTA STARTING PACK – venetoclax tab therapy<br>starter pack 10 & 50 & 100 mg.....    | 18        |
| VANATOL LQ – butalbital-acetaminophen-caffeine soln<br>50-325-40 mg/15ml.....     | 100        |                                                                                           |           |

|                                                              |           |                                                          |            |
|--------------------------------------------------------------|-----------|----------------------------------------------------------|------------|
| VENCLEXTA – venetoclax tab 10 mg.....                        | 18        | VERELAN – verapamil hcl cap er 24hr 360 mg.....          | 46         |
| VENCLEXTA – venetoclax tab 50 mg.....                        | 18        | VERSACLOZ – clozapine susp 50 mg/ml.....                 | 89         |
| VENCLEXTA – venetoclax tab 100 mg.....                       | 18        | VESICARE – solifenacin succinate tab 5 mg.....           | 76         |
| <b>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</b> |           | VESICARE – solifenacin succinate tab 10 mg.....          | 76         |
| <b>(Effexor xr).....</b>                                     | <b>83</b> | VFEND – voriconazole for susp 40 mg/ml.....              | 7          |
| <b>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</b>   |           | VFEND – voriconazole tab 50 mg.....                      | 7          |
| <b>(Effexor xr).....</b>                                     | <b>83</b> | VFEND – voriconazole tab 200 mg.....                     | 7          |
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| <b>(Effexor xr).....</b>                                     | <b>83</b> | VIBERZI – eluxadoline tab 100 mg.....                    | 74         |
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| 37.5 mg (base equivalent).....                               | 83        | VIBRAMYCIN – doxycycline hyclate cap 100 mg.....         | 5          |
| VENLAFAXINE HCL ER – venlafaxine hcl tab er 24hr 75          |           | VIBRAMYCIN – doxycycline monohydrate for susp 25         |            |
| mg (base equivalent).....                                    | 84        | mg/5ml.....                                              | 4          |
| VENLAFAXINE HCL ER – venlafaxine hcl tab er 24hr 150         |           | VICTORY AGM-4000 TEST STR – glucose blood test           |            |
| mg (base equivalent).....                                    | 84        | strip.....                                               | 162        |
| <b>venlafaxine hcl tab er 24hr 225 mg (base</b>              |           | VICTORY CONTROL LEVEL 1/2 – blood glucose                |            |
| <b>equivalent).....</b>                                      | <b>84</b> | calibration - liquid.....                                | 212        |
| <b>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</b> |           | VICTOZA – liraglutide soln pen-injector 18 mg/3ml (6 mg/ |            |
| <b>(Venlafaxine hcl er).....</b>                             | <b>84</b> | ml).....                                                 | 31         |
| <b>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</b>   |           | VIDA MIA AUTOLET LANCING – lancet devices.....           | 212        |
| <b>(Venlafaxine hcl er).....</b>                             | <b>84</b> | VIDA MIA UNIFINE PENTIPS – insulin pen needle 29 g x     |            |
| <b>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</b>  |           | 12 mm (1/2").....                                        | 212        |
| <b>(Venlafaxine hcl er).....</b>                             | <b>84</b> | VIDA MIA UNIFINE PENTIPS – insulin pen needle 31 g x     |            |
| <b>venlafaxine hcl tab 25 mg.....</b>                        | <b>84</b> | 6 mm (1/4").....                                         | 212        |
| <b>venlafaxine hcl tab 37.5 mg.....</b>                      | <b>84</b> | VIDA MIA UNIFINE PENTIPS – insulin pen needle 32 g x     |            |
| <b>venlafaxine hcl tab 50 mg.....</b>                        | <b>84</b> | 4 mm (5/32").....                                        | 212        |
| <b>venlafaxine hcl tab 75 mg.....</b>                        | <b>84</b> | VIDA MIA UNILET LANCETS S – lancets.....                 | 212        |
| <b>venlafaxine hcl tab 100 mg.....</b>                       | <b>84</b> | VIDA MIA UNILET LANCETS U – lancets.....                 | 212        |
| VENTOLIN HFA – albuterol sulfate inhal aero 108 mcg/         |           | VIDA MIA UNIPFINE PENTIPS – insulin pen needle 31 g      |            |
| act (90mcg base equiv).....                                  | 66        | x 8 mm (1/3" or 5/16").....                              | 212        |
| <b>verapamil hcl cap er 24hr 120 mg (Verelan).....</b>       | <b>45</b> | VIDEX – didanosine for soln 2 gm.....                    | 11         |
| <b>verapamil hcl cap er 24hr 180 mg (Verelan).....</b>       | <b>45</b> | VIDEX – didanosine for soln 4 gm.....                    | 11         |
| <b>verapamil hcl cap er 24hr 240 mg (Verelan).....</b>       | <b>45</b> | VIDEX EC – didanosine delayed release capsule 125        |            |
| <b>verapamil hcl cap er 24hr 360 mg (Verelan).....</b>       | <b>46</b> | mg.....                                                  | 11         |
| <b>verapamil hcl cap er 24hr 100 mg (Verelan pm).....</b>    | <b>45</b> | VIDEX EC – didanosine delayed release capsule 200        |            |
| <b>verapamil hcl cap er 24hr 200 mg (Verelan pm).....</b>    | <b>45</b> | mg.....                                                  | 11         |
| <b>verapamil hcl cap er 24hr 300 mg (Verelan pm).....</b>    | <b>45</b> | VIDEX EC – didanosine delayed release capsule 250        |            |
| <b>verapamil hcl tab er 120 mg (Calan sr).....</b>           | <b>46</b> | mg.....                                                  | 11         |
| <b>verapamil hcl tab er 180 mg (Calan sr).....</b>           | <b>46</b> | VIDEX EC – didanosine delayed release capsule 400        |            |
| <b>verapamil hcl tab er 240 mg (Calan sr).....</b>           | <b>46</b> | mg.....                                                  | 11         |
| <b>verapamil hcl tab 40 mg.....</b>                          | <b>46</b> | VIEKIRA PAK – ombitas-paritapre-riton & dasab tab pak    |            |
| <b>verapamil hcl tab 80 mg (Calan).....</b>                  | <b>46</b> | 12.5-75-50 & 250 mg.....                                 | 11         |
| <b>verapamil hcl tab 120 mg (Calan).....</b>                 | <b>46</b> | VIEKIRA XR – dasab-ombit-paritap-riton tab er 24hr       |            |
| VERASENS BLOOD GLUCOSE MO – blood glucose                    |           | 200-8.33-50-33.33 mg.....                                | 11         |
| monitoring kit w/ device.....                                | 212       | <b>vigabatrin powd pack 500 mg (Sabril).....</b>         | <b>120</b> |
| VERASENS BLOOD GLUCOSE TE – glucose blood test               |           | VIGAMOX – moxifloxacin hcl ophth soln 0.5% (base         |            |
| strip.....                                                   | 162       | equiv).....                                              | 143        |
| VERASENS GLUCOSE CONTROL – blood glucose                     |           | VIIBRYD STARTER PACK – vilazodone hcl tab starter kit    |            |
| calibration - liquid.....                                    | 212       | 10 (7) & 20 (23) mg.....                                 | 84         |
| VERDESO – desonide foam 0.05%.....                           | 156       | VIIBRYD – vilazodone hcl tab 10 mg.....                  | 84         |
| VEREGEN – sinecatechins oint 15%.....                        | 156       | VIIBRYD – vilazodone hcl tab 20 mg.....                  | 84         |
| VERELAN PM – verapamil hcl cap er 24hr 100 mg.....           | 46        | VIIBRYD – vilazodone hcl tab 40 mg.....                  | 84         |
| VERELAN PM – verapamil hcl cap er 24hr 200 mg.....           | 46        | VIMOVO – naproxen-esomeprazole magnesium tab dr          |            |
| VERELAN PM – verapamil hcl cap er 24hr 300 mg.....           | 46        | 375-20 mg.....                                           | 112        |
| VERELAN – verapamil hcl cap er 24hr 120 mg.....              | 46        | VIMOVO – naproxen-esomeprazole magnesium tab dr          |            |
| VERELAN – verapamil hcl cap er 24hr 180 mg.....              | 46        | 500-20 mg.....                                           | 112        |
| VERELAN – verapamil hcl cap er 24hr 240 mg.....              | 46        | VIMPAT – lacosamide oral solution 10 mg/ml.....          | 120        |

|                                                                                      |     |                                                                                                |          |
|--------------------------------------------------------------------------------------|-----|------------------------------------------------------------------------------------------------|----------|
| VIMPAT – lacosamide tab 50 mg.....                                                   | 120 | VITAFOL-NANO – prenatal w/o a w/ fefum-l methylfol-fa<br>tab 18-0.6-0.4 mg.....                | 131      |
| VIMPAT – lacosamide tab 100 mg.....                                                  | 120 | VITAFOL-OB+DHA – prenatal mv w/fe fum-fa tab 65-1<br>mg & dha cap 250 mg pack.....             | 131      |
| VIMPAT – lacosamide tab 150 mg.....                                                  | 120 | VITAFOL-OB – prenatal vit w/ fe fumarate-fa tab 65-1<br>mg.....                                | 131      |
| VIMPAT – lacosamide tab 200 mg.....                                                  | 120 | VITAFOL-ONE – prenatal mv w/ fe polysac cmplx-fa-dha<br>cap 29-1-200 mg.....                   | 131      |
| VINATE DHA RF – prenat w/o a w/feum-methylfol-<br>omegas cap 27-1.13 mg.....         | 131 | VITAL-D RX – b-complex w/ c-biotin-d-zinc & folic acid tab<br>1 mg.....                        | 132      |
| VINATE II – prenatal vit w/ fe bisglycinate chelate-fa tab<br>29-1 mg.....           | 131 | VITALET PRO LANCETS – lancets.....                                                             | 212      |
| VINATE M – prenatal vit w/ sel-fe fumarate-fa tab 27-1<br>mg.....                    | 131 | VITALET PRO PLUS LANCETS – lancets.....                                                        | 212      |
| VINATE ONE – prenatal vit w/ fe fumarate-fa tab 60-1<br>mg.....                      | 131 | VITAMEDMD ONE RX/QUATREFO – prenat w/o a w/<br>fefum-methfol-fa-dha cap 30-0.6-0.4-200 mg..... | 132      |
| VIOKACE – pancrelipase (lip-prot-amyl) tab<br>10440-39150-39150 unit.....            | 72  | VITAMEDMD REDICHEW RX – prenat w/ b2-b6-b12-d3-<br>folic acid chew tab 1.4 mg.....             | 132      |
| VIOKACE – pancrelipase (lip-prot-amyl) tab<br>20880-78300-78300 unit.....            | 72  | VITAMELTS VITAMIN D – cholecalciferol orally<br>disintegrating tab 1000 unit.....              | 125      |
| VIRACEPT – nelfinavir mesylate tab 250 mg.....                                       | 11  | VITAMIN D3 – cholecalciferol oral liquid 1200<br>unit/15ml.....                                | 125      |
| VIRACEPT – nelfinavir mesylate tab 625 mg.....                                       | 11  | VITAMIN D3 – cholecalciferol spray 1000 unit/spray.....                                        | 125      |
| VIRAMUNE – nevirapine susp 50 mg/5ml.....                                            | 11  | VITAMIN D2 – ergocalciferol tab 400 unit.....                                                  | 125      |
| VIRAMUNE – nevirapine tab 200 mg.....                                                | 11  | VITAPEARL – prenat w/oa w/feum-na fered-fa-dha cap<br>er 30-1.4-200 mg.....                    | 132      |
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| VIRAMUNE XR – nevirapine tab er 24hr 400 mg.....                                     | 11  | VITATRUE – prenat w/o a w/fe chel-fa tab 30-1.4 mg &<br>dha cap 300mg pk.....                  | 132      |
| VIRASAL – salicylic acid film forming liquid 27.5%.....                              | 156 | VITUZ – hydrocodone-chlorpheniramine soln 5-4<br>mg/5ml.....                                   | 63       |
| VIRAZOLE – ribavirin for inhal soln 6 gm.....                                        | 11  | VIVA DHA – prenatal vit w/ fe fum-fa-omega 3 cap<br>28-1-200 mg.....                           | 132      |
| VIREAD – tenofovir disoproxil fumarate oral powder 40<br>mg/gm.....                  | 11  | VIVELLE-DOT – estradiol td patch twice weekly 0.025<br>mg/24hr.....                            | 23       |
| VIREAD – tenofovir disoproxil fumarate tab 150 mg.....                               | 11  | VIVELLE-DOT – estradiol td patch twice weekly 0.0375<br>mg/24hr.....                           | 24       |
| VIREAD – tenofovir disoproxil fumarate tab 200 mg.....                               | 11  | VIVELLE-DOT – estradiol td patch twice weekly 0.05<br>mg/24hr.....                             | 24       |
| VIREAD – tenofovir disoproxil fumarate tab 250 mg.....                               | 11  | VIVELLE-DOT – estradiol td patch twice weekly 0.075<br>mg/24hr.....                            | 24       |
| VIREAD – tenofovir disoproxil fumarate tab 300 mg.....                               | 11  | VIVELLE-DOT – estradiol td patch twice weekly 0.1<br>mg/24hr.....                              | 24       |
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| VIRT-C DHA – prenatal w/fe fum-fe poly -fa-omega 3 cap<br>53.5-38-1 mg.....          | 131 | VIVOTIF – typhoid vaccine cap delayed release.....                                             | 13       |
| VIRT-NATE DHA – prenatal vit w/ fe fum-fa-omega 3 cap<br>28-1-200 mg.....            | 131 | VOCAL POINT BLOOD GLUCOSE – glucose blood test<br>strip.....                                   | 162      |
| VIRT NATE – prenatal vit w/ fe fumarate-fa tab 28-1<br>mg.....                       | 131 | VOGELXO PUMP – testosterone td gel 12.5 mg/act<br>(1%).....                                    | 21       |
| VIRT-PN DHA – prenat w/o a w/feum-methfol-fa-dha cap<br>27-0.6-0.4-300 mg.....       | 131 | VOGELXO – testosterone td gel 50 mg/5gm (1%).....                                              | 21       |
| VIRT-PN PLUS – prenat w/o a w/ fe fumerate-<br>methylfolate-fa-omega 3 cap.....      | 131 | VOL-NATE – prenatal vit w/ fe fumarate-fa tab 28-1<br>mg.....                                  | 132      |
| VIRT-PN – prenatal vit w/ fe fum-methylfolate-fa tab<br>27-0.6-0.4 mg.....           | 131 | VOL-TAB RX – prenatal vit w/ iron carbonyl-fa tab 29-1<br>mg.....                              | 132      |
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